



AlaskaCare Retiree DB Plan Medicare Part D and Non-Part D Drug Formulary

Effective Jan. 1, 2025

Please read: this document contains information about the drugs we cover in this plan.

This Comprehensive formulary is a complete list of Part D and wrap supplemental (Non-Part D) drugs covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services



Phone (toll-free): **1-855-409-6999**

TTY users: **711**

Hours of operation: 24 hours a day, 7 days a week



Visit optumrx.com or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Optum Rx. When it refers to “plan” or “our plan,” it means AlaskaCare.

Understanding your formulary

What is the Comprehensive Formulary?

A formulary is the plan's drug list selected by AlaskaCare in consultation with Optum Rx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This includes both the Part D and supplemental wrap (non-Part D) medications. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and other plan rules are followed. Please note: the amount you pay for a drug will depend on if the prescription is filled at an Optum Rx network pharmacy, or not. If you fill a prescription out-of-network, you may have to pay the full price of the drug, then submit a claim for reimbursement.

Can the formulary (drug list) change?

Yes. If you are taking a drug on our 2025 formulary that is covered at the beginning of the year, we will continue coverage of the drug during the 2025 coverage year except when new adverse information about the safety or effectiveness of a drug is released.

If we make a change to our formulary (i.e. add prior authorization, quantity limit, and/or move a drug to a higher cost-sharing tier, if applicable), we must notify affected members. Members will receive a notice regarding the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug. The member will receive a 60-day supply of the drug. 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.

The enclosed formulary is current as of Dec. 1, 2024. To get updated information about covered drugs, please contact Optum Rx. Our contact information is shown on the front and back cover pages. You may also visit our website at [optumrx.com](https://www.optumrx.com) where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab).

How do I use the formulary?

There are 2 ways to find your drug within the formulary:

- **Medical condition**

The drugs in this formulary are grouped into categories depending on the type of medical condition(s) they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list. 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. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

Formulary design

The formulary structure features generic drugs and preferred brand-name drugs.

Drug tier	Helpful tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include brand-name drugs and some specialty or high-cost drugs*.

* High-Cost (and some Specialty) drugs are those that cost \$830 or more for up to a 30-day maximum supply.

Please refer to your *Evidence of Coverage* for more information.

Medication tips

What are generic drugs?

Your 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 (PA)	You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
Quantity Limits (QL)	For certain drugs, there is a limit on the amount of the drug we will cover.

To find out if your drug has any additional requirements or limits, look in the formulary. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling Optum Rx at **1-855-409-6999**. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask Optum Rx 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 formulary?” for additional information.

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 Optum Rx and ask if your drug is covered. Our contact information is shown on the front and back cover pages.

If your drug is not covered, you have 2 options:

- You can ask Optum Rx for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask Optum Rx to make an exception and cover your drug. See below for information about how to request an exception.

AlaskaCare offers enhanced supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D and/or Part B. This formulary includes those supplemental medications. Please contact Optum Rx for any questions regarding your enhanced supplemental benefits.

How do I request an exception to the formulary?

You can ask Optum Rx to make an exception to the coverage rules. There are 2 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, the drug will be covered at a predetermined cost-sharing level, and you will 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. If approved, this would lower the amount you must pay for your drug.

Note: If we grant your request to cover a drug that is not on the formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the drug is included on the plan's formulary, or if 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 Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you must submit a statement from your doctor (or other prescriber) supporting your request.**

Generally, we must make our decision within 72 hours of getting your doctor's (or other 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 the AlaskaCare Retiree Medicare Prescription Drug Plan, you may be taking drugs that are not on the formulary, not covered under the AlaskaCare enhanced supplemental benefits, or 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 (or other prescriber) to decide if you should switch to an alternative drug that is covered or request a formulary exception. While you talk to your doctor (or other prescriber) to determine the right course of action for you, the plan may cover your drug in certain cases during the first 90 days you are a member of the plan.

For each of your drugs not on the formulary, under the AlaskaCare enhanced supplemental benefits, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, the plan 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, the plan will allow you to refill your prescription until you have been provided with a 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. The plan will cover more than one refill of these drugs for the first 90 days you are a member of the plan.

The plan will cover a 31-day emergency supply of a drug (unless you have a prescription for fewer days) while you get a formulary exception for the following:

- If you need a drug that is not on the Part D formulary
- If you need a drug that is not covered under the AlaskaCare enhanced supplemental benefits
- If your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan

If you are a current member with a level-of-care change and you need a drug that is not on the plan formulary, or if your ability to get your drugs is limited, the plan will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, the plan will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call Optum Rx at **1-855-409-6999**. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.



Questions

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**. You may also visit **medicare.gov**.

Reading your formulary

The formulary below provides coverage information about some of your covered drugs on both the Part D and Non-Part D (supplemental wrap) benefits. If you have trouble finding your drug in the list, turn to the Index for assistance.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., atenolol). The following abbreviations listed in the “Requirements/Limits” column let you know if there are any special requirements for coverage of your drug.

Requirements/Limits	Helpful tips
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This 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.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
PV	Preventive medication. This medication may be available at zero copay.
NDS	Non-Extended Days' Supply. This prescription drugs is not available for an extended days' supply.

AlaskaCare Retiree DB Plan Medicare Part D and Non-Part D Drug Formulary

Table of Contents

Analgesics	8
Anesthetics	14
Anti-Addiction/Substance Abuse Treatment Agents	18
Antibacterials	19
Anticonvulsants	29
Antidementia Agents	33
Antidepressants	34
Antiemetics	37
Antifungals	39
Antigout Agents	41
Antimigraine Agents	42
Antimyasthenic Agents	44
Antimycobacterials	44
Antineoplastics	44
Antiparasitics	59
Antiparkinson Agents	60
Antipsychotics	61
Antispasticity Agents	64
Antivirals	65
Anxiolytics	69
Bipolar Agents	70
Blood Glucose Regulators	70
Blood Products and Modifiers	77
Cardiovascular Agents	84
Central Nervous System Agents	97
Currently Undefined	103
Dental and Oral Agents	103
Dermatological Agents	105
Electrolytes/Minerals/Metals/Vitamins	116
Gastrointestinal Agents	129
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	135
Genitourinary Agents	138
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	140
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	143
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	145
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	145
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	152
Hormonal Agents, Suppressant (Adrenal)	153
Hormonal Agents, Suppressant (Pituitary)	153
Hormonal Agents, Suppressant (Thyroid)	154
Immunological Agents	155
Inflammatory Bowel Disease Agents	169
Metabolic Bone Disease Agents	171
Miscellaneous Therapeutic Agents	172
Ophthalmic Agents	206
Otic Agents	214
Respiratory Tract/Pulmonary Agents	214
Skeletal Muscle Relaxants	223
Sleep Disorder Agents	224

Drug Name	Drug Tier	Requirements /Limits
Analgesics		
Non-FRF		
acetaminophen intravenous solution	1	
Nonsteroidal Anti-inflammatory Drugs		
ACETYL SALICYLIC ACID POWDER	2	
ANAPROX DS ORAL TABLET	2	
ARTHROTEC ORAL TABLET DELAYED RELEASE	2	
CALDOLOR INTRAVENOUS SOLUTION	2	
CAMBIA ORAL PACKET	2	
CELEBREX ORAL CAPSULE	2	
celecoxib oral capsule	1	
COMBOGESIC INTRAVENOUS SOLUTION	2	
COXANTO ORAL CAPSULE	2	
DAYPRO ORAL TABLET	2	
DICLOFENAC EPOLAMINE EXTERNAL PATCH	1	PA
DICLOFENAC ORAL CAPSULE	2	
diclofenac potassium oral capsule	1	
diclofenac potassium oral tablet	1	
diclofenac potassium(migraine) oral packet	1	

Drug Name	Drug Tier	Requirements /Limits
diclofenac sodium er oral tablet extended release 24 hour	1	
diclofenac sodium external gel	1	
diclofenac sodium external solution	1	
diclofenac sodium oral tablet delayed release	1	
diclofenac-misoprostol oral tablet delayed release	1	
DICLOFONO EXTERNAL GEL	2	
diflunisal oral tablet	1	
DIFLUNISAL POWDER	2	
DOLOBID ORAL TABLET	2	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	2	
DUEXIS ORAL TABLET	2	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE	2	
ec-naproxen oral tablet delayed release	1	
ELYXYB ORAL SOLUTION	2	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM	2	
ENOVARX-IBUPROFEN EXTERNAL CREAM	2	
ENOVARX-NAPROXEN EXTERNAL CREAM	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
etodolac er oral tablet extended release 24 hour	1	
etodolac oral capsule	1	
etodolac oral tablet	1	
FBL KIT EXTERNAL CREAM	2	
FELDENE ORAL CAPSULE	2	
fenoprofen calcium oral capsule	1	
fenoprofen calcium oral tablet	1	
FENOPROFEN CALCIUM POWDER	2	
FLECTOR EXTERNAL PATCH	2	PA
flurbiprofen oral tablet	1	
FLURBIPROFEN POWDER	2	
FROTEK EXTERNAL CREAM	2	
ibu oral tablet	1	
ibuprofen lysine intravenous solution	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet	1	
IBUPROFEN POWDER	2	
ibuprofen-famotidine oral tablet	1	
INDOCIN ORAL SUSPENSION	2	
INDOCIN RECTAL SUPPOSITORY	2	
indomethacin er oral capsule extended release	1	

Drug Name	Drug Tier	Requirements /Limits
indomethacin oral capsule	1	
indomethacin oral suspension	1	
INDOMETHACIN POWDER	2	
indomethacin rectal suppository	1	
indomethacin sodium intravenous solution reconstituted	1	
K.B.G.L IN TERODERM EXTERNAL CREAM	2	
KETOPHENE RAPIDPAQ EXTERNAL CREAM	2	
ketoprofen er oral capsule extended release 24 hour	1	
ketoprofen oral capsule	1	
ketorolac tromethamine injection solution	1	
ketorolac tromethamine intramuscular solution	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION	1	
ketorolac tromethamine oral tablet	1	
KIPROFEN ORAL CAPSULE	2	
LICART EXTERNAL PATCH 24 HOUR	2	
LODINE ORAL TABLET	2	
LOFENA ORAL TABLET	2	
meclofenamate sodium oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MECLOFENAMATE SODIUM POWDER	2	
mefenamic acid oral capsule	1	
meloxicam oral capsule	1	
MELOXICAM ORAL SUSPENSION	2	
meloxicam oral tablet	1	
nabumetone oral tablet	1	
NALFON ORAL CAPSULE	2	
NALFON ORAL TABLET	2	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
NAPRO EXTERNAL CREAM	2	
NAPROSYN ORAL SUSPENSION	2	
NAPROSYN ORAL TABLET	2	
naproxen dr oral tablet delayed release	1	
naproxen oral suspension	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
NAPROXEN POWDER	2	
naproxen sodium er oral tablet extended release 24 hour	1	
naproxen sodium oral tablet	1	
NAPROXEN SODIUM POWDER	2	
naproxen-esomeprazole mg oral tablet delayed release	1	

Drug Name	Drug Tier	Requirements /Limits
NEOPROFEN INTRAVENOUS SOLUTION	2	
OXAPROZIN ORAL CAPSULE	1	
oxaprozin oral tablet	1	
PENNSAID EXTERNAL SOLUTION	2	
PHENYLBUTAZONE POWDER	2	
piroxicam oral capsule	1	
PIROXICAM POWDER	2	
RELAFEN DS ORAL TABLET	2	
salsalate oral tablet	1	
SPRIX NASAL SOLUTION	2	
sulindac oral tablet	1	
SULINDAC POWDER	2	
TOLECTIN 600 ORAL TABLET	2	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet	1	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM	2	
VIMOVO ORAL TABLET DELAYED RELEASE	2	
VP FC KIT EXTERNAL CREAM	2	
VP GKL KIT EXTERNAL CREAM	2	
ZIPSOR ORAL CAPSULE	2	
ZORVOLEX ORAL CAPSULE	2	

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
Opioid Analgesics, Long-acting		
BELBUCA BUCCAL FILM	2	NDS
buprenorphine transdermal patch weekly	1	NDS
BUTRANS TRANSDERMAL PATCH WEEKLY	2	NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	NDS
fentanyl transdermal patch 72 hour	1	NDS
hydrocodone bitartrate er oral capsule extended release 12 hour	1	NDS
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	NDS
hydromorphone hcl er oral tablet extended release 24 hour	1	NDS
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	2	NDS
INFUMORPH 200 INJECTION SOLUTION	2	B/D; NDS
INFUMORPH 500 INJECTION SOLUTION	2	B/D; NDS
levorphanol tartrate oral tablet	1	NDS
methadone hcl injection solution	1	NDS
methadone hcl intensol oral concentrate	1	NDS
methadone hcl oral concentrate	1	NDS

Drug Name	Drug Tier	Requirements /Limits
methadone hcl oral solution	1	NDS
methadone hcl oral tablet	1	NDS
METHADONE HCL POWDER	2	
METHADONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
METHADOSE ORAL CONCENTRATE	1	NDS
METHADOSE SUGAR-FREE ORAL CONCENTRATE	1	NDS
mitigo injection solution	1	B/D; NDS
morphine sulfate er beads oral capsule extended release 24 hour	1	NDS
morphine sulfate er oral capsule extended release 24 hour	1	NDS
morphine sulfate er oral tablet extended release	1	NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE	2	NDS
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	NDS
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	1	NDS

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	NDS
oxymorphone hcl er oral tablet extended release 12 hour	1	NDS
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	NDS
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	NDS
tramadol hcl er oral tablet extended release 24 hour	1	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	2	NDS
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution	1	NDS
acetaminophen-codeine oral tablet	1	NDS
ACTIQ BUCCAL LOZENGE ON A HANDLE	2	PA; NDS
alfentanil hcl intravenous solution	1	
APADAZ ORAL TABLET	2	NDS
apap-caff-dihydrocodeine oral capsule	1	NDS
ascomp-codeine oral capsule	1	NDS
BENZHYDROCODON E-ACETAMINOPHEN ORAL TABLET	1	NDS

Drug Name	Drug Tier	Requirements /Limits
butalbital-apap-caff-cod oral capsule	1	NDS
butalbital-asa-caff-codeine oral capsule	1	NDS
butorphanol tartrate injection solution	1	NDS
butorphanol tartrate nasal solution	1	NDS
codeine sulfate oral tablet	1	NDS
DEMEROL INJECTION SOLUTION	2	NDS
DILAUDID INJECTION SOLUTION	2	NDS
DILAUDID ORAL LIQUID	2	NDS
DILAUDID ORAL TABLET	2	NDS
DURAMORPH INJECTION SOLUTION	1	NDS
endocet oral tablet	1	NDS
FENTANYL CITRATE (BULK) SOLUTION	2	
fentanyl citrate (pf) injection solution	1	B/D; NDS
fentanyl citrate buccal lozenge on a handle	1	PA; NDS
FENTANYL CITRATE BUCCAL TABLET	1	PA; NDS
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE	1	B/D; NDS
fentanyl citrate pf injection solution prefilled syringe	1	B/D; NDS
FENTANYL CITRATE POWDER	2	

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION	2	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE	2	
FENTORA BUCCAL TABLET	2	PA; NDS
FIORICET/CODEINE ORAL CAPSULE	2	NDS
hydrocodone-acetaminophen oral solution	1	
hydrocodone-acetaminophen oral tablet	1	NDS
hydrocodone-ibuprofen oral tablet	1	NDS
HYDROMORPHONE HCL (BULK) SOLUTION	2	
hydromorphone hcl injection solution	1	NDS
HYDROMORPHONE HCL INTRAVENOUS SOLUTION	2	
hydromorphone hcl oral liquid	1	NDS
hydromorphone hcl oral tablet	1	NDS
hydromorphone hcl pf injection solution	1	NDS
HYDROMORPHONE HCL POWDER	2	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION	2	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
LORTAB ORAL ELIXIR	2	NDS
meperidine hcl injection solution	1	NDS
meperidine hcl oral solution	1	NDS
meperidine hcl oral tablet	1	NDS
MEPERIDINE HCL POWDER	2	
MORPHINE SULFATE (BULK) SOLUTION	2	
morphine sulfate (concentrate) oral solution	1	NDS
morphine sulfate (pf) injection solution	1	NDS
morphine sulfate (pf) intravenous solution	1	NDS
morphine sulfate injection solution	1	NDS
morphine sulfate intravenous solution	1	NDS
morphine sulfate oral solution	1	NDS
morphine sulfate oral tablet	1	NDS
MORPHINE SULFATE POWDER	2	
MORPHINE SULFATE-NACL INJECTION SOLUTION PREFILLED SYRINGE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION	2	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
nalbuphine hcl injection solution	1	NDS
NALOCET ORAL TABLET	2	NDS
NUCYNTA ORAL TABLET	2	NDS
OXAYDO ORAL TABLET	2	NDS
oxycodone hcl oral capsule	1	NDS
oxycodone hcl oral concentrate	1	NDS
oxycodone hcl oral solution	1	NDS
oxycodone hcl oral tablet	1	NDS
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	2	
OXYCODONE HCL POWDER	2	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	1	NDS
oxycodone-acetaminophen oral tablet	1	NDS
oxymorphone hcl oral tablet	1	NDS
pentazocine-naloxone hcl oral tablet	1	NDS
PERCOCET ORAL TABLET	2	NDS

Drug Name	Drug Tier	Requirements /Limits
PROLATE ORAL SOLUTION	2	NDS
PROLATE ORAL TABLET	2	NDS
QDOLO ORAL SOLUTION	2	NDS
remifentanil hcl intravenous solution reconstituted	1	
ROXICODONE ORAL TABLET	2	NDS
ROXYBOND ORAL TABLET ABUSE-DETERRENT	2	PA
SEGLENTIS ORAL TABLET	2	NDS
SUFENTANIL CITRATE (BULK) SOLUTION	2	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED	2	
TRAMADOL HCL ORAL SOLUTION	1	NDS
tramadol hcl oral tablet	1	NDS
tramadol-acetaminophen oral tablet	1	NDS
TREZIX ORAL CAPSULE	2	NDS
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	2	
Anesthetics		
Local Anesthetics		
ANACAINE EXTERNAL OINTMENT	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE	2	
bupivacaine fisiopharma injection solution	1	
BUPIVACAINE HCL (BULK) SOLUTION	2	
bupivacaine hcl (pf) injection solution	1	
bupivacaine hcl injection solution	1	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	2	
BUPIVACAINE HCL POWDER	2	
bupivacaine in dextrose intrathecal solution	1	
bupivacaine spinal intrathecal solution	1	
bupivacaine-epinephrine (pf) injection solution	1	
bupivacaine-epinephrine injection solution	1	
BUP-LIDO INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
chloroprocaine hcl (pf) injection solution	1	
CLOROTEKAL INTRATHECAL SOLUTION	2	
COCAINE HCL NASAL SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM	2	
ethyl chloride external aerosol	1	
EXPAREL INJECTION SUSPENSION	2	
GEBAUERS PAIN EASE EXTERNAL AEROSOL	2	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	2	
GEN7T EXTERNAL LOTION	2	
GEN7T EXTERNAL PATCH	2	
GEN7T PLUS EXTERNAL LOTION	2	
glydo external prefilled syringe	1	PA
L.E.T. (RACEPINEPHRINE) EXTERNAL GEL	2	
L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION	2	
L.E.T. EXTERNAL GEL	2	
L.E.T. EXTERNAL SOLUTION	2	
LETS KIT	2	
lidocaine external ointment	1	PA
lidocaine external patch	1	PA
LIDOCAINE HCL (BUFFERED) INJECTION SOLUTION PREFILLED SYRINGE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
lidocaine hcl (pf) injection solution	1	
lidocaine hcl external lotion	1	
lidocaine hcl external solution	1	PA
lidocaine hcl injection solution	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	2	
LIDOCAINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
lidocaine hcl urethral/mucosal external gel	1	PA
lidocaine hcl urethral/mucosal external prefilled syringe	1	PA
LIDOCAINE HCL-BUPIVACAINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
LIDOCAINE(BUFFERD)-EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE	2	
LIDOCAINE-EPINEPHRINE (3 ML) INJECTION SOLUTION PREFILLED SYRINGE	2	
lidocaine-epinephrine (pf) injection solution	1	
lidocaine-epinephrine injection solution	1	

Drug Name	Drug Tier	Requirements /Limits
lidocaine-prilocaine external cream	1	PA
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE	2	
LIDOCAN EXTERNAL PATCH	2	PA
LIDODERM EXTERNAL PATCH	2	PA
LIDOMAR INJECTION SOLUTION	2	
LIDOPIN EXTERNAL CREAM	2	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL GEL	2	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL SOLUTION	2	
LIDTOPIC MAX EXTERNAL CREAM	2	
MARCAINE INJECTION SOLUTION	2	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION	2	
MARCAINE SPINAL INTRATHECAL SOLUTION	2	
MARCAINE/EPINEPHRINE INJECTION SOLUTION	2	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
NAROPIN INJECTION SOLUTION	2	
NESACAINE INJECTION SOLUTION	2	
NESACAINE-MPF INJECTION SOLUTION	2	
ORABLOC INJECTION SOLUTION CARTRIDGE	2	
PLIAGLIS EXTERNAL CREAM	2	PA
POLOCAINE INJECTION SOLUTION	2	
POLOCAINE-MPF INJECTION SOLUTION	2	
PREPIV SUPPLY COMBINATION KIT	2	
PROCAINE HCL POWDER	2	
QUTENZA (2 PATCH) EXTERNAL KIT	2	
QUTENZA (4 PATCH) EXTERNAL KIT	2	
QUTENZA EXTERNAL KIT	2	
ROPIVACAINE HCL EPIDURAL SOLUTION	2	
ropivacaine hcl injection solution	1	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	2	
ROPIVACAINE HCL-NACL INJECTION SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
SENSORCAINE INJECTION SOLUTION	2	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION	2	
SENSORCAINE-MPF INJECTION SOLUTION	2	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	2	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL	2	
SYNERA EXTERNAL PATCH	2	
tetracaine hcl injection solution	1	
TOPICAL L.E.T. EXTERNAL GEL	2	
TRIDACAINE II EXTERNAL PATCH	2	PA
TRIDACAINE III EXTERNAL PATCH	2	PA
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	2	
XYLOCAINE INJECTION SOLUTION	2	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	2	
XYLOCAINE-MPF INJECTION SOLUTION	2	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ZTLIDO EXTERNAL PATCH	2	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium oral tablet delayed release	1	
disulfiram oral tablet	1	
naltrexone hcl oral tablet	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
Opioid Dependence		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	NDS
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	NDS
BUPRENEX INJECTION SOLUTION	2	
buprenorphine hcl injection solution	1	
buprenorphine hcl sublingual tablet sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	

Drug Name	Drug Tier	Requirements /Limits
lofexidine hcl oral tablet	1	
LUCEMYRA ORAL TABLET	2	
methadone hcl oral tablet soluble	1	
methadose oral tablet soluble	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
SUBOXONE SUBLINGUAL FILM	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	2	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	2	
NALMEFENE HCL INJECTION SOLUTION	2	
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal liquid	1	
NARCAN NASAL LIQUID	2	
OPVEE NASAL SOLUTION	2	PA
REXTOVY NASAL LIQUID	2	PA
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
Smoking Cessation Agents		
APO-VARENICLINE ORAL TABLET	2	PA; PV
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	PV
ft nicotine mini mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
ft nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
ft nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
ft nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
goodsense nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
goodsense nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
habitrol transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
NICORETTE MINI MOUTH/THROAT LOZENGE	2	PV; QL (20 EA per 1 day)
NICORETTE MOUTH/THROAT GUM	2	PV; QL (24 EA per 1 day)
NICORETTE MOUTH/THROAT LOZENGE	2	PV; QL (20 EA per 1 day)
nicotine mini mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mini mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)

Drug Name	Drug Tier	Requirements /Limits
nicotine step 1 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine step 2 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine step 3 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine transdermal kit	2	PV; QL (1 EA per 1 day)
nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
NICOTROL INHALATION INHALER	2	PV
NICOTROL NS NASAL SOLUTION	2	PV
varenicline tartrate (starter) oral tablet therapy pack	1	PV
varenicline tartrate oral tablet	1	PV
varenicline tartrate(continue) oral tablet	1	PV
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution	1	
ARIKAYCE INHALATION SUSPENSION	2	PA
gentamicin in saline intravenous solution	1	
gentamicin sulfate external cream	1	
gentamicin sulfate external ointment	1	
gentamicin sulfate injection solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HUMATIN ORAL CAPSULE	2	
neomycin sulfate oral tablet	1	
neomycin-polymyxin b gu irrigation solution	1	
streptomycin sulfate intramuscular solution reconstituted	1	
tobramycin sulfate injection solution	1	
tobramycin sulfate injection solution reconstituted	1	
TOBRAMYCIN SULFATE POWDER	2	
ZEMDRI INTRAVENOUS SOLUTION	2	
Antibacterials, Other		
AEMCOLO ORAL TABLET DELAYED RELEASE	2	
ALTABAX EXTERNAL OINTMENT	2	
AMZEEQ EXTERNAL FOAM	2	
AZACTAM INJECTION SOLUTION RECONSTITUTED	2	
aztreonam injection solution reconstituted	1	
bacitracin intramuscular solution reconstituted	1	
benzalkonium chloride external solution	1	
chloramphenicol sod succinate intravenous solution reconstituted	1	
CLEOCIN ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN ORAL SOLUTION RECONSTITUTED	2	
CLEOCIN PHOSPHATE INJECTION SOLUTION	2	
CLEOCIN VAGINAL CREAM	2	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindacin etz external swab	1	
clindacin-p external swab	1	
clindamycin hcl oral capsule	1	
clindamycin palmitate hcl oral solution reconstituted	1	
clindamycin phosphate external swab	1	
clindamycin phosphate in d5w intravenous solution	1	
CLINDAMYCIN PHOSPHATE IN NA CL INTRAVENOUS SOLUTION	2	
clindamycin phosphate injection solution	1	
clindamycin phosphate vaginal cream	1	
colistimethate sodium (cba) injection solution reconstituted	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	2	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	2	
daptomycin intravenous solution reconstituted	1	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	1	
ESSENTRA WIPES 9X9" SHEET	2	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED	2	
FIRVANQ ORAL SOLUTION RECONSTITUTED	2	
FLAGYL ORAL CAPSULE	2	
fosfomycin tromethamine oral packet	1	
HIPREX ORAL TABLET	2	
hydrogen peroxide solution	1	
HYPOCYN ANTIPRURITIC EXTERNAL GEL	2	
IMPAVIDO ORAL CAPSULE	2	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
LIKMEZ ORAL SUSPENSION	2	
LINCOCIN INJECTION SOLUTION	2	
lincomycin hcl injection solution	1	
linezolid in sodium chloride intravenous solution	1	
linezolid intravenous solution	1	
linezolid oral suspension reconstituted	1	
linezolid oral tablet	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION	2	
MACROBID ORAL CAPSULE	2	
MACRODANTIN ORAL CAPSULE	2	
methenamine hippurate oral tablet	1	
methenamine mandelate oral tablet	1	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED	2	
metronidazole intravenous solution	1	
metronidazole oral capsule	1	
metronidazole oral tablet	1	
metronidazole vaginal gel	1	
nitrofurantoin macrocrystal oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
nitrofurantoin monohyd macro oral capsule	1	
nitrofurantoin oral suspension	1	
NUVESSA VAGINAL GEL	2	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	2	
PHENOL CRYSTALS	2	
PHENOL LIQUID	2	
polymyxin b sulfate injection solution reconstituted	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	2	
SIVEXTRO ORAL TABLET	2	
SOLOSEC ORAL PACKET	2	
THIMEROSAL POWDER	2	
tigecycline intravenous solution reconstituted	1	
tinidazole oral tablet	1	
trimethoprim oral tablet	1	
TRIMETHOPRIM POWDER	2	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	2	
VANCOCIN ORAL CAPSULE	2	
vancomycin hcl in dextrose intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
vancomycin hcl in nacl intravenous solution	1	
vancomycin hcl intravenous solution	1	
vancomycin hcl intravenous solution reconstituted	1	
vancomycin hcl oral capsule	1	
vancomycin hcl oral solution reconstituted	1	
VANCOMYCIN+SYRS PEND SF ORAL SUSPENSION	2	
VANDAZOLE VAGINAL GEL	2	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED	2	
VOQUEZNA DUAL PAK ORAL THERAPY PACK	2	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	2	
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED	2	
XACIATO VAGINAL GEL	2	
XENLETA INTRAVENOUS SOLUTION	2	
XENLETA ORAL TABLET	2	
ZYVOX INTRAVENOUS SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ZYVOX ORAL SUSPENSION RECONSTITUTED	2	
ZYVOX ORAL TABLET	2	
Beta-lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	2	
cefaclor er oral tablet extended release 12 hour	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	2	
cefazolin sodium injection solution reconstituted	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
cefazolin sodium intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements /Limits
cefazolin sodium-dextrose intravenous solution	1	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir oral capsule	1	
cefdinir oral suspension reconstituted	1	
cefepime hcl injection solution reconstituted	1	
cefepime hcl intravenous solution	1	
cefepime hcl intravenous solution reconstituted	1	
cefepime-dextrose intravenous solution reconstituted	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED	2	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED	1	
cefotetan disodium injection solution reconstituted	1	
cefoxitin sodium intravenous solution reconstituted	1	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
cefepodoxime proxetil oral suspension reconstituted	1	
cefepodoxime proxetil oral tablet	1	
cefprozil oral suspension reconstituted	1	
cefprozil oral tablet	1	
ceftazidime and dextrose intravenous solution reconstituted	1	
ceftazidime injection solution reconstituted	1	
ceftazidime intravenous solution reconstituted	1	
ceftriaxone sodium in dextrose intravenous solution	1	
ceftriaxone sodium injection solution reconstituted	1	
ceftriaxone sodium intravenous solution reconstituted	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted	1	
cefuroxime sodium intravenous solution reconstituted	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	2	
tazicef injection solution reconstituted	1	
TAZICEF INTRAVENOUS SOLUTION	2	
tazicef intravenous solution reconstituted	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	2	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	2	
Beta-lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable	1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1	
amoxicillin-pot clavulanate oral suspension reconstituted	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet chewable	1	
ampicillin oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ampicillin sodium injection solution reconstituted	1	
ampicillin sodium intravenous solution reconstituted	1	
ampicillin-sulbactam sodium injection solution reconstituted	1	
ampicillin-sulbactam sodium intravenous solution reconstituted	1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	2	
AUGMENTIN ORAL TABLET	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	2	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
dicloxacillin sodium oral capsule	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	1	
nafcillin sodium injection solution reconstituted	1	
nafcillin sodium intravenous solution reconstituted	1	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	1	
oxacillin sodium injection solution reconstituted	1	
oxacillin sodium intravenous solution reconstituted	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	2	
penicillin g potassium injection solution reconstituted	1	
penicillin g procaine intramuscular suspension	1	
penicillin g sodium injection solution reconstituted	1	
penicillin v potassium oral solution reconstituted	1	
penicillin v potassium oral tablet	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
piperacillin sod-tazobactam so intravenous solution reconstituted	1	
UNASYN INJECTION SOLUTION RECONSTITUTED	2	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED	2	
ZOSYN INTRAVENOUS SOLUTION	2	
Carbapenems		
ertapenem sodium injection solution reconstituted	1	
imipenem-cilastatin intravenous solution reconstituted	1	
INVANZ INJECTION SOLUTION RECONSTITUTED	2	
meropenem intravenous solution reconstituted	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED	2	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	2	
Macrolides		
azithromycin intravenous solution reconstituted	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
clarithromycin er oral tablet extended release 24 hour	1	
clarithromycin oral suspension reconstituted	1	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	2	
DIFICID ORAL TABLET	2	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	2	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	2	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	2	
ERY-TAB ORAL TABLET DELAYED RELEASE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ERYTHROCIN STEARATE ORAL TABLET	2	
erythromycin base oral capsule delayed release particles	1	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	
ERYTHROMYCIN BASE POWDER	2	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate intravenous solution reconstituted	1	
erythromycin oral tablet delayed release	1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	2	
ZITHROMAX ORAL PACKET	2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	2	
ZITHROMAX ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
ZITHROMAX TRI-PAK ORAL TABLET	2	
ZITHROMAX Z-PAK ORAL TABLET	2	
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	2	
BAXDELA ORAL TABLET	2	
CIPRO ORAL SUSPENSION RECONSTITUTED	2	
CIPRO ORAL TABLET	2	
ciprofloxacin hcl oral tablet	1	
ciprofloxacin in d5w intravenous solution	1	
ciprofloxacin oral suspension reconstituted	1	
levofloxacin in d5w intravenous solution	1	
levofloxacin intravenous solution	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
moxifloxacin hcl in nacl intravenous solution	1	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	2	
moxifloxacin hcl oral tablet	1	
ofloxacin oral tablet	1	
Sulfonamides		
BACTRIM DS ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
BACTRIM ORAL TABLET	2	
KLARON EXTERNAL LOTION	2	
sulfacetamide sodium (acne) external lotion	1	
SULFACETAMIDE SODIUM POWDER	2	
sulfadiazine oral tablet	1	
SULFADIAZINE SODIUM POWDER	2	
SULFAMETHOXAZOLE POWDER	2	
sulfamethoxazole-trimethoprim intravenous solution	1	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric oral suspension	1	
Tetracyclines		
ACTICLATE ORAL TABLET	2	
AVIDOXY ORAL TABLET	2	
coremino oral tablet extended release 24 hour	1	
demeclocycline hcl oral tablet	1	
DORYX MPC ORAL TABLET DELAYED RELEASE	2	
DORYX ORAL TABLET DELAYED RELEASE	2	
doxy 100 intravenous solution reconstituted	1	

Effective 1/1/2025

Drug Name	Drug Tier	Requirements /Limits
doxycycline hyclate intravenous solution reconstituted	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline hyclate oral tablet delayed release	1	
DOXYCYCLINE HYCLATE POWDER	2	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
doxycycline oral capsule delayed release	1	
LYMEPAK ORAL TABLET	2	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
minocycline hcl er oral tablet extended release 24 hour	1	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	
MINOCYCLINE HCL POWDER	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
MONDOXYNE NL ORAL CAPSULE	1	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	2	
NUZYRA ORAL TABLET	2	
ORACEA ORAL CAPSULE DELAYED RELEASE	2	
SEYSARA ORAL TABLET	2	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
TARGADOX ORAL TABLET	2	
tetracycline hcl oral capsule	1	
TETRACYCLINE HCL ORAL TABLET	2	
VIBRAMYCIN ORAL CAPSULE	2	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	2	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	2	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	

Drug Name	Drug Tier	Requirements /Limits
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INTRAVENOUS SOLUTION	2	
BRIVIACT ORAL SOLUTION	2	
BRIVIACT ORAL TABLET	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
EPIDIOLEX ORAL SOLUTION	2	PA
EPRONTIA ORAL SOLUTION	2	
felbamate oral suspension	1	
felbamate oral tablet	1	
FELBATOL ORAL SUSPENSION	2	
FELBATOL ORAL TABLET	2	
FINTEPLA ORAL SOLUTION	2	PA
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
KEPPRA INTRAVENOUS SOLUTION	2	
KEPPRA ORAL SOLUTION	2	
KEPPRA ORAL TABLET	2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL ODT ORAL KIT	2	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	2	
LAMICTAL ORAL TABLET	2	
LAMICTAL ORAL TABLET CHEWABLE	2	
LAMICTAL STARTER ORAL KIT	2	
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
lamotrigine er oral tablet extended release 24 hour	1	
lamotrigine oral kit	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue oral kit	1	
lamotrigine starter kit-green oral kit	1	
lamotrigine starter kit-orange oral kit	1	
levetiracetam er oral tablet extended release 24 hour	1	
levetiracetam in nacl intravenous solution	1	
levetiracetam intravenous solution	1	
levetiracetam oral solution	1	

Drug Name	Drug Tier	Requirements /Limits
levetiracetam oral tablet	1	
NAYZILAM NASAL SOLUTION	2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	2	
roweepra oral tablet	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	2	
subvenite oral tablet	1	
subvenite starter kit-blue oral kit	1	
subvenite starter kit-green oral kit	1	
subvenite starter kit-orange oral kit	1	
TOPAMAX ORAL TABLET	2	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	2	
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate er oral capsule extended release 24 hour	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
valproate sodium intravenous solution	1	
valproic acid oral capsule	1	
valproic acid oral solution	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	2	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	2	
XCOPRI ORAL TABLET	2	
XCOPRI ORAL TABLET THERAPY PACK	2	
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	2	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
methsuximide oral capsule	1	
ZARONTIN ORAL CAPSULE	2	
ZARONTIN ORAL SOLUTION	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension	1	
clobazam oral tablet	1	
clonazepam oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
clonazepam oral tablet dispersible	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
DEPAKOTE ORAL TABLET DELAYED RELEASE	2	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	2	
DIACOMIT ORAL CAPSULE	2	PA
DIACOMIT ORAL PACKET	2	PA
DIASTAT ACUDIAL RECTAL GEL	2	
DIASTAT PEDIATRIC RECTAL GEL	2	
diazepam rectal gel	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
FANATREX FUSEPAQ ORAL SUSPENSION	2	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet	1	
GABITRIL ORAL TABLET	2	
KLONOPIN ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
LIBERVANT BUCCAL FILM	2	
LYRICA ORAL CAPSULE	2	
LYRICA ORAL SOLUTION	2	
MYSOLINE ORAL TABLET	2	
NEURONTIN ORAL CAPSULE	2	
NEURONTIN ORAL SOLUTION	2	
NEURONTIN ORAL TABLET	2	
ONFI ORAL SUSPENSION	2	
ONFI ORAL TABLET	2	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENOBARBITAL POWDER	2	
phenobarbital sodium injection solution	1	
pregabalin oral capsule	1	
pregabalin oral solution	1	
primidone oral tablet	1	
SABRIL ORAL PACKET	2	PA
SABRIL ORAL TABLET	2	PA
SYMPAZAN ORAL FILM	2	
tiagabine hcl oral tablet	1	
VALTOCO 10 MG DOSE NASAL LIQUID	2	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	2	

Drug Name	Drug Tier	Requirements /Limits
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	2	
VALTOCO 5 MG DOSE NASAL LIQUID	2	
vigabatrin oral packet	1	PA
vigabatrin oral tablet	1	PA
VIGADRONE ORAL PACKET	2	PA
VIGADRONE ORAL TABLET	2	PA
VIGAFYDE ORAL SOLUTION	2	PA
vigpoder oral packet	1	PA
Sodium Channel Agents		
APTIOM ORAL TABLET	2	
BANZEL ORAL SUSPENSION	2	
BANZEL ORAL TABLET	2	
carbamazepine er oral capsule extended release 12 hour	1	
carbamazepine er oral tablet extended release 12 hour	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
CEREBYX INJECTION SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DILANTIN INFATABS ORAL TABLET CHEWABLE	2	
DILANTIN ORAL CAPSULE	2	
DILANTIN ORAL SUSPENSION	2	
DILANTIN-125 ORAL SUSPENSION	2	
epitol oral tablet	1	
fosphenytoin sodium injection solution	1	
lacosamide intravenous solution	1	
lacosamide oral solution	1	
lacosamide oral tablet	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	PA
oxcarbazepine er oral tablet extended release 24 hour	1	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
phenytek oral capsule	1	
phenytoin infatabs oral tablet chewable	1	
phenytoin oral suspension	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
phenytoin sodium injection solution	1	
rufinamide oral suspension	1	
rufinamide oral tablet	1	
TEGRETOL ORAL SUSPENSION	2	
TEGRETOL ORAL TABLET	2	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
TRILEPTAL ORAL SUSPENSION	2	
TRILEPTAL ORAL TABLET	2	
VIMPAT INTRAVENOUS SOLUTION	2	
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
ZONEGRAN ORAL CAPSULE	2	
ZONISADE ORAL SUSPENSION	2	
zonisamide oral capsule	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY	2	
ARICEPT ORAL TABLET	2	
donepezil hcl oral tablet	1	
donepezil hcl oral tablet dispersible	1	
EXELON TRANSDERMAL PATCH 24 HOUR	2	
galantamine hydrobromide er oral capsule extended release 24 hour	1	
galantamine hydrobromide oral solution	1	
galantamine hydrobromide oral tablet	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour	1	
memantine hcl oral solution	1	
memantine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
NAMENDA ORAL TABLET	2	
NAMENDA TITRATION PAK ORAL TABLET	2	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
Antidepressants		
Antidepressants, Other		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
AUVELITY ORAL TABLET EXTENDED RELEASE	2	
bupropion hcl er (sr) oral tablet extended release 12 hour	1	
bupropion hcl er (xl) oral tablet extended release 24 hour	1	
bupropion hcl oral tablet	1	
chlordiazepoxide-amitriptyline oral tablet	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	1	
olanzapine-fluoxetine hcl oral capsule	1	
perphenazine-amitriptyline oral tablet	1	
quetiapine fumarate oral tablet	1	
REMERON ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
REMERON SOLTAB ORAL TABLET DISPERSIBLE	2	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	2	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	2	PA
SYMBYAX ORAL CAPSULE	2	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
ZULRESSO INTRAVENOUS SOLUTION	2	
ZURZUVAE ORAL CAPSULE	2	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	2	
MARPLAN ORAL TABLET	2	
NARDIL ORAL TABLET	2	
PARNATE ORAL TABLET	2	
phenelzine sulfate oral tablet	1	
tranylcypromine sulfate oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
CELEXA ORAL TABLET	2	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	1	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
desvenlafaxine succinate er oral tablet extended release 24 hour	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	2	
duloxetine hcl oral capsule delayed release particles	1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
fluoxetine hcl (pmdd) oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate er oral capsule extended release 24 hour	1	
fluvoxamine maleate oral tablet	1	
LEXAPRO ORAL TABLET	2	
nefazodone hcl oral tablet	1	
paroxetine hcl er oral tablet extended release 24 hour	1	
paroxetine hcl oral suspension	1	
paroxetine hcl oral tablet	1	
paroxetine mesylate oral capsule	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
PAXIL ORAL SUSPENSION	2	
PAXIL ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
PEXEVA ORAL TABLET	2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
PROZAC ORAL CAPSULE	2	
SERTRALINE HCL ORAL CAPSULE	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet	1	
TRINTELLIX ORAL TABLET	2	
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	
venlafaxine hcl oral tablet	1	
VIIBRYD ORAL TABLET	2	
VIIBRYD STARTER PACK ORAL KIT	2	
vilazodone hcl oral tablet	1	
ZOLOFT ORAL CONCENTRATE	2	
ZOLOFT ORAL TABLET	2	
Tricyclics		
amitriptyline hcl oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
amoxapine oral tablet	1	
ANAFRANIL ORAL CAPSULE	2	
clomipramine hcl oral capsule	1	
desipramine hcl oral tablet	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral tablet	1	
IMIPRAMINE HCL POWDER	2	
imipramine pamoate oral capsule	1	
NORPRAMIN ORAL TABLET	2	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	1	
NORTRIPTYLINE HCL POWDER	2	
PAMELOR ORAL CAPSULE	2	
protriptyline hcl oral tablet	1	
trimipramine maleate oral capsule	1	
Antiemetics		
Antiemetics, Other		
ANTIVERT ORAL TABLET	2	
ANTIVERT ORAL TABLET CHEWABLE	2	
BARHEMSYS INTRAVENOUS SOLUTION	2	B/D

Drug Name	Drug Tier	Requirements /Limits
BONJESTA ORAL TABLET EXTENDED RELEASE	2	
COMPRO RECTAL SUPPOSITORY	1	
DICLEGIS ORAL TABLET DELAYED RELEASE	2	
dimenhydrinate injection solution	1	
doxylamine-pyridoxine oral tablet delayed release	1	
droperidol injection solution	1	
meclizine hcl oral tablet	1	
MECLIZINE HCL POWDER	2	
PHENERGAN INJECTION SOLUTION	2	
prochlorperazine edisylate injection solution	1	
prochlorperazine maleate oral tablet	1	
PROCHLORPERAZINE MALEATE POWDER	2	
prochlorperazine rectal suppository	1	
promethazine hcl injection solution	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository	1	
PROMETHEGAN RECTAL SUPPOSITORY	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
scopolamine transdermal patch 72 hour	1	
TIGAN INTRAMUSCULAR SOLUTION	2	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	2	
trimethobenzamide hcl oral capsule	1	B/D
Emetogenic Therapy Adjuncts		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION	2	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION	2	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	2	
AKYNZEO ORAL CAPSULE	2	B/D
ANZEMET ORAL TABLET	2	B/D
APONVIE INTRAVENOUS EMULSION	2	
aprepitant oral	1	B/D
aprepitant oral capsule	1	B/D
CINVANTI INTRAVENOUS EMULSION	2	
dronabinol oral capsule	1	PA
EMEND INTRAVENOUS SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL CAPSULE	2	B/D
EMEND ORAL SUSPENSION RECONSTITUTED	2	B/D
EMEND TRI-PACK ORAL CAPSULE	2	B/D
FOCINVEZ INTRAVENOUS SOLUTION	2	
fosaprepitant dimeglumine intravenous solution reconstituted	1	
granisetron hcl intravenous solution	1	
granisetron hcl oral tablet	1	B/D
MARINOL ORAL CAPSULE	2	PA
ondansetron hcl injection solution	1	
ondansetron hcl injection solution prefilled syringe	1	
ondansetron hcl oral solution	1	B/D
ondansetron hcl oral tablet	1	B/D
ondansetron oral tablet dispersible	1	B/D
palonosetron hcl intravenous solution	1	
palonosetron hcl intravenous solution prefilled syringe	1	
POSFREA INTRAVENOUS SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
SANCUSO TRANSDERMAL PATCH	2	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	2	
SYNDROS ORAL SOLUTION	2	PA
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	2	B/D
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	2	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	2	B/D
amphotericin b intravenous solution reconstituted	1	B/D
ANCOBON ORAL CAPSULE	2	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	2	
caspofungin acetate intravenous solution reconstituted	1	
clotrimazole external cream	1	
clotrimazole external solution	1	
CRESEMBA ORAL CAPSULE	2	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	2	
DIFLUCAN ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
econazole nitrate external cream	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	2	
ERTACZO EXTERNAL CREAM	2	
EXELDERM EXTERNAL CREAM	2	
EXELDERM EXTERNAL SOLUTION	2	
EXTINA EXTERNAL FOAM	2	
fluconazole in sodium chloride intravenous solution	1	
fluconazole oral suspension reconstituted	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
GYNAZOLE-1 VAGINAL CREAM	2	
itraconazole oral capsule	1	
itraconazole oral solution	1	
JUBLIA EXTERNAL SOLUTION	2	
KERYDIN EXTERNAL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo	1	
ketoconazole oral tablet	1	
LULICONAZOLE EXTERNAL CREAM	2	
LUZU EXTERNAL CREAM	2	
miconazole 3 vaginal suppository	1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	2	
naftifine hcl external cream	1	
NAFTIN EXTERNAL GEL	2	
NOXAFIL ORAL SUSPENSION	2	
NOXAFIL ORAL TABLET DELAYED RELEASE	2	
nyamyc external powder	1	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	
nystatin mouth/throat suspension	1	
nystatin oral tablet	1	
nystop external powder	1	
ORAVIG BUCCAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
oxiconazole nitrate external cream	1	
OXISTAT EXTERNAL CREAM	2	
OXISTAT EXTERNAL LOTION	2	
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	2	
SPORANOX ORAL SOLUTION	2	
terbinafine hcl oral tablet	1	
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
TOLSURA ORAL CAPSULE	2	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
VFEND ORAL SUSPENSION RECONSTITUTED	2	
VFEND ORAL TABLET	2	
voriconazole intravenous solution reconstituted	1	PA
voriconazole oral suspension reconstituted	1	
voriconazole oral tablet	1	
Non-FRF		
amphotericin b liposome intravenous suspension reconstituted	1	B/D

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
BREXAFEMME ORAL TABLET	2	
CICLOPIROX OLAMINE POWDER	2	
CLOTRIMAZOLE CRYSTALS	2	
clotrimazole mouth/throat troche	1	
CLOTRIMAZOLE POWDER	2	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	2	
CRESEMBA ORAL CAPSULE	2	
ECOZA EXTERNAL FOAM	2	
EXODERM EXTERNAL LOTION	2	
fluconazole in sodium chloride intravenous solution	1	
ketodan external foam	1	
klayesta external powder	1	
micafungin sodium intravenous solution reconstituted	1	
MICAFUNGIN SODIUM-NACL INTRAVENOUS SOLUTION	1	
MICONAZOLE NITRATE POWDER	2	
MICONAZOLE POWDER	2	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT	2	

Drug Name	Drug Tier	Requirements /Limits
naftifine hcl external gel	1	
NOXAFIL INTRAVENOUS SOLUTION	2	
NOXAFIL ORAL PACKET	2	
posaconazole intravenous solution	1	
posaconazole oral suspension	1	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED	2	
SULCONAZOLE NITRATE EXTERNAL CREAM	2	
SULCONAZOLE NITRATE EXTERNAL SOLUTION	1	
tavaborole external solution	1	
TOLNAFTATE POWDER	2	
VIVJOA ORAL CAPSULE THERAPY PACK	2	
VUSION EXTERNAL OINTMENT	2	
XOLEGEL COREPAK EXTERNAL KIT	2	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT	2	
XOLEGEL DUO/XOLEX EXTERNAL KIT	2	
XOLEGEL EXTERNAL GEL	2	
Antigout Agents		
allopurinol oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
colchicine oral capsule	1	
colchicine oral tablet	1	
colchicine-probenecid oral tablet	1	
COLCRYS ORAL TABLET	2	
febuxostat oral tablet	1	
MITIGARE ORAL CAPSULE	2	
probenecid oral tablet	1	
ULORIC ORAL TABLET	2	
ZYLOPRIM ORAL TABLET	2	
Non-FRF		
allopurinol oral tablet	1	
allopurinol sodium intravenous solution reconstituted	1	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	2	
GLOPERBA ORAL SOLUTION	2	
KRYSTEXXA INTRAVENOUS SOLUTION	2	PA
Antimigraine Agents		
Ergot Alkaloids		
CAFERGOT ORAL TABLET	2	
DIHYDROERGOTAMINE MESYLATE CRYSTALS	2	
dihydroergotamine mesylate injection solution	1	
dihydroergotamine mesylate nasal solution	1	

Drug Name	Drug Tier	Requirements /Limits
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	2	
ergotamine-caffeine oral tablet	1	
MIGERGOT RECTAL SUPPOSITORY	2	
MIGRANAL NASAL SOLUTION	2	
TRUDHESA NASAL AEROSOL SOLUTION	2	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
NURTEC ORAL TABLET DISPERSIBLE	2	PA
QULIPTA ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
timolol maleate oral tablet	1	
UBRELVY ORAL TABLET	2	
VYEPTI INTRAVENOUS SOLUTION	2	
ZAVZPRET NASAL SOLUTION	2	PA
Serotonin (5-HT) Receptor Agonist		
almotriptan malate oral tablet	1	
eletriptan hydrobromide oral tablet	1	
FROVA ORAL TABLET	2	
frovatriptan succinate oral tablet	1	
IMITREX NASAL SOLUTION	2	
IMITREX ORAL TABLET	2	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
MAXALT ORAL TABLET	2	
MAXALT-MLT ORAL TABLET DISPERSIBLE	2	
naratriptan hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
ONZETRA XSAIL NASAL EXHALER POWDER	2	
RELPAX ORAL TABLET	2	
REYVOW ORAL TABLET	2	
rizatriptan benzoate oral tablet	1	
rizatriptan benzoate oral tablet dispersible	1	
sumatriptan nasal solution	1	
sumatriptan succinate oral tablet	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous solution	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
sumatriptan-naproxen sodium oral tablet	1	
TOSYMRA NASAL SOLUTION	2	
TREXIMET ORAL TABLET	2	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
zolmitriptan nasal solution	1	
zolmitriptan oral tablet	1	
zolmitriptan oral tablet dispersible	1	
ZOMIG NASAL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ZOMIG ORAL TABLET	2	
Antimyasthenic Agents		
Parasympathomimetics		
BLOXIVERZ INTRAVENOUS SOLUTION	2	
MESTINON ORAL SOLUTION	2	
MESTINON ORAL TABLET	2	
MESTINON ORAL TABLET EXTENDED RELEASE	2	
neostigmine methylsulfate intravenous solution	1	
neostigmine methylsulfate intravenous solution prefilled syringe	1	
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
REGONOL INTRAVENOUS SOLUTION	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet	1	
MYCOBUTIN ORAL CAPSULE	2	
PRETOMANID ORAL TABLET	2	
rifabutin oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ZILXI EXTERNAL FOAM	2	
Antituberculars		
cycloserine oral capsule	1	
ethambutol hcl oral tablet	1	
isoniazid injection solution	1	
isoniazid oral syrup	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET	2	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
rifampin intravenous solution reconstituted	1	
rifampin oral capsule	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION	2	
SIRTURO ORAL TABLET	2	
TRECTOR ORAL TABLET	2	
Antineoplastics		
Alkylating Agents		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALKERAN ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
BELRAPZO INTRAVENOUS SOLUTION	2	
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	1	
bendamustine hcl intravenous solution reconstituted	1	
BENDEKA INTRAVENOUS SOLUTION	2	
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	2	
busulfan intravenous solution	1	
BUSULFEX INTRAVENOUS SOLUTION	2	
carboplatin intravenous solution	1	
carmustine intravenous solution reconstituted	1	
cisplatin intravenous solution	1	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	1	
cyclophosphamide injection solution reconstituted	1	
CYCLOPHOSPHAMID E INTRAVENOUS SOLUTION	1	
cyclophosphamide oral capsule	1	B/D
CYCLOPHOSPHAMID E ORAL TABLET	1	B/D

Drug Name	Drug Tier	Requirements /Limits
dacarbazine intravenous solution reconstituted	1	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	2	
GLEOSTINE ORAL CAPSULE	2	
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	2	
ifosfamide intravenous solution	1	
ifosfamide intravenous solution reconstituted	1	
KEMOPLAT INTRAVENOUS SOLUTION	2	
LEUKERAN ORAL TABLET	2	
MATULANE ORAL CAPSULE	2	
melphalan hcl intravenous solution reconstituted	1	
melphalan oral tablet	1	
MYLERAN ORAL TABLET	2	
oxaliplatin intravenous solution	1	
oxaliplatin intravenous solution reconstituted	1	
paraplatin intravenous solution	1	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	
temozolomide oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TEPADINA INJECTION SOLUTION RECONSTITUTED	2	
thiotepa injection solution reconstituted	1	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	2	
VALCHLOR EXTERNAL GEL	2	PA
VIVIMUSTA INTRAVENOUS SOLUTION	2	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	2	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	2	
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
Antiandrogens		
abiraterone acetate oral tablet	1	PA
bicalutamide oral tablet	1	
CASODEX ORAL TABLET	2	
ERLEADA ORAL TABLET	2	PA
EULEXIN ORAL CAPSULE	2	
flutamide oral capsule	1	
NILANDRON ORAL TABLET	2	
nilutamide oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
NUBEQA ORAL TABLET	2	PA
XTANDI ORAL CAPSULE	2	PA
XTANDI ORAL TABLET	2	PA
YONSA ORAL TABLET	2	PA
ZYTIGA ORAL TABLET	2	PA
Antiangiogenic Agents		
FOTIVDA ORAL CAPSULE	2	PA
lenalidomide oral capsule	1	PA
POMALYST ORAL CAPSULE	2	PA
QINLOCK ORAL TABLET	2	PA
REVLIMID ORAL CAPSULE	2	PA
TABRECTA ORAL TABLET	2	PA
THALOMID ORAL CAPSULE	2	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	2	
FARESTON ORAL TABLET	2	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
fulvestrant intramuscular solution prefilled syringe	1	
SOLTAMOX ORAL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
tamoxifen citrate oral tablet	1	
toremifene citrate oral tablet	1	
Antimetabolites		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	2	
ARRANON INTRAVENOUS SOLUTION	2	
capecitabine oral tablet	1	
cladribine intravenous solution	1	B/D
clofarabine intravenous solution	1	
CLOLAR INTRAVENOUS SOLUTION	2	
cytarabine (pf) injection solution	1	B/D
cytarabine injection solution	1	B/D
DROXIA ORAL CAPSULE	2	
floxuridine injection solution reconstituted	1	B/D
fluorouracil intravenous solution	1	B/D
FOLOTYN INTRAVENOUS SOLUTION	2	PA
gemcitabine hcl intravenous solution	1	
gemcitabine hcl intravenous solution reconstituted	1	
HYDREA ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
hydroxyurea oral capsule	1	
INFUGEM INTRAVENOUS SOLUTION	2	
mercaptopurine oral tablet	1	
nelarabine intravenous solution	1	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	2	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	1	
pemetrexed disodium intravenous solution reconstituted	1	
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED	1	
PEMETREXED INTRAVENOUS SOLUTION	1	
PEMFEXY INTRAVENOUS SOLUTION	2	
PEMRYDI RTU INTRAVENOUS SOLUTION	2	
PRALATREXATE INTRAVENOUS SOLUTION	1	PA
PURIXAN ORAL SUSPENSION	2	
SIKLOS ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TABLOID ORAL TABLET	2	
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	2	PA
XELODA ORAL TABLET	2	
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	2	
adriamycin intravenous solution reconstituted	1	B/D
ADSTILADRIN INTRAVESICAL SUSPENSION	2	PA
AKEEGA ORAL TABLET	2	PA
ANKTIVA INTRAVESICAL SOLUTION	2	PA
arsenic trioxide intravenous solution	1	
ASPARLAS INTRAVENOUS SOLUTION	2	
azacitidine injection suspension reconstituted	1	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
bleomycin sulfate injection solution reconstituted	1	B/D
bortezomib injection solution reconstituted	1	PA

Drug Name	Drug Tier	Requirements /Limits
bortezomib intravenous solution	1	PA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
COLUMVI INTRAVENOUS SOLUTION	2	PA
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED	2	
dactinomycin intravenous solution reconstituted	1	
daunorubicin hcl intravenous solution	1	
decitabine intravenous solution reconstituted	1	
docetaxel intravenous concentrate	1	
docetaxel intravenous solution	1	
DOCIVYX INTRAVENOUS SOLUTION	2	
DOXIL INTRAVENOUS SUSPENSION	2	
doxorubicin hcl intravenous solution	1	B/D
doxorubicin hcl intravenous solution reconstituted	1	B/D
doxorubicin hcl liposomal intravenous suspension	1	
ELLECE INTRAVENOUS SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ELREXFIO SUBCUTANEOUS SOLUTION	2	PA
ELZONRIS INTRAVENOUS SOLUTION	2	PA
EPKINLY SUBCUTANEOUS SOLUTION	2	PA
eribulin mesylate intravenous solution	1	PA
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	2	
fludarabine phosphate intravenous solution	1	
fludarabine phosphate intravenous solution reconstituted	1	
GAVRETO ORAL CAPSULE	2	PA
HALAVEN INTRAVENOUS SOLUTION	2	PA
IBRANCE ORAL TABLET	2	PA
IDAMYCIN PFS INTRAVENOUS SOLUTION	2	
idarubicin hcl intravenous solution	1	
IDHIFA ORAL TABLET	2	PA
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
INREBIC ORAL CAPSULE	2	PA

Drug Name	Drug Tier	Requirements /Limits
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
IWILFIN ORAL TABLET	2	PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	2	
JEVTANA INTRAVENOUS SOLUTION	2	PA
KIMMTRAK INTRAVENOUS SOLUTION	2	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA
KRAZATI ORAL TABLET	2	PA
LAZCLUZE ORAL TABLET	2	PA
leucovorin calcium injection solution	1	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral tablet	1	
LEVAMISOLE HCL POWDER	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
levoleucovorin calcium intravenous solution reconstituted	1	
levoleucovorin calcium pf intravenous solution	1	
LONSURF ORAL TABLET	2	PA
LUMAKRAS ORAL TABLET	2	PA
LUNSUMIO INTRAVENOUS SOLUTION	2	PA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	2	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	2	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	2	PA
mitomycin intravenous solution reconstituted	1	
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
NINLARO ORAL CAPSULE	2	PA
OGSIVEO ORAL TABLET	2	PA
ONCASPAR INJECTION SOLUTION	2	
ONUREG ORAL TABLET	2	PA
ORSERDU ORAL TABLET	2	PA

Drug Name	Drug Tier	Requirements /Limits
paclitaxel intravenous concentrate	1	
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	1	
PEMAZYRE ORAL TABLET	2	PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	1	
PHESGO SUBCUTANEOUS SOLUTION	2	PA
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
RETEVMO ORAL CAPSULE	2	PA
RETEVMO ORAL TABLET	2	PA
romidepsin intravenous solution reconstituted	1	PA
RYLAZE INTRAMUSCULAR SOLUTION	2	
SCEMBLIX ORAL TABLET	2	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	2	
TALVEY SUBCUTANEOUS SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TAZVERIK ORAL TABLET	2	PA
TECVAYLI SUBCUTANEOUS SOLUTION	2	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	2	
TRISENOX INTRAVENOUS SOLUTION	2	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
TUKYSA ORAL TABLET	2	PA
valrubicin intravesical solution	1	
VALSTAR INTRAVESICAL SOLUTION	2	
VELCADE INJECTION SOLUTION RECONSTITUTED	2	PA
VIDAZA INJECTION SUSPENSION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
vinblastine sulfate intravenous solution	1	B/D
vincasar pfs intravenous solution	1	B/D
vincristine sulfate intravenous solution	1	B/D
vinorelbine tartrate intravenous solution	1	
VONJO ORAL CAPSULE	2	PA
XOFIGO INTRAVENOUS SOLUTION	2	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	2	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	2	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	2	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	2	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	2	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	2	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
YESCARTA INTRAVENOUS SUSPENSION	2	
ZALTRAP INTRAVENOUS SOLUTION	2	PA
ZOLINZA ORAL CAPSULE	2	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet	1	
ARIMIDEX ORAL TABLET	2	
AROMASIN ORAL TABLET	2	
exemestane oral tablet	1	
FEMARA ORAL TABLET	2	
letrozole oral tablet	1	
Enzyme Inhibitors		
CAMPTOSAR INTRAVENOUS SOLUTION	2	
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	2	
etoposide intravenous solution	1	
etoposide oral capsule	1	
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
HYCANTIN ORAL CAPSULE	2	
irinotecan hcl intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ONIVYDE INTRAVENOUS INJECTABLE	2	
toposar intravenous solution	1	
topotecan hcl intravenous solution	1	
topotecan hcl intravenous solution reconstituted	1	
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	2	PA
AFINITOR ORAL TABLET	2	PA
ALECENSA ORAL CAPSULE	2	PA
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ALUNBRIG ORAL TABLET	2	PA
ALUNBRIG ORAL TABLET THERAPY PACK	2	PA
AYVAKIT ORAL TABLET	2	PA
BALVERSA ORAL TABLET	2	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
BOSULIF ORAL CAPSULE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL TABLET	2	PA
BRAFTOVI ORAL CAPSULE	2	PA
BRUKINSA ORAL CAPSULE	2	PA
CABOMETYX ORAL TABLET	2	PA
CALQUENCE ORAL CAPSULE	2	PA
CALQUENCE ORAL TABLET	2	PA
CAPRELSA ORAL TABLET	2	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	2	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	2	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	2	PA
COPIKTRA ORAL CAPSULE	2	PA
COTELLIC ORAL TABLET	2	PA
dasatinib oral tablet	1	PA
DAURISMO ORAL TABLET	2	PA
ERIVEDGE ORAL CAPSULE	2	PA
erlotinib hcl oral tablet	1	PA
everolimus oral tablet	1	PA
everolimus oral tablet soluble	1	PA
EXKIVITY ORAL CAPSULE	2	
FRUZAQLA ORAL CAPSULE	2	PA

Drug Name	Drug Tier	Requirements /Limits
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	2	PA
gefitinib oral tablet	1	PA
GILOTRIF ORAL TABLET	2	PA
GLEEVEC ORAL TABLET	2	PA
IBRANCE ORAL CAPSULE	2	PA
ICLUSIG ORAL TABLET	2	PA
imatinib mesylate oral tablet	1	PA
IMBRUVICA ORAL CAPSULE	2	PA
IMBRUVICA ORAL SUSPENSION	2	PA
IMBRUVICA ORAL TABLET	2	PA
INLYTA ORAL TABLET	2	PA
INQOVI ORAL TABLET	2	PA
IRESSA ORAL TABLET	2	PA
JAKAFI ORAL TABLET	2	PA
JAYPIRCA ORAL TABLET	2	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA
KOSELUGO ORAL CAPSULE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
lapatinib ditosylate oral tablet	1	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA
LORBRENA ORAL TABLET	2	PA
LYNPARZA ORAL TABLET	2	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	2	PA
MEKINIST ORAL TABLET	2	PA

Drug Name	Drug Tier	Requirements /Limits
MEKTOVI ORAL TABLET	2	PA
NERLYNX ORAL TABLET	2	PA
NEXAVAR ORAL TABLET	2	PA
ODOMZO ORAL CAPSULE	2	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED	2	PA
OJEMDA ORAL TABLET	2	PA
OJJAARA ORAL TABLET	2	PA
pazopanib hcl oral tablet	1	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	2	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	2	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	2	PA
REZLIDHIA ORAL CAPSULE	2	PA
ROZLYTREK ORAL CAPSULE	2	PA
ROZLYTREK ORAL PACKET	2	PA
RUBRACA ORAL TABLET	2	PA
RYDAPT ORAL CAPSULE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
sorafenib tosylate oral tablet	1	PA
SPRYCEL ORAL TABLET	2	PA
STIVARGA ORAL TABLET	2	PA
sunitinib malate oral capsule	1	PA
SUTENT ORAL CAPSULE	2	PA
TAFINLAR ORAL CAPSULE	2	PA
TAFINLAR ORAL TABLET SOLUBLE	2	PA
TAGRISSE ORAL TABLET	2	PA
TALZENNA ORAL CAPSULE	2	PA
TARCEVA ORAL TABLET	2	PA
TASIGNA ORAL CAPSULE	2	PA
temsirolimus intravenous solution	1	
TEPMETKO ORAL TABLET	2	PA
TIBSOVO ORAL TABLET	2	PA
TORISEL INTRAVENOUS SOLUTION	2	
torpenz oral tablet	1	PA
TRUQAP ORAL TABLET	2	PA
TRUQAP ORAL TABLET THERAPY PACK	2	PA

Drug Name	Drug Tier	Requirements /Limits
TURALIO ORAL CAPSULE	2	PA
TYKERB ORAL TABLET	2	PA
VANFLYTA ORAL TABLET	2	PA
VENCLEXTA ORAL TABLET	2	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	2	PA
VERZENIO ORAL TABLET	2	PA
VITRAKVI ORAL CAPSULE	2	PA
VITRAKVI ORAL SOLUTION	2	PA
VIZIMPRO ORAL TABLET	2	PA
VORANIGO ORAL TABLET	2	PA
VOTRIENT ORAL TABLET	2	PA
WELIREG ORAL TABLET	2	PA
XALKORI ORAL CAPSULE	2	PA
XALKORI ORAL CAPSULE SPRINKLE	2	PA
XOSPATA ORAL TABLET	2	PA
ZEJULA ORAL CAPSULE	2	PA
ZEJULA ORAL TABLET	2	PA
ZELBORAF ORAL TABLET	2	PA
ZYDELIG ORAL TABLET	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ZYKADIA ORAL TABLET	2	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ALYMSYS INTRAVENOUS SOLUTION	2	PA
ARZERRA INTRAVENOUS CONCENTRATE	2	PA
AVASTIN INTRAVENOUS SOLUTION	2	PA
BAVENCIO INTRAVENOUS SOLUTION	2	PA
BESPONSА INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED	2	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
CYRAMZA INTRAVENOUS SOLUTION	2	PA
DANYELZA INTRAVENOUS SOLUTION	2	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	2	PA

Drug Name	Drug Tier	Requirements /Limits
DARZALEX INTRAVENOUS SOLUTION	2	PA
ELAHERE INTRAVENOUS SOLUTION	2	PA
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ERBITUX INTRAVENOUS SOLUTION	2	PA
GAZYVA INTRAVENOUS SOLUTION	2	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	2	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
IMFINZI INTRAVENOUS SOLUTION	2	PA
IMJUDO INTRAVENOUS SOLUTION	2	PA
JEMPERLI INTRAVENOUS SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
KEYTRUDA INTRAVENOUS SOLUTION	2	PA
LIBTAYO INTRAVENOUS SOLUTION	2	PA
LOQTORZI INTRAVENOUS SOLUTION	2	PA
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
MARGENZA INTRAVENOUS SOLUTION	2	PA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
MVASI INTRAVENOUS SOLUTION	2	PA
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	2	PA

Drug Name	Drug Tier	Requirements /Limits
OPDIVO INTRAVENOUS SOLUTION	2	PA
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
PERJETA INTRAVENOUS SOLUTION	2	PA
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
PORTRAZZA INTRAVENOUS SOLUTION	2	PA
POTELIGEO INTRAVENOUS SOLUTION	2	PA
RIABNI INTRAVENOUS SOLUTION	2	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	2	PA
RITUXAN INTRAVENOUS SOLUTION	2	PA
RUXIENCE INTRAVENOUS SOLUTION	2	PA
RYBREVANT INTRAVENOUS SOLUTION	2	PA
SARCLISA INTRAVENOUS SOLUTION	2	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TECENTRIQ INTRAVENOUS SOLUTION	2	PA
TEVIMBRA INTRAVENOUS SOLUTION	2	PA
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
TRUXIMA INTRAVENOUS SOLUTION	2	PA
UNITUXIN INTRAVENOUS SOLUTION	2	PA
VECTIBIX INTRAVENOUS SOLUTION	2	
VEGZELMA INTRAVENOUS SOLUTION	2	PA
YERVOY INTRAVENOUS SOLUTION	2	PA
ZEVALIN Y-90 INTRAVENOUS KIT	2	
ZIRABEV INTRAVENOUS SOLUTION	2	PA
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA

Drug Name	Drug Tier	Requirements /Limits
ZYNYZ INTRAVENOUS SOLUTION	2	PA
Non-FRF		
OPDUALAG INTRAVENOUS SOLUTION	2	PA
Retinoids		
bexarotene external gel	1	PA
bexarotene oral capsule	1	PA
PANRETIN EXTERNAL GEL	2	
TARGRETIN EXTERNAL GEL	2	PA
TARGRETIN ORAL CAPSULE	2	PA
tretinoin oral capsule	1	
Treatment Adjuncts		
dexrazoxane hcl intravenous solution reconstituted	1	
dexrazoxane intravenous solution reconstituted	1	
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	2	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	2	
mesna intravenous solution	1	
MESNEX INTRAVENOUS SOLUTION	2	
MESNEX ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	2	
Antiparasitics		
Anthelmintics		
albendazole oral tablet	1	
BILTRICIDE ORAL TABLET	2	
EGATEN ORAL TABLET	2	
EMVERM ORAL TABLET CHEWABLE	2	
ivermectin oral tablet	1	PA
MEBENDAZOLE POWDER	2	
praziquantel oral tablet	1	
STROMEKTOL ORAL TABLET	2	PA
THIABENDAZOLE POWDER	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ALINIA ORAL TABLET	2	
ARAKODA ORAL TABLET	2	
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	1	
atovaquone oral suspension	1	
atovaquone-proguanil hcl oral tablet	1	
BENZNIDAZOLE ORAL TABLET	1	
chloroquine phosphate oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
COARTEM ORAL TABLET	2	
DARAPRIM ORAL TABLET	2	PA
hydroxychloroquine sulfate oral tablet	1	
IODOQUINOL POWDER	2	
KRINTAFEL ORAL TABLET	2	
LAMPIT ORAL TABLET	2	
MALARONE ORAL TABLET	2	
mefloquine hcl oral tablet	1	
MEPACRINE POWDER	2	
MEPRON ORAL SUSPENSION	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	2	B/D
nitazoxanide oral tablet	1	
PENTAM INJECTION SOLUTION RECONSTITUTED	2	
pentamidine isethionate inhalation solution reconstituted	1	B/D
pentamidine isethionate injection solution reconstituted	1	
PLAQUENIL ORAL TABLET	2	
primaquine phosphate oral tablet	1	
pyrimethamine oral tablet	1	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE	2	
QUALAQUIN ORAL CAPSULE	2	PA
QUINACRINE HCL POWDER	2	
quinine sulfate oral capsule	1	PA
SOVUNA ORAL TABLET	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection solution	1	
benztropine mesylate oral tablet	1	
trihexyphenidyl hcl oral solution	1	
trihexyphenidyl hcl oral tablet	1	
Antiparkinson Agents, Other		
carbidopa-levodopa-entacapone oral tablet	1	
COMTAN ORAL TABLET	2	
entacapone oral tablet	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
NOURIANZ ORAL TABLET	2	
ONGENTYS ORAL CAPSULE	2	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	2	

Drug Name	Drug Tier	Requirements /Limits
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
STALEVO 100 ORAL TABLET	2	
STALEVO 125 ORAL TABLET	2	
STALEVO 150 ORAL TABLET	2	
STALEVO 200 ORAL TABLET	2	
STALEVO 50 ORAL TABLET	2	
STALEVO 75 ORAL TABLET	2	
TASMAR ORAL TABLET	2	
tolcapone oral tablet	1	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA
apomorphine hcl subcutaneous solution cartridge	1	PA
bromocriptine mesylate oral capsule	1	
bromocriptine mesylate oral tablet	1	
KYNMOBI SUBLINGUAL FILM	2	
KYNMOBI TITRATION KIT SUBLINGUAL KIT	2	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PARLODEL ORAL CAPSULE	2	
PARLODEL ORAL TABLET	2	
pramipexole dihydrochloride er oral tablet extended release 24 hour	1	
pramipexole dihydrochloride oral tablet	1	
ropinirole hcl er oral tablet extended release 24 hour	1	
ropinirole hcl oral tablet	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	1	
CREXONT ORAL CAPSULE EXTENDED RELEASE	2	PA
DHIVY ORAL TABLET	2	
DUOPA ENTERAL SUSPENSION	2	PA
INBRIJA INHALATION CAPSULE	2	PA
LODOSYN ORAL TABLET	2	
RYTARY ORAL CAPSULE EXTENDED RELEASE	2	

Drug Name	Drug Tier	Requirements /Limits
SINEMET ORAL TABLET	2	
VYALEV SUBCUTANEOUS SOLUTION	2	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT ORAL TABLET	2	
rasagiline mesylate oral tablet	1	
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
SELEGILINE HCL POWDER	2	
XADAGO ORAL TABLET	2	
ZELAPAR ORAL TABLET DISPERSIBLE	2	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl injection solution	1	
chlorpromazine hcl oral concentrate	1	
chlorpromazine hcl oral tablet	1	
fluphenazine decanoate injection solution	1	
fluphenazine hcl injection solution	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
fluphenazine hcl oral tablet	1	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	2	
haloperidol decanoate intramuscular solution	1	
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
loxapine succinate oral capsule	1	
molindone hcl oral tablet	1	
perphenazine oral tablet	1	
pimozide oral tablet	1	
thioridazine hcl oral tablet	1	
thiothixene oral capsule	1	
trifluoperazine hcl oral tablet	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	2	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	2	

Drug Name	Drug Tier	Requirements /Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	2	
ABILIFY ORAL TABLET	2	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
aripiprazole oral tablet dispersible	1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	2	
asenapine maleate sublingual tablet sublingual	1	
CAPLYTA ORAL CAPSULE	2	
FANAPT ORAL TABLET	2	
FANAPT TITRATION PACK ORAL TABLET	2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
GEODON ORAL CAPSULE	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
LATUDA ORAL TABLET	2	
lurasidone hcl oral tablet	1	
LYBALVI ORAL TABLET	2	
NUPLAZID ORAL CAPSULE	2	
NUPLAZID ORAL TABLET	2	
olanzapine intramuscular solution reconstituted	1	
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	1	
paliperidone er oral tablet extended release 24 hour	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	2	
quetiapine fumarate er oral tablet extended release 24 hour	1	
quetiapine fumarate oral tablet	1	
REXULTI ORAL TABLET	2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL ORAL SOLUTION	2	
RISPERDAL ORAL TABLET	2	
risperidone microspheres er intramuscular suspension reconstituted er	1	
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet dispersible	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	PA
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	2	
SECUADO TRANSDERMAL PATCH 24 HOUR	2	
SEROQUEL ORAL TABLET	2	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
VRAYLAR ORAL CAPSULE	2	
VRAYLAR ORAL CAPSULE THERAPY PACK	2	
ziprasidone hcl oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ziprasidone mesylate intramuscular solution reconstituted	1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ZYPREXA ORAL TABLET	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	2	
Treatment-Resistant		
clozapine oral tablet	1	
clozapine oral tablet dispersible	1	
CLOZARIL ORAL TABLET	2	
VERSACLOZ ORAL SUSPENSION	2	
Antispasticity Agents		
baclofen oral tablet	1	
DANTRIUM ORAL CAPSULE	2	
dantrolene sodium oral capsule	1	
tizanidine hcl oral capsule	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	2	
ZANAFLEX ORAL TABLET	2	
Non-FRF		
BACLOFEN (BULK) SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
baclofen intrathecal solution	1	B/D
baclofen intrathecal solution prefilled syringe	1	B/D
BACLOFEN ORAL SOLUTION	1	
baclofen oral suspension	1	
baclofen oral tablet	1	
BACLOFEN POWDER	2	
BOTOX INJECTION SOLUTION RECONSTITUTED	2	PA
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	2	
dantrolene sodium intravenous solution reconstituted	1	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA
FLEQSUVY ORAL SUSPENSION	2	
GABLOFEN INTRATHECAL SOLUTION	2	B/D
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	2	B/D
LIORESAL INTRATHECAL SOLUTION	2	B/D
LYVISPAH ORAL PACKET	2	
MYOBLOC INTRAMUSCULAR SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
OZOBAX DS ORAL SOLUTION	2	
OZOBAX ORAL SOLUTION	2	
revonto intravenous solution reconstituted	1	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED	2	
SOHONOS ORAL CAPSULE	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous solution	1	
foscarnet sodium intravenous solution	1	B/D
FOSCAVIR INTRAVENOUS SOLUTION	2	B/D
GANCICLOVIR INTRAVENOUS SOLUTION	2	
ganciclovir sodium intravenous solution	1	B/D
ganciclovir sodium intravenous solution reconstituted	1	B/D
LIVTENCITY ORAL TABLET	2	
PREVYMIS INTRAVENOUS SOLUTION	2	
PREVYMIS ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
VALCYTE ORAL SOLUTION RECONSTITUTED	2	
VALCYTE ORAL TABLET	2	
valganciclovir hcl oral solution reconstituted	1	
valganciclovir hcl oral tablet	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil oral tablet	1	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	2	
entecavir oral tablet	1	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	2	
lamivudine oral tablet	1	
VEMLIDY ORAL TABLET	2	
Anti-hepatitis C (HCV) Agents		
EPCLUSA ORAL PACKET	2	PA
EPCLUSA ORAL TABLET	2	PA
HARVONI ORAL PACKET	2	PA
HARVONI ORAL TABLET	2	PA
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	1	PA
MAVYRET ORAL PACKET	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MAVYRET ORAL TABLET	2	PA
ribavirin oral capsule	1	
ribavirin oral tablet	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	1	PA
SOVALDI ORAL PACKET	2	PA
SOVALDI ORAL TABLET	2	PA
VIEKIRA PAK ORAL TABLET THERAPY PACK	2	
VOSEVI ORAL TABLET	2	PA
ZEPATIER ORAL TABLET	2	PA
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D
ACYCLOVIR SODIUM-NACL INTRAVENOUS SOLUTION	2	
famciclovir oral tablet	1	
SITAVIG BUCCAL TABLET	2	
valacyclovir hcl oral tablet	1	
VALTREX ORAL TABLET	2	
ZOVIRAX ORAL SUSPENSION	2	

Drug Name	Drug Tier	Requirements /Limits
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	2	PV
BIKTARVY ORAL TABLET	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	2	
DOVATO ORAL TABLET	2	
GENVOYA ORAL TABLET	2	
ISENTRESS HD ORAL TABLET	2	
ISENTRESS ORAL PACKET	2	
ISENTRESS ORAL TABLET	2	
ISENTRESS ORAL TABLET CHEWABLE	2	
JULUCA ORAL TABLET	2	
STRIBILD ORAL TABLET	2	
TIVICAY ORAL TABLET	2	
TIVICAY PD ORAL TABLET SOLUBLE	2	
VOCABRIA ORAL TABLET	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DELSTRIGO ORAL TABLET	2	
EDURANT ORAL TABLET	2	
efavirenz oral capsule	1	
efavirenz oral tablet	1	
efavirenz-emtricitabine-tenofovir oral tablet	1	
efavirenz-lamivudine-tenofovir oral tablet	1	
etravirine oral tablet	1	
INTELENCE ORAL TABLET	2	
nevirapine er oral tablet extended release 24 hour	1	
nevirapine oral suspension	1	
nevirapine oral tablet	1	
PIFELTRO ORAL TABLET	2	
SUSTIVA ORAL CAPSULE	2	
SYMFI LO ORAL TABLET	2	
SYMFI ORAL TABLET	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	1	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine oral tablet	1	
CIMDUO ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
COMBIVIR ORAL TABLET	2	
DESCOVY ORAL TABLET	2	PV
emtricitabine oral capsule	1	
emtricitabine-tenofovir df oral tablet	1	PV
EMTRIVA ORAL CAPSULE	2	
EMTRIVA ORAL SOLUTION	2	
EPIVIR ORAL SOLUTION	2	
EPIVIR ORAL TABLET	2	
EPZICOM ORAL TABLET	2	
lamivudine oral solution	1	
lamivudine oral tablet	1	
lamivudine-zidovudine oral tablet	1	
ODEFSEY ORAL TABLET	2	
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	2	
RETROVIR ORAL SYRUP	2	
stavudine oral capsule	1	
tenofovir disoproxil fumarate oral tablet	1	PV
TRIUMEQ ORAL TABLET	2	
TRIUMEQ PD ORAL TABLET SOLUBLE	2	
TRIZIVIR ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TRUVADA ORAL TABLET	2	PV
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET	2	
ZIAGEN ORAL SOLUTION	2	
ZIAGEN ORAL TABLET	2	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	
maraviroc oral tablet	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
SELZENTRY ORAL SOLUTION	2	
SELZENTRY ORAL TABLET	2	
SUNLENCA ORAL TABLET THERAPY PACK	2	
SUNLENCA SUBCUTANEOUS SOLUTION	2	
TROGARZO INTRAVENOUS SOLUTION	2	
TYBOST ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE	2	
atazanavir sulfate oral capsule	1	
darunavir oral tablet	1	
EVOTAZ ORAL TABLET	2	
fosamprenavir calcium oral tablet	1	
KALETRA ORAL SOLUTION	2	
KALETRA ORAL TABLET	2	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	2	
lopinavir-ritonavir oral solution	1	
lopinavir-ritonavir oral tablet	1	
NORVIR ORAL CAPSULE	2	
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	2	
PREZCOBIX ORAL TABLET	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET	2	
REYATAZ ORAL CAPSULE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
REYATAZ ORAL PACKET	2	
ritonavir oral tablet	1	
SYMTUZA ORAL TABLET	2	
VIRACEPT ORAL TABLET	2	
Anti-influenza Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	
RAPIVAB INTRAVENOUS SOLUTION	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
rimantadine hcl oral tablet	1	
TAMIFLU ORAL CAPSULE	2	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	2	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	2	

Drug Name	Drug Tier	Requirements /Limits
Non-FRF		
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION	2	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION	2	PV
TEMBEXA ORAL SUSPENSION	2	
TEMBEXA ORAL TABLET	2	
TPOXX INTRAVENOUS SOLUTION	2	
TPOXX ORAL CAPSULE	2	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet	1	
meprobamate oral tablet	1	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour	1	
alprazolam intensol oral concentrate	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	
alprazolam xr oral tablet extended release 24 hour	1	
ATIVAN INJECTION SOLUTION	2	
ATIVAN ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
chlordiazepoxide hcl oral capsule	1	
clorazepate dipotassium oral tablet	1	
diazepam injection solution	1	
diazepam intensol oral concentrate	1	
diazepam intramuscular solution auto-injector	1	
diazepam oral concentrate	1	
diazepam oral solution	1	
diazepam oral tablet	1	
lorazepam injection solution	1	
lorazepam intensol oral concentrate	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE	2	
midazolam hcl (pf) injection solution	1	
midazolam hcl injection solution	1	
midazolam hcl oral syrup	1	
oxazepam oral capsule	1	
TRANXENE-T ORAL TABLET	2	
VALIUM ORAL TABLET	2	
XANAX ORAL TABLET	2	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	

Drug Name	Drug Tier	Requirements /Limits
Bipolar Agents		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
lithium carbonate er oral tablet extended release	1	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium oral solution	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	1	
ACTOPLUS MET ORAL TABLET	2	
ACTOS ORAL TABLET	2	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	2	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
ALOGLIPTIN BENZOATE ORAL TABLET	1	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET	1	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
AMARYL ORAL TABLET	2	
BEXAGLIFLOZIN ORAL TABLET	1	
BRENZAVVY ORAL TABLET	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
CYCLOSET ORAL TABLET	2	
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET	2	PA
DUETACT ORAL TABLET	2	
FARXIGA ORAL TABLET	2	
glimepiride oral tablet	1	
glipizide er oral tablet extended release 24 hour	1	
glipizide oral tablet	1	
glipizide xl oral tablet extended release 24 hour	1	
glipizide-metformin hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
glyburide micronized oral tablet	1	
glyburide oral tablet	1	
GLYBURIDE POWDER	2	
glyburide-metformin oral tablet	1	
GLYNASE ORAL TABLET	2	
GLYXAMBI ORAL TABLET	2	
INPEFA ORAL TABLET	2	
INVOKAMET ORAL TABLET	2	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
INVOKANA ORAL TABLET	2	
JANUMET ORAL TABLET	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
JANUVIA ORAL TABLET	2	
JARDIANCE ORAL TABLET	2	
JENTADUETO ORAL TABLET	2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
KAZANO ORAL TABLET	2	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
LIRAGLUTIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
metformin hcl er (mod) oral tablet extended release 24 hour	1	
metformin hcl er (osm) oral tablet extended release 24 hour	1	
metformin hcl er oral tablet extended release 24 hour	1	
metformin hcl oral solution	1	
metformin hcl oral tablet	1	
miglitol oral tablet	1	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
nateglinide oral tablet	1	
NESINA ORAL TABLET	2	
ONGLYZA ORAL TABLET	2	PA
OSENI ORAL TABLET	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA

Drug Name	Drug Tier	Requirements /Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
pioglitazone hcl oral tablet	1	
pioglitazone hcl-glimepiride oral tablet	1	
pioglitazone hcl-metformin hcl oral tablet	1	
QTERN ORAL TABLET	2	
repaglinide oral tablet	1	
RIOMET ORAL SOLUTION	2	
RYBELSUS ORAL TABLET	2	PA
saxagliptin hcl oral tablet	1	
saxagliptin-metformin er oral tablet extended release 24 hour	1	
SEGLUROMET ORAL TABLET	2	
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET	2	PA
SITAGLIPTIN ORAL TABLET	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
STEGLATRO ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
STEGLUJAN ORAL TABLET	2	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
SYNJARDY ORAL TABLET	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
TRADJENTA ORAL TABLET	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
ZITUVIMET ORAL TABLET	2	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
ZITUVIO ORAL TABLET	2	PA
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	2	
BAQSIMI TWO PACK NASAL POWDER	2	
dextrose intravenous solution	1	
diazoxide oral suspension	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	2	
glucagon emergency injection kit	1	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE KIT SUBCUTANEOUS SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
potassium cl in dextrose 5% intravenous solution	1	
PROGLYCEM ORAL SUSPENSION	2	
Insulins		
ADMELOG INJECTION SOLUTION	2	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
AFREZZA INHALATION POWDER	2	
APIDRA INJECTION SOLUTION	2	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
FIASP INJECTION SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMALOG INJECTION SOLUTION	2	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N SUBCUTANEOUS SUSPENSION	2	
HUMULIN R INJECTION SOLUTION	2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN ASPART INJECTION SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	2	
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION	2	
INSULIN GLARGINE MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
INSULIN LISPRO INJECTION SOLUTION	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LANTUS SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR SUBCUTANEOUS SOLUTION	2	
LYUMJEV INJECTION SOLUTION	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA

Drug Name	Drug Tier	Requirements /Limits
MYXREDLIN INTRAVENOUS SOLUTION	2	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R INJECTION SOLUTION	2	
NOVOLIN R RELION INJECTION SOLUTION	2	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG INJECTION SOLUTION	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
NOVOLOG RELION INJECTION SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	2	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA SUBCUTANEOUS SOLUTION	2	
Blood Products and Modifiers		
Anticoagulants		
ACD FORMULA A IN VITRO SOLUTION	2	
ACD-A NOCLOT-50 IN VITRO SOLUTION	2	
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	2	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
argatroban in sodium chloride intravenous solution	1	
argatroban intravenous solution	1	
ARIXTRA SUBCUTANEOUS SOLUTION	2	
bivalirudin trifluoroacetate intravenous solution reconstituted	1	
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
dabigatran etexilate mesylate oral capsule	1	
DEFENCATH IN VITRO SOLUTION	2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL TABLET	2	
enoxaparin sodium injection solution	1	
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium subcutaneous solution	1	
FRAGMIN SUBCUTANEOUS SOLUTION	2	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
heparin (porcine) in nacl intravenous solution	1	
heparin sod (porcine) in d5w intravenous solution	1	
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution	1	
jantoven oral tablet	1	
LOVENOX INJECTION SOLUTION	2	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	2	
PRADAXA ORAL CAPSULE	2	PA
PRADAXA ORAL PACKET	2	PA
RETAVASE HALF-KIT INTRAVENOUS KIT	2	
RETAVASE INTRAVENOUS KIT	2	
SAVAYSA ORAL TABLET	2	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	2	
TISSEEL EXTERNAL KIT	2	
TISSEEL EXTERNAL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TNKASE INTRAVENOUS KIT	2	
TRICITRASOL IN VITRO CONCENTRATE	2	
warfarin sodium oral tablet	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	2	
XARELTO ORAL TABLET	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
ZONTIVITY ORAL TABLET	2	
Blood Products and Modifiers, Other		
ADAKVEO INTRAVENOUS SOLUTION	2	PA
AGRYLIN ORAL CAPSULE	2	
ALVAIZ ORAL TABLET	2	PA
anagrelide hcl oral capsule	1	
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA
EPOGEN INJECTION SOLUTION	2	PA

Drug Name	Drug Tier	Requirements /Limits
FABHALTA ORAL CAPSULE	2	PA
FERRO-PLEX ORAL TABLET	2	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
GRANIX SUBCUTANEOUS SOLUTION	2	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
JESDUVROQ ORAL TABLET	2	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	2	
MOZOBIL SUBCUTANEOUS SOLUTION	2	
MULPLETA ORAL TABLET	2	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
NEUPOGEN INJECTION SOLUTION	2	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	
NIVESTYM INJECTION SOLUTION	2	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	2	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
OXBRYTA ORAL TABLET	2	PA
OXBRYTA ORAL TABLET SOLUBLE	2	PA
plerixafor subcutaneous solution	1	
PROCRIT INJECTION SOLUTION	2	PA
PROMACTA ORAL PACKET	2	PA
PROMACTA ORAL TABLET	2	PA
PYRUKYND ORAL TABLET	2	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	2	PA

Drug Name	Drug Tier	Requirements /Limits
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
RELEUKO INJECTION SOLUTION	2	
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
RETACRIT INJECTION SOLUTION	2	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
VOYDEYA ORAL TABLET	2	PA
VOYDEYA ORAL TABLET THERAPY PACK	2	PA
XOLREMDI ORAL CAPSULE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	2	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
Hemostasis Agents		
ACCRUFER ORAL CAPSULE	2	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
AFSTYLA INTRAVENOUS KIT	2	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED	2	
AMICAR ORAL SOLUTION	2	
AMICAR ORAL TABLET	2	
aminocaproic acid intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED	2	
ASTRINGYN EXTERNAL SOLUTION	2	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED	2	
BENEFIX INTRAVENOUS KIT	2	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	2	
CORIFACT INTRAVENOUS KIT	2	
CYKLOKAPRON INTRAVENOUS SOLUTION	2	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	2	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	2	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HEMLIBRA SUBCUTANEOUS SOLUTION	2	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED	2	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED	2	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	2	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	2	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	2	
KCENTRA INTRAVENOUS KIT	2	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED	2	
KOGENATE FS INTRAVENOUS KIT	2	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	2	
LYSTEDA ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	2	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	2	
NUWIQ INTRAVENOUS KIT	2	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	2	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	2	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	2	
protamine sulfate intravenous solution	1	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	2	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	2	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	2	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	2	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	2	
THROMBIN-JMI EXTERNAL KIT	2	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	2	
THROMBOGEN EXTERNAL KIT	2	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	2	
tranexamic acid intravenous solution	1	
tranexamic acid oral tablet	1	
tranexamic acid-nacl intravenous solution	1	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	2	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
WILATE INTRAVENOUS KIT	2	
XYNTHA INTRAVENOUS KIT	2	
XYNTHA SOLOFUSE INTRAVENOUS KIT	2	
Platelet Modifying Agents		
AGGRASTAT INTRAVENOUS CONCENTRATE	2	
AGGRASTAT INTRAVENOUS SOLUTION	2	
aspirin-dipyridamole er oral capsule extended release 12 hour	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	2	PA
cilostazol oral tablet	1	
clopidogrel bisulfate oral tablet	1	
dipyridamole oral tablet	1	
DOPTELET ORAL TABLET	2	PA
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
EFFIENT ORAL TABLET	2	
eptifibatide intravenous solution	1	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	2	
PLAVIX ORAL TABLET	2	
prasugrel hcl oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TAVALISSE ORAL TABLET	2	PA
tirofiban hcl in nacl intravenous solution	1	
YOSPRALA ORAL TABLET DELAYED RELEASE	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
AKOVAZ INTRAVENOUS SOLUTION	2	
BIORPHEN INTRAVENOUS SOLUTION	2	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	2	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	2	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	2	
clonidine hcl oral tablet	1	
CLONIDINE HCL POWDER	2	
clonidine transdermal patch weekly	1	
droxidopa oral capsule	1	PA
ephedrine sulfate (pressors) intravenous solution	1	
guanfacine hcl oral tablet	1	
IMMPHENTIV INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
METHYLDOPA ORAL TABLET	1	
midodrine hcl oral tablet	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
NORTHERA ORAL CAPSULE	2	PA
phenylephrine hcl (pressors) intravenous solution	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION	2	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION	2	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
VAZCULEP INTRAVENOUS SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
Alpha-adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
DIBENZYLINE ORAL CAPSULE	2	
LABETALOL HCL- DEXTROSE INTRAVENOUS SOLUTION	2	
MINIPRESS ORAL CAPSULE	2	
phenoxybenzamine hcl oral capsule	1	
phentolamine mesylate injection solution reconstituted	1	
prazosin hcl oral capsule	1	
PRAZOSIN HCL POWDER	2	
Angiotensin II Receptor Antagonists		
ATACAND ORAL TABLET	2	
AVAPRO ORAL TABLET	2	
BENICAR ORAL TABLET	2	
candesartan cilexetil oral tablet	1	
COZAAR ORAL TABLET	2	
DIOVAN ORAL TABLET	2	
EDARBI ORAL TABLET	2	
irbesartan oral tablet	1	
losartan potassium oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
MICARDIS ORAL TABLET	2	
olmesartan medoxomil oral tablet	1	
telmisartan oral tablet	1	
VALSARTAN ORAL SOLUTION	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL ORAL TABLET	2	
ALTACE ORAL CAPSULE	2	
benazepril hcl oral tablet	1	
captopril oral tablet	1	
enalapril maleate oral solution	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous solution	1	
EPANED ORAL SOLUTION	2	
fosinopril sodium oral tablet	1	
lisinopril oral tablet	1	
LOTENSIN ORAL TABLET	2	
moexipril hcl oral tablet	1	
perindopril erbumine oral tablet	1	
QBRELIS ORAL SOLUTION	2	
quinapril hcl oral tablet	1	
ramipril oral capsule	1	
trandolapril oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VASOTEC ORAL TABLET	2	
ZESTRIL ORAL TABLET	2	
Antiarrhythmics		
adenosine intravenous solution	1	
amiodarone hcl intravenous solution	1	
amiodarone hcl oral tablet	1	
BETAPACE AF ORAL TABLET	2	
BETAPACE ORAL TABLET	2	
CORVERT INTRAVENOUS SOLUTION	2	
digitek oral tablet	1	
digoxin injection solution	1	
digoxin oral solution	1	
digoxin oral tablet	1	
disopyramide phosphate oral capsule	1	
dofetilide oral capsule	1	
flecainide acetate oral tablet	1	
ibutilide fumarate intravenous solution	1	
LANOXIN INJECTION SOLUTION	2	
LANOXIN ORAL TABLET	2	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
lidocaine hcl (cardiac) intravenous solution prefilled syringe	1	

Drug Name	Drug Tier	Requirements /Limits
lidocaine hcl (cardiac) pf intravenous solution	1	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1	
lidocaine in d5w intravenous solution	1	
mexiletine hcl oral capsule	1	
MULTAQ ORAL TABLET	2	
NEXTERONE INTRAVENOUS SOLUTION	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
NORPACE ORAL CAPSULE	2	
PACERONE ORAL TABLET	1	
procainamide hcl injection solution	1	
propafenone hcl er oral capsule extended release 12 hour	1	
propafenone hcl oral tablet	1	
quinidine gluconate er oral tablet extended release	1	
quinidine sulfate oral tablet	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
sorine oral tablet	1	
sotalol hcl (af) oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
SOTALOL HCL INTRAVENOUS SOLUTION	1	
sotalol hcl oral tablet	1	
SOTYLIZE ORAL SOLUTION	2	
TIKOSYN ORAL CAPSULE	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule	1	
atenolol oral tablet	1	
ATENOLOL+SYRSPE ND SF ORAL SUSPENSION	2	
betaxolol hcl oral tablet	1	
bisoprolol fumarate oral tablet	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION	2	
BREVIBLOC INTRAVENOUS SOLUTION	2	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	2	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	2	
BYSTOLIC ORAL TABLET	2	
carvedilol oral tablet	1	
carvedilol phosphate er oral capsule extended release 24 hour	1	

Drug Name	Drug Tier	Requirements /Limits
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
COREG ORAL TABLET	2	
CORGARD ORAL TABLET	2	
esmolol hcl intravenous solution	1	
esmolol hcl-sodium chloride intravenous solution	1	
HEMANGEOL ORAL SOLUTION	2	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	2	
labetalol hcl intravenous solution	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
labetalol hcl oral tablet	1	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
LOPRESSOR ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
metoprolol succinate er oral tablet extended release 24 hour	1	
metoprolol tartrate intravenous solution	1	
metoprolol tartrate oral tablet	1	
METOPROLOL TARTRATE POWDER	2	
nadolol oral tablet	1	
nebivolol hcl oral tablet	1	
pindolol oral tablet	1	
propranolol hcl er oral capsule extended release 24 hour	1	
propranolol hcl intravenous solution	1	
propranolol hcl oral solution	1	
propranolol hcl oral tablet	1	
PROPRANOLOL HCL POWDER	2	
TENORMIN ORAL TABLET	2	
TIMOLOL MALEATE POWDER	2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
Calcium Channel Blocking Agents, Dihydropyridines		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION	2	
amlodipine besylate oral tablet	1	
CARDENE IV INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
CLEVIPREX INTRAVENOUS EMULSION	2	
CONJUPRI ORAL TABLET	2	
felodipine er oral tablet extended release 24 hour	1	
isradipine oral capsule	1	
KATERZIA ORAL SUSPENSION	2	
LEVAMLODIPINE MALEATE ORAL TABLET	1	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION	2	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
nicardipine hcl intravenous solution	1	
nicardipine hcl oral capsule	1	
nifedipine er oral tablet extended release 24 hour	1	
nifedipine er osmotic release oral tablet extended release 24 hour	1	
nifedipine oral capsule	1	
nimodipine oral capsule	1	
nisoldipine er oral tablet extended release 24 hour	1	
NORLIQVA ORAL SOLUTION	2	
NORVASC ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
NYMALIZE ORAL SOLUTION	2	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
CALAN SR ORAL TABLET EXTENDED RELEASE	2	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
CARDIZEM ORAL TABLET	2	
cartia xt oral capsule extended release 24 hour	1	
diltiazem hcl er beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	1	

Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl intravenous solution	1	
diltiazem hcl intravenous solution reconstituted	1	
diltiazem hcl oral tablet	1	
DILTIAZEM HCL- DEXTROSE INTRAVENOUS SOLUTION	2	
DILTIAZEM HCL- SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
dilt-xr oral capsule extended release 24 hour	1	
matzim la oral tablet extended release 24 hour	1	
taztia xt oral capsule extended release 24 hour	1	
tiadyt er oral capsule extended release 24 hour	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
verapamil hcl er oral capsule extended release 24 hour	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl intravenous solution	1	
verapamil hcl oral tablet	1	
VERAPAMIL HCL POWDER	2	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
Cardiovascular Agents, Other		
ACCURETIC ORAL TABLET	2	
acetazolamide sodium injection solution reconstituted	1	
ADRENALIN INJECTION SOLUTION	2	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
ALDACTAZIDE ORAL TABLET	2	
aliskiren fumarate oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1	
amlodipine besy-benazepril hcl oral capsule	1	
amlodipine besylate-valsartan oral tablet	1	
amlodipine-atorvastatin oral tablet	1	
amlodipine-olmesartan oral tablet	1	
amlodipine-valsartan-hctz oral tablet	1	
ASCLERA INTRAVENOUS SOLUTION	2	
ASPRUZYO SPRINKLE ORAL PACKET	2	

Drug Name	Drug Tier	Requirements /Limits
ATACAND HCT ORAL TABLET	2	
atenolol-chlorthalidone oral tablet	1	
AVALIDE ORAL TABLET	2	
AZOR ORAL TABLET	2	
benazepril-hydrochlorothiazide oral tablet	1	
BENICAR HCT ORAL TABLET	2	
BIDIL ORAL TABLET	2	
bisoprolol-hydrochlorothiazide oral tablet	1	
CADUET ORAL TABLET	2	
CAMZYOS ORAL CAPSULE	2	PA
candesartan cilexetil-hctz oral tablet	1	
captopril-hydrochlorothiazide oral tablet	1	
CORLANOR ORAL SOLUTION	2	
CORLANOR ORAL TABLET	2	
DEFITELIO INTRAVENOUS SOLUTION	2	
DEMSEER ORAL CAPSULE	2	
DIOVAN HCT ORAL TABLET	2	
dobutamine hcl intravenous solution	1	B/D
dobutamine-dextrose intravenous solution	1	B/D

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
dopamine hcl intravenous solution	1	B/D
dopamine-dextrose intravenous solution	1	B/D
EDARBYCLOR ORAL TABLET	2	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
enalapril-hydrochlorothiazide oral tablet	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	
ENTRESTO ORAL TABLET	2	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE	2	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
epinephrine (anaphylaxis) injection solution	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION	2	
epinephrine injection solution	1	
epinephrine injection solution prefilled syringe	1	
EPINEPHRINE INTRAVENOUS SOLUTION	2	
epinephrine intravenous solution prefilled syringe	1	
epinephrine pf injection solution	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	2	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION	2	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
EVKEEZA INTRAVENOUS SOLUTION	2	PA
EXFORGE HCT ORAL TABLET	2	
EXFORGE ORAL TABLET	2	
fosinopril sodium-hctz oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HYZAAR ORAL TABLET	2	
irbesartan-hydrochlorothiazide oral tablet	1	
isosorb dinitrate-hydralazine oral tablet	1	
ivabradine hcl oral tablet	1	
KERENDIA ORAL TABLET	2	
LEVOPHED INTRAVENOUS SOLUTION	2	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan potassium-hctz oral tablet	1	
LOTENSIN HCT ORAL TABLET	2	
LOTREL ORAL CAPSULE	2	
mannitol intravenous solution	1	
MAXZIDE ORAL TABLET	2	
MAXZIDE-25 ORAL TABLET	2	
metoprolol-hydrochlorothiazide oral tablet	1	
metyrosine oral capsule	1	
MICARDIS HCT ORAL TABLET	2	
milrinone lactate in dextrose intravenous solution	1	B/D
milrinone lactate intravenous solution	1	B/D

Drug Name	Drug Tier	Requirements /Limits
NEFFY NASAL SOLUTION	2	
norepinephrine bitartrate intravenous solution	1	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	2	
olmesartan medoxomil-hctz oral tablet	1	
olmesartan-amlodipine-hctz oral tablet	1	
OSMITROL INTRAVENOUS SOLUTION	2	
pentoxifylline er oral tablet extended release	1	
PRESTALIA ORAL TABLET	2	
quinapril-hydrochlorothiazide oral tablet	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
ranolazine er oral tablet extended release 12 hour	1	
REZIPRES INTRAVENOUS SOLUTION	2	
sodium tetradecyl sulfate intravenous solution	1	
SOTRADECOL INTRAVENOUS SOLUTION	2	
spironolactone-hctz oral tablet	1	
TEKTURNA HCT ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TEKTURNA ORAL TABLET	2	
telmisartan-amlodipine oral tablet	1	
telmisartan-hctz oral tablet	1	
TENORETIC 100 ORAL TABLET	2	
TENORETIC 50 ORAL TABLET	2	
trandolapril-verapamil hcl er oral tablet extended release	1	
triamterene-hctz oral capsule	1	
triamterene-hctz oral tablet	1	
TRIBENZOR ORAL TABLET	2	
valsartan-hydrochlorothiazide oral tablet	1	
VARITHENA INTRAVENOUS FOAM	2	
VASERETIC ORAL TABLET	2	
VECAMYL ORAL TABLET	2	
VYNDAMAX ORAL CAPSULE	2	PA
ZESTORETIC ORAL TABLET	2	
ZIAC ORAL TABLET	2	
Diuretics, Loop		
bumetanide injection solution	1	
bumetanide oral tablet	1	
BUMEX ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
EDECRIN ORAL TABLET	2	
ethacrynate sodium intravenous solution reconstituted	1	
ethacrynic acid oral tablet	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	2	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
furosemide injection solution	1	
furosemide oral solution	1	
furosemide oral tablet	1	
FUROSEMIDE POWDER	2	
LASIX ORAL TABLET	2	
SOAANZ ORAL TABLET	2	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
torseamide oral tablet	1	
Diuretics, Potassium-sparing		
ALDACTONE ORAL TABLET	2	
amiloride hcl oral tablet	1	
CAROSPIR ORAL SUSPENSION	2	
DYRENIUM ORAL CAPSULE	2	
eplerenone oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
INSPRA ORAL TABLET	2	
spironolactone oral suspension	1	
spironolactone oral tablet	1	
SPIRONOLACTONE POWDER	2	
triamterene oral capsule	1	
Diuretics, Thiazide		
chlorothiazide sodium intravenous solution reconstituted	1	
chlorthalidone oral tablet	1	
DIURIL ORAL SUSPENSION	2	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
HYDROCHLOROTHIAZIDE POWDER	2	
indapamide oral tablet	1	
metolazone oral tablet	1	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED	2	
THALITONE ORAL TABLET	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule	1	
fenofibrate oral capsule	1	
fenofibrate oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
fenofibric acid oral capsule delayed release	1	
fenofibric acid oral tablet	1	
FENOGLIDE ORAL TABLET	2	
FIBRICOR ORAL TABLET	2	
gemfibrozil oral tablet	1	
GEMFIBROZIL POWDER	2	
LIPOFEN ORAL CAPSULE	2	
LOPID ORAL TABLET	2	
TRICOR ORAL TABLET	2	
TRILIPIX ORAL CAPSULE DELAYED RELEASE	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
ATORVALIQ ORAL SUSPENSION	2	
atorvastatin calcium oral tablet	1	
CRESTOR ORAL TABLET	2	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	2	
FLOLIPID ORAL SUSPENSION	2	
fluvastatin sodium er oral tablet extended release 24 hour	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
fluvastatin sodium oral capsule	1	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
LIPITOR ORAL TABLET	2	
LIVALO ORAL TABLET	2	
lovastatin oral tablet	1	
pitavastatin calcium oral tablet	1	
pravastatin sodium oral tablet	1	
rosuvastatin calcium oral tablet	1	
simvastatin oral tablet	1	
ZOCOR ORAL TABLET	2	
ZYPITAMAG ORAL TABLET	2	
Dyslipidemics, Other		
cholestyramine light oral packet	1	
cholestyramine light oral powder	1	
cholestyramine oral packet	1	
cholestyramine oral powder	1	
colesevelam hcl oral packet	1	
colesevelam hcl oral tablet	1	
COLESTID FLAVORED ORAL GRANULES	2	
COLESTID FLAVORED ORAL PACKET	2	

Drug Name	Drug Tier	Requirements /Limits
COLESTID ORAL GRANULES	2	
COLESTID ORAL PACKET	2	
COLESTID ORAL TABLET	2	
colestipol hcl oral granules	1	
colestipol hcl oral packet	1	
colestipol hcl oral tablet	1	
ezetimibe oral tablet	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET	1	
ezetimibe-simvastatin oral tablet	1	
icosapent ethyl oral capsule	1	
JUXTAPID ORAL CAPSULE	2	PA
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
LOVAZA ORAL CAPSULE	2	
NEXLETOL ORAL TABLET	2	
NEXLIZET ORAL TABLET	2	
niacin (antihyperlipidemic) oral tablet	1	
niacin er (antihyperlipidemic) oral tablet extended release	1	
niacor oral tablet	1	
omega-3-acid ethyl esters oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
prevalite oral packet	1	
prevalite oral powder	1	
QUESTRAN LIGHT ORAL POWDER	2	
QUESTRAN ORAL PACKET	2	
QUESTRAN ORAL POWDER	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
ROSZET ORAL TABLET	2	
VASCEPA ORAL CAPSULE	2	
VYTORIN ORAL TABLET	2	
WELCHOL ORAL PACKET	2	
WELCHOL ORAL TABLET	2	
ZETIA ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
Vasodilators, Direct-acting Arterial		
CORLOPAM INTRAVENOUS SOLUTION	2	
hydralazine hcl injection solution	1	
hydralazine hcl oral tablet	1	
minoxidil oral tablet	1	
PAPAVERINE HCL POWDER	2	
Vasodilators, Direct-acting Arterial/Venous		
GONITRO SUBLINGUAL PACKET	2	
ISORDIL TITRADOSE ORAL TABLET	2	
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate er oral tablet extended release 24 hour	1	
isosorbide mononitrate oral tablet	1	
NITRO-BID TRANSDERMAL OINTMENT	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	2	
nitroglycerin in d5w intravenous solution	1	
nitroglycerin intravenous solution	1	
nitroglycerin sublingual tablet sublingual	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual solution	1	
NITROLINGUAL TRANSLINGUAL SOLUTION	2	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	2	
nitroprusside sodium intravenous solution	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	2	
sodium nitroprusside intravenous solution	1	
VERQUVO ORAL TABLET	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL ORAL TABLET	2	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	2	
amphetamine sulfate oral tablet	1	
amphetamine-dextroamphetamine oral capsule extended release 24 hour	1	

Drug Name	Drug Tier	Requirements /Limits
amphetamine-dextroamphetamine oral tablet	1	
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour	1	
AZSTARYS ORAL CAPSULE	2	
DESOXYN ORAL TABLET	2	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
dextroamphetamine sulfate er oral capsule extended release 24 hour	1	
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	1	
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	2	
DYANAVAL XR ORAL TABLET EXTENDED RELEASE	2	
EVEKEO ODT ORAL TABLET DISPERSIBLE	2	
EVEKEO ORAL TABLET	2	
lisdexamfetamine dimesylate oral capsule	1	
lisdexamfetamine dimesylate oral tablet chewable	1	
methamphetamine hcl oral tablet	1	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
PROCENTRA ORAL SOLUTION	2	
VYVANSE ORAL CAPSULE	2	
VYVANSE ORAL TABLET CHEWABLE	2	
XELSTRYM TRANSDERMAL PATCH	2	
ZENZEDI ORAL TABLET	2	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
atomoxetine hcl oral capsule	1	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA ORAL TABLET EXTENDED RELEASE	2	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	2	
DAYTRANA TRANSDERMAL PATCH	2	

Drug Name	Drug Tier	Requirements /Limits
dexmethylphenidate hcl er oral capsule extended release 24 hour	1	
dexmethylphenidate hcl oral tablet	1	
FOCALIN ORAL TABLET	2	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
guanfacine hcl er oral tablet extended release 24 hour	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
METADATE CD ORAL CAPSULE EXTENDED RELEASE	2	
METHYLIN ORAL SOLUTION	2	
methylphenidate hcl er (cd) oral capsule extended release	1	
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	
methylphenidate hcl er (osm) oral tablet extended release	1	
methylphenidate hcl er (xr) oral capsule extended release 24 hour	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl er oral tablet extended release 24 hour	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	1	
methylphenidate transdermal patch	1	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	2	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	2	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	2	
RELEXXII ORAL TABLET EXTENDED RELEASE	2	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
RITALIN ORAL TABLET	2	
STRATTERA ORAL CAPSULE	2	
Central Nervous System, Other		
ADIPEX-P ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
ADIPEX-P ORAL TABLET	2	
ALLZITAL ORAL TABLET	2	
AQNEURSA ORAL PACKET	2	PA
AUSTEDO ORAL TABLET	2	PA
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK	2	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	2	PA
bac oral tablet	1	
benzphetamine hcl oral tablet	1	
BUPAP ORAL TABLET	2	
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE	1	
butalbital-acetaminophen oral tablet	1	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-aspirin-caffeine oral capsule	1	
CAFCIT INTRAVENOUS SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CAFFEINE ANHYDROUS POWDER	2	
caffeine citrate intravenous solution	1	
caffeine citrate oral solution	1	
clonidine hcl (analgesia) epidural solution	1	B/D
CLONIDINE HCL (BULK) SOLUTION	2	
COBENFY ORAL CAPSULE	2	PA
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	2	PA
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
DAYBUE ORAL SOLUTION	2	PA
diethylpropion hcl er oral tablet extended release 24 hour	1	
diethylpropion hcl oral tablet	1	
DOPRAM INTRAVENOUS SOLUTION	2	
DURACLON EPIDURAL SOLUTION	2	B/D
edaravone intravenous solution	1	PA
ESGIC ORAL CAPSULE	2	
ESGIC ORAL TABLET	2	
EXSERVAN ORAL FILM	2	

Drug Name	Drug Tier	Requirements /Limits
FIORICET ORAL CAPSULE	2	
FIRDAPSE ORAL TABLET	2	PA
flumazenil intravenous solution	1	
gabapentin (once-daily) oral tablet	1	
GRALISE ORAL	2	PA
GRALISE ORAL TABLET	2	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	2	
INGREZZA ORAL CAPSULE	2	PA
INGREZZA ORAL CAPSULE SPRINKLE	2	PA
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA
LOMAIRA ORAL TABLET	2	
NUEDEXTA ORAL CAPSULE	2	PA
phendimetrazine tartrate er oral capsule extended release 24 hour	1	
phentermine hcl oral capsule	1	
phentermine hcl oral tablet	1	
PRIALT INTRATHECAL SOLUTION	2	B/D
QALSODY INTRATHECAL SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
QUVIVIQ ORAL TABLET	2	
RADICAVA INTRAVENOUS SOLUTION	2	PA
RADICAVA ORS ORAL SUSPENSION	2	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION	2	PA
RELYVRIO ORAL PACKET	2	PA
RILUTEK ORAL TABLET	2	
riluzole oral tablet	1	
TEGLUTIK ORAL SUSPENSION	2	
TENCON ORAL TABLET	1	
tetrabenazine oral tablet	1	PA
TIGLUTIK ORAL SUSPENSION	2	
VEOZAH ORAL TABLET	2	PA
XENAZINE ORAL TABLET	2	PA
ZEBUTAL ORAL CAPSULE	2	
ZTALMY ORAL SUSPENSION	2	PA
Fibromyalgia Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
pregabalin er oral tablet extended release 24 hour	1	

Drug Name	Drug Tier	Requirements /Limits
SAVELLA ORAL TABLET	2	
SAVELLA TITRATION PACK ORAL	2	
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	2	PA
AUBAGIO ORAL TABLET	2	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	2	PA
BETASERON SUBCUTANEOUS KIT	2	PA
BRIUMVI INTRAVENOUS SOLUTION	2	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
dalfampridine er oral tablet extended release 12 hour	1	PA
dimethyl fumarate oral capsule delayed release	1	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1	PA
EXTAVIA SUBCUTANEOUS KIT	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
fingolimod hcl oral capsule	1	PA
GILENYA ORAL CAPSULE	2	PA
glatiramer acetate subcutaneous solution prefilled syringe	1	PA
glatopa subcutaneous solution prefilled syringe	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	2	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	2	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	2	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	2	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	2	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	2	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	2	PA
MAYZENT ORAL TABLET	2	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	2	PA

Drug Name	Drug Tier	Requirements /Limits
mitoxantrone hcl intravenous concentrate	1	PA
OCREVUS INTRAVENOUS SOLUTION	2	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	2	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
PONVORY ORAL TABLET	2	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	2	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE	2	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	2	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	2	PA
teriflunomide oral tablet	1	PA
TYSABRI INTRAVENOUS CONCENTRATE	2	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE	2	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	2	PA
ZEPOSIA ORAL CAPSULE	2	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	2	PA

Drug Name	Drug Tier	Requirements /Limits
Currently Undefined		
Non-FRF		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ALVOX EXTERNAL CREAM	2	
ALVOX HP EXTERNAL CREAM	2	
AQUASOL A INTRAMUSCULAR SOLUTION	2	
AVIDORA EXTERNAL CREAM	2	
EUA PATIENT ASSESSMENT	2	
LIDOCAINE HCL-OXYMETAZOLINE NASAL SOLUTION PREFILLED SYRINGE	2	
SCENESSE SUBCUTANEOUS IMPLANT	2	
Dental and Oral Agents		
cevimeline hcl oral capsule	1	
chlorhexidine gluconate mouth/throat solution	1	
doxycycline hyclate oral tablet	1	
EVOXAC ORAL CAPSULE	2	
lidocaine viscous hcl mouth/throat solution	1	
pilocarpine hcl oral tablet	1	
SALAGEN ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
triamcinolone acetonide mouth/throat paste	1	
Non-FRF		
AQUORAL MOUTH/THROAT SOLUTION	2	
ARESTIN DENTAL	2	
CAPHOSOL MOUTH/THROAT SOLUTION	2	
CHLORHEXIDINE GLUCONATE SOLUTION	2	
CLINPRO 5000 DENTAL PASTE	2	
DENTA 5000 PLUS DENTAL CREAM	2	
DENTA 5000 PLUS SENSITIVE DENTAL GEL	2	
DENTAGEL DENTAL GEL	2	
EASYGEL DENTAL GEL	2	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	2	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE	2	
FLUORIDEX DENTAL PASTE	2	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	2	
FLUORIMAX 5000 DENTAL PASTE	2	

Drug Name	Drug Tier	Requirements /Limits
FLUORIMAX 5000 SENSITIVE DENTAL GEL	2	
FRAICHE 5000 DENTAL DENTAL GEL	2	
FRAICHE 5000 PREVI DENTAL GEL	2	
FRAICHE 5000 SENSITIVE DENTAL GEL	2	
JUST RIGHT 5000 DENTAL GEL	2	
JUST RIGHT 5000 DENTAL PASTE	2	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	2	
KOURZEQ MOUTH/THROAT PASTE	1	
lidocaine hcl mouth/throat solution	1	
MI PASTE DENTAL PASTE	2	
MI PASTE PLUS DENTAL PASTE	2	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	2	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	2	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ORALONE MOUTH/THROAT PASTE	1	
PERIDEX MOUTH/THROAT SOLUTION	2	
periogard mouth/throat solution	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	2	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	2	
PREVIDENT 5000 KIDS DENTAL PASTE	2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	2	
PREVIDENT 5000 PLUS DENTAL CREAM	2	
PREVIDENT 5000 SENSITIVE DENTAL GEL	2	
PREVIDENT DENTAL GEL	2	
PREVIDENT MOUTH/THROAT SOLUTION	2	
REMESENSE DENTAL	2	
sf 5000 plus dental cream	1	
sf dental gel	1	
sod fluoride-potassium nitrate dental gel	1	
sodium fluoride 5000 enamel dental gel	1	

Drug Name	Drug Tier	Requirements /Limits
sodium fluoride 5000 plus dental cream	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental gel	1	
sodium fluoride 5000 ppm dental paste	1	
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel	1	
sodium fluoride mouth/throat solution	1	
VANISH DENTAL LIQUID EXTENDED RELEASE	2	
Dermatological Agents		
Acne and Rosacea Agents		
ABENOR HP EXTERNAL LOTION	2	
ABSORICA LD ORAL CAPSULE	2	
ABSORICA ORAL CAPSULE	2	
ACANYA EXTERNAL GEL	2	
acutane oral capsule	1	
acitretin oral capsule	1	
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL PAD	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ADAPALENE EXTERNAL SOLUTION	1	
adapalene-benzoyl peroxide external gel	1	
AKLIEF EXTERNAL CREAM	2	
ALTRENO EXTERNAL LOTION	2	
ALURIS EXTERNAL CREAM	2	
ALURIS EXTERNAL GEL	2	
ALURIS HP EXTERNAL CREAM	2	
ALURIS HP PLUS EXTERNAL CREAM	2	
ALURIS LP EXTERNAL CREAM	2	
ALURIS LP PLUS EXTERNAL CREAM	2	
ALURIS PLUS EXTERNAL CREAM	2	
amnesteem oral capsule	1	
APORIX EXTERNAL GEL	2	
APORIX EXTERNAL LOTION	2	
ARAZLO EXTERNAL LOTION	2	
ATRALIN EXTERNAL GEL	2	
AVITA EXTERNAL CREAM	2	
AVITA EXTERNAL GEL	2	
azelaic acid external gel	1	

Drug Name	Drug Tier	Requirements /Limits
AZELEX EXTERNAL CREAM	2	
BENZAMYCIN EXTERNAL GEL	2	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION	1	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION	1	
benzoyl peroxide-erythromycin external gel	1	
brimonidine tartrate external gel	1	
claravis oral capsule	1	
clindamycin phos-benzoyl perox external gel	1	
clindamycin-tretinoin external gel	1	
DIFFERIN EXTERNAL CREAM	2	
DIFFERIN EXTERNAL GEL	2	
DIFFERIN EXTERNAL LOTION	2	
EPIDUO EXTERNAL GEL	2	
EPIDUO FORTE EXTERNAL GEL	2	
FABIOR EXTERNAL FOAM	2	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	2	
INOVA EXTERNAL KIT	2	
isotretinoin oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
METROCREAM EXTERNAL CREAM	2	
METROGEL EXTERNAL GEL	2	
METROLOTION EXTERNAL LOTION	2	
metronidazole external cream	1	
metronidazole external gel	1	
metronidazole external lotion	1	
MIRVASO EXTERNAL GEL	2	
myorisan oral capsule	1	
neuac external gel	1	
NORITATE EXTERNAL CREAM	2	
ONEXTON EXTERNAL GEL	2	
OVACE PLUS EXTERNAL FOAM	2	
RETIN-A EXTERNAL CREAM	2	
RETIN-A EXTERNAL GEL	2	
RETIN-A MICRO EXTERNAL GEL	2	
RETIN-A MICRO PUMP EXTERNAL GEL	2	
RHOFADE EXTERNAL CREAM	2	
rosadan external cream	1	
rosadan external gel	1	
selenium sulfide external shampoo	1	
sodium sulfacetamide wash external liquid	1	

Drug Name	Drug Tier	Requirements /Limits
sulfacetamide sodium external liquid	1	
tazarotene external cream	1	
TAZAROTENE EXTERNAL FOAM	1	
tazarotene external gel	1	
TAZORAC EXTERNAL CREAM	2	
TAZORAC EXTERNAL GEL	2	
tretinoin external cream	1	
tretinoin external gel	1	
tretinoin microsphere external gel	1	
tretinoin microsphere pump external gel	1	
TRETINOIN POWDER	2	
TWYNEO EXTERNAL CREAM	2	
VELTIN EXTERNAL GEL	2	
ZACARE EXTERNAL KIT	2	
zenatane oral capsule	1	
ZIANA EXTERNAL GEL	2	
Dermatitis and Pruitus Agents		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT	2	
ALA SCALP EXTERNAL LOTION	2	
ala-cort external cream	1	
alclometasone dipropionate external cream	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
alclometasone dipropionate external ointment	1	
amcinonide external cream	1	
amcinonide external lotion	1	
amcinonide external ointment	1	
ammonium lactate external cream	1	
ammonium lactate external lotion	1	
APEXICON E EXTERNAL CREAM	2	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	1	
betamethasone valerate external cream	1	
betamethasone valerate external foam	1	

Drug Name	Drug Tier	Requirements /Limits
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BRYHALI EXTERNAL LOTION	2	
CAPEX EXTERNAL SHAMPOO	2	
CIBINQO ORAL TABLET	2	PA
clobetasol prop emollient base external cream	1	
clobetasol propionate e external cream	1	
clobetasol propionate emulsion external foam	1	
clobetasol propionate external cream	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION	2	
CLOBEX EXTERNAL LOTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CLOBEX EXTERNAL SHAMPOO	2	
CLOBEX SPRAY EXTERNAL LIQUID	2	
clocortolone pivalate external cream	1	
clodan external shampoo	1	
CLODERM EXTERNAL CREAM	2	
CORDRAN EXTERNAL CREAM	2	
CORDRAN EXTERNAL OINTMENT	2	
CORDRAN EXTERNAL TAPE	2	
DERMA-SMOOTH/FS BODY EXTERNAL OIL	2	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	2	
desonide external cream	1	
desonide external gel	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	2	
desoximetasone external cream	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment	1	
desrx external gel	1	

Drug Name	Drug Tier	Requirements /Limits
diflorasone diacetate external cream	1	
diflorasone diacetate external ointment	1	
DIPROLENE EXTERNAL OINTMENT	2	
doxepin hcl external cream	1	
ELIDEL EXTERNAL CREAM	2	
EUCRISA EXTERNAL OINTMENT	2	
fluocinolone acetonide body external oil	1	
fluocinolone acetonide external cream	1	
fluocinolone acetonide external ointment	1	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp external oil	1	
fluocinonide emulsified base external cream	1	
fluocinonide external cream	1	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external cream	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
fluticasone propionate external lotion	1	
fluticasone propionate external ointment	1	
halcinonide external cream	1	
halobetasol propionate external cream	1	
halobetasol propionate external foam	1	
halobetasol propionate external ointment	1	
HALOG EXTERNAL CREAM	2	
HALOG EXTERNAL OINTMENT	2	
HALOG EXTERNAL SOLUTION	2	
hydrocortisone butyr lipo base external cream	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream	1	
hydrocortisone external lotion	1	
hydrocortisone external ointment	1	
hydrocortisone valerate external cream	1	
hydrocortisone valerate external ointment	1	

Drug Name	Drug Tier	Requirements /Limits
HYDROXATE EXTERNAL GEL	2	
HYFTOR EXTERNAL GEL	2	
IMPEKLO EXTERNAL LOTION	2	
IMPOYZ EXTERNAL CREAM	2	
KENALOG EXTERNAL AEROSOL SOLUTION	2	
lactic acid external lotion	1	
LEXETTE EXTERNAL FOAM	2	
LOCOID EXTERNAL LOTION	2	
LOCOID LIPOCREAM EXTERNAL CREAM	2	
LUXIQ EXTERNAL FOAM	2	
mometasone furoate external cream	1	
mometasone furoate external ointment	1	
mometasone furoate external solution	1	
OLUX EXTERNAL FOAM	2	
OLUX-E EXTERNAL FOAM	2	
OPZELURA EXTERNAL CREAM	2	
PANDEL EXTERNAL CREAM	2	
pimecrolimus external cream	1	
prednicarbate external ointment	1	
PRUDOXIN EXTERNAL CREAM	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
selenium sulfide external lotion	1	
SERNIVO EXTERNAL EMULSION	2	
SPEVIGO INTRAVENOUS SOLUTION	2	PA
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
SYNALAR EXTERNAL CREAM	2	
SYNALAR EXTERNAL OINTMENT	2	
SYNALAR EXTERNAL SOLUTION	2	
tacrolimus external ointment	1	
TEXACORT EXTERNAL SOLUTION	2	
TOPICORT EXTERNAL CREAM	2	
TOPICORT EXTERNAL GEL	2	
TOPICORT EXTERNAL OINTMENT	2	
TOPICORT SPRAY EXTERNAL LIQUID	2	
tovet external foam	1	
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	

Drug Name	Drug Tier	Requirements /Limits
triamcinolone in absorbase external ointment	1	
TRIANEX EXTERNAL OINTMENT	2	
triderm external cream	1	
TRIDESILON EXTERNAL CREAM	2	
tritocin external ointment	1	
ULTRAVATE EXTERNAL LOTION	2	
VANOS EXTERNAL CREAM	2	
VERDESO EXTERNAL FOAM	2	
ZONALON EXTERNAL CREAM	2	
Dermatological Agents, Other		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM	2	
ADALINA EXTERNAL GEL	2	
ADERMICA HP EXTERNAL GEL	2	
ALOMIRA EXTERNAL GEL	2	
ALOMIRA HP EXTERNAL GEL	2	
ALOMIRA LP EXTERNAL GEL	2	
ALUMINUM CHLORIDE ANHYDROUS POWDER	2	
ALUMINUM CHLORIDE HEXAHYDRATE CRYSTALS	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
ANA-LEX RECTAL KIT	2	
ARTILIS HP EXTERNAL GEL	2	
AUGUSTIL EXTERNAL GEL	2	
AVIDORA EXTERNAL SOLUTION	2	
AVIDORA HP EXTERNAL CREAM	2	
AZALTA EXTERNAL GEL	2	
AZALTA HP EXTERNAL GEL	2	
bp cleansing wash external emulsion	1	
CABTREO EXTERNAL GEL	2	
CALAMINE POWDER	2	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop external ointment	1	
calcipotriene-betameth diprop external suspension	1	
CALCITRENE EXTERNAL OINTMENT	2	
calcitriol external ointment	1	

Drug Name	Drug Tier	Requirements /Limits
CANTHARIDIN POWDER	2	
CARAC EXTERNAL CREAM	2	
CLENIA PLUS EXTERNAL SUSPENSION	2	
CLINOIN EXTERNAL CREAM	2	
clotrimazole-betamethasone external cream	1	
clotrimazole-betamethasone external lotion	1	
CONDYLOX EXTERNAL GEL	2	
diclofenac sodium external gel	1	
DRYSOL EXTERNAL SOLUTION	2	
DUOBRII EXTERNAL LOTION	2	
EFUDEX EXTERNAL CREAM	2	
ENOVARX-TRAMADOL EXTERNAL CREAM	2	
ENSTILAR EXTERNAL FOAM	2	
EPIFOAM EXTERNAL FOAM	2	
FILSUVEZ EXTERNAL GEL	2	PA
fluorouracil external cream	1	
fluorouracil external solution	1	
GORDOFILM EXTERNAL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HARISIS EXTERNAL SOLUTION	2	
HARVIVA EXTERNAL SOLUTION	2	
HESMILLA EXTERNAL SOLUTION	2	
HYDRO 40 EXTERNAL FOAM	2	
hydrocortisone ace-pramoxine external cream	1	
HYDROQUINONE POWDER	2	
ICHTHAMMOL POWDER	2	
imiquimod external cream	1	
imiquimod pump external cream	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT	2	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT	2	
KAZURI EXTERNAL GEL	2	
KERALYT EXTERNAL GEL	2	
KERAXA EXTERNAL GEL	2	
KERIDA EXTERNAL GEL	2	
KLISYRI EXTERNAL OINTMENT	2	
KYNARA EXTERNAL GEL	2	
lactic acid e external cream	1	

Drug Name	Drug Tier	Requirements /Limits
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	2	
lidocaine-hydrocort (perianal) external cream	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM	2	
METHOXSALEN POWDER	2	
methoxsalen rapid oral capsule	1	
NEO-SYNALAR EXTERNAL CREAM	2	
NEURAPTINE EXTERNAL CREAM	2	
NUTRASEB EXTERNAL CREAM	2	
nystatin-triamcinolone external cream	1	
nystatin-triamcinolone external ointment	1	
OTEZLA ORAL TABLET	2	PA
OTEZLA ORAL TABLET THERAPY PACK	2	PA
PLEXION CLEANSER EXTERNAL LIQUID	2	
PLEXION EXTERNAL CREAM	2	
PLEXION EXTERNAL LOTION	2	
podofilox external gel	1	
podofilox external solution	1	
PODOPHYLLUM RESIN POWDER	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PROCTOFOAM HC EXTERNAL FOAM	2	
PROMISEB EXTERNAL CREAM	2	
PYROGALLIC ACID EXTERNAL OINTMENT	2	
QBREXZA EXTERNAL PAD	2	
REGENECARE EXTERNAL GEL	2	
REGRANEX EXTERNAL GEL	2	
SALIMEZ EXTERNAL CREAM	2	
SALIMEZ FORTE EXTERNAL CREAM	2	
SANTYL EXTERNAL OINTMENT	2	
SILVADENE EXTERNAL CREAM	2	
silver sulfadiazine external cream	1	
SOFDRA EXTERNAL GEL	2	
SORILUX EXTERNAL FOAM	2	
SOTYKTU ORAL TABLET	2	PA
ssd external cream	1	
SSS 10-5 EXTERNAL FOAM	2	
sulfacetamide sodium-sulfur external cream	1	
sulfacetamide sodium-sulfur external liquid	1	
sulfacetamide sodium-sulfur external lotion	1	
sulfacetamide sodium-sulfur external pad	1	

Drug Name	Drug Tier	Requirements /Limits
sulfacetamide sodium-sulfur external suspension	1	
sulfamez wash external emulsion	1	
TACLONEX EXTERNAL OINTMENT	2	
TACLONEX EXTERNAL SUSPENSION	2	
TOLAK EXTERNAL CREAM	2	
URAMAXIN EXTERNAL GEL	2	
urea external cream	1	
UREA EXTERNAL FOAM	2	
uredeb external cream	1	
UREMEZ-40 EXTERNAL CREAM	2	
URESOL EXTERNAL CREAM	2	
UVADEX EXTRACORPOREAL SOLUTION	2	
VECTICAL EXTERNAL OINTMENT	2	
VEREGEN EXTERNAL OINTMENT	2	
VTAMA EXTERNAL CREAM	2	
WINLEVI EXTERNAL CREAM	2	
WYNZORA EXTERNAL CREAM	2	
XERESE EXTERNAL CREAM	2	
YCANTH EXTERNAL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ZORYVE EXTERNAL CREAM	2	
ZORYVE EXTERNAL FOAM	2	PA
ZYCLARA EXTERNAL CREAM	2	
ZYCLARA PUMP EXTERNAL CREAM	2	
Pediculicides/Scabicides		
CROTAN EXTERNAL LOTION	2	
ivermectin external cream	1	
malathion external lotion	1	
NATROBA EXTERNAL SUSPENSION	2	
OVIDE EXTERNAL LOTION	2	
permethrin external cream	1	
SOOLANTRA EXTERNAL CREAM	2	
spinosad external suspension	1	
sulfurated lime external solution	1	
Topical Anti-infectives		
acyclovir external cream	1	
acyclovir external ointment	1	
ACZONE EXTERNAL GEL	2	
BENZAC AC WASH EXTERNAL LIQUID	2	
BENZEPRO EXTERNAL	2	

Drug Name	Drug Tier	Requirements /Limits
BENZEPRO EXTERNAL FOAM	2	
BENZEPRO EXTERNAL LIQUID	2	
benzoyl peroxide external foam	1	
BENZOYL PEROXIDE EXTERNAL GEL	1	
CENTANY EXTERNAL OINTMENT	2	
ciclodan external solution	1	
ciclopirox external gel	1	
ciclopirox external shampoo	1	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
ciclopirox olamine external suspension	1	
CLEOCIN-T EXTERNAL LOTION	2	
clindacin external foam	1	
CLINDAGEL EXTERNAL GEL	2	
clindamycin phosphate external foam	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDESSE VAGINAL CREAM	2	
dapsone external gel	1	
DENAVIR EXTERNAL CREAM	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ENZOCLEAR EXTERNAL FOAM	2	
EPSOLAY EXTERNAL CREAM	2	
ery external pad	1	
ERYGEL EXTERNAL GEL	2	
erythromycin external gel	1	
erythromycin external solution	1	
EVOCLIN EXTERNAL FOAM	2	
LOPROX EXTERNAL CREAM	2	
LOPROX EXTERNAL SHAMPOO	2	
LOPROX EXTERNAL SUSPENSION	2	
mafenide acetate external packet	1	
MENTAX EXTERNAL CREAM	2	
mupirocin calcium external cream	1	
mupirocin external ointment	1	
penciclovir external cream	1	
PR BENZOYL PEROXIDE EXTERNAL LIQUID	2	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID	2	
SULFAMYLON EXTERNAL CREAM	2	
XEPI EXTERNAL CREAM	2	

Drug Name	Drug Tier	Requirements /Limits
ZACLIR CLEANSING EXTERNAL LOTION	2	
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	2	
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
ACTIVE FE ORAL TABLET	2	
AMINO ACID INTRAVENOUS SOLUTION	2	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION	2	
AMINOPROTECT INTRAVENOUS SOLUTION	2	
AMINOSYN II INTRAVENOUS SOLUTION	2	B/D
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	2	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION	2	B/D
CALCIUM CARBONATE LIGHT POWDER	2	
CALCIUM CARBONATE POWDER	2	
CALCIUM CHLORIDE ANHYDROUS GRANULES	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CALCIUM CHLORIDE DIHYDRATE GRANULES	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
calcium chloride intravenous solution	1	
CALCIUM GLUCONATE ANHYDROUS POWDER	2	
calcium gluconate intravenous solution	1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
CALCIUM GLUCONATE MONOHYDRATE POWDER	2	
CALCIUM GLUCONATE POWDER	2	
calcium gluconate-nacl intravenous solution	1	
CALCIUM LACTATE PENTAHYDRATE POWDER	2	
CALCIUM PHOSPHATE DIBASIC POWDER	2	
CALCIUM PHOSPHATE TRIBASIC POWDER	2	
CARBAGLU ORAL TABLET SOLUBLE	2	
carglumic acid oral tablet soluble	1	
CENTRATEX ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
chromic chloride intravenous solution	1	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	2	B/D

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	2	B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	2	B/D
CLINISOL SF INTRAVENOUS SOLUTION	1	B/D
corvita 150 oral tablet	1	
CORVITE 150 ORAL TABLET	2	
cupric chloride intravenous solution	1	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	2	
dextrose in lactated ringers intravenous solution	1	
dextrose intravenous solution	1	
dextrose-sodium chloride intravenous solution	1	
effer-k oral tablet effervescent	1	
FERAHEME INTRAVENOUS SOLUTION	2	
ferocon oral capsule	1	
ferotrinsic oral capsule	1	
FERRALET 90 ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
FERRLECIT INTRAVENOUS SOLUTION	2	
ferrocite plus oral tablet	1	
ferumoxytol intravenous solution	1	
fluoritab oral solution	1	
FOLIVANE-F ORAL CAPSULE	2	
FOLIVANE-PLUS ORAL CAPSULE	2	
foltrin oral capsule	1	
GALZIN ORAL CAPSULE	2	
GLYCINE POWDER	2	
GLYCOPHOS INTRAVENOUS SOLUTION	2	
hematinic plus vit/minerals oral tablet	1	
hematinic/folic acid oral tablet	1	
HEMATOGEN FA ORAL CAPSULE	2	
HEMATRON-AF (WITH DOCUSATE) ORAL TABLET	2	
HEMOCYTE PLUS ORAL CAPSULE	2	
HYPERLYTE-CR INTRAVENOUS CONCENTRATE	2	
ICAR-C PLUS ORAL TABLET	2	
iferex 150 forte oral capsule	1	
INFED INJECTION SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
INJECTAFER INTRAVENOUS SOLUTION	2	
INTEGRA F ORAL CAPSULE	2	
INTEGRA PLUS ORAL CAPSULE	2	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	2	
IRON FOLATE PLUS ORAL CAPSULE	2	
IRON FOLATE-F ORAL CAPSULE	2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	2	
ISOLYTE-S INTRAVENOUS SOLUTION	2	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	2	
KABIVEN INTRAVENOUS EMULSION	2	B/D
kcl (0.149%) in nacl intravenous solution	1	
kcl (0.298%) in nacl intravenous solution	1	
kcl in dextrose-nacl intravenous solution	1	
kcl-lactated ringers-d5w intravenous solution	1	
klor-con 10 oral tablet extended release	1	
klor-con m10 oral tablet extended release	1	
klor-con m15 oral tablet extended release	1	

Drug Name	Drug Tier	Requirements /Limits
klor-con m20 oral tablet extended release	1	
klor-con oral packet	1	
klor-con oral tablet extended release	1	
klor-con/ef oral tablet effervescent	1	
K-PRIME ORAL TABLET EFFERVESCENT	2	
K-TAB ORAL TABLET EXTENDED RELEASE	2	
k-tan plus oral capsule	1	
lactated ringers intravenous solution	1	
MAGNESIUM CARBONATE HEAVY POWDER	2	
MAGNESIUM CARBONATE POWDER	2	
MAGNESIUM CHLORIDE CRYSTALS	2	
magnesium sulfate in d5w intravenous solution	1	
magnesium sulfate injection solution	1	
magnesium sulfate intravenous solution	1	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION	2	
MANGANESE CHLORIDE INTRAVENOUS SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MONOFERRIC INTRAVENOUS SOLUTION	2	
MULTIGEN FOLIC ORAL TABLET	2	
MULTIGEN ORAL TABLET	2	
MULTIGEN PLUS ORAL TABLET	2	
multiple electro type 1 ph 5.5 intravenous solution	1	
multiple electro type 1 ph 7.4 intravenous solution	1	
MULTRYS INTRAVENOUS SOLUTION	2	
na ferric gluc cplx in sucrose intravenous solution	1	
nafrinse drops oral solution	1	
NAFRINSE ORAL TABLET CHEWABLE	2	
NEOPHE ORAL TABLET	2	
NEPHRON FA ORAL TABLET	2	
NICAPRIN ORAL TABLET	2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	2	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	2	
NORMOSOL-R INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	2	
PERIKABIVEN INTRAVENOUS EMULSION	2	B/D
phosphorous oral tablet	1	
phospho-trin 250 neutral oral tablet	1	
PHOSPHO-TRIN K500 ORAL TABLET	2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS SOLUTION	2	
PLENAMINE INTRAVENOUS SOLUTION	1	B/D
POKONZA ORAL PACKET	2	
poly-iron 150 forte oral capsule	1	
polysaccharide iron forte oral capsule	1	
pot & sod cit-cit ac oral solution	1	
potassium acetate intravenous solution	1	
potassium chloride crys er oral tablet extended release	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
POTASSIUM CHLORIDE GRANULES	2	
potassium chloride in nacl intravenous solution	1	
potassium chloride intravenous solution	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
potassium chloride oral packet	1	
potassium chloride oral solution	1	
POTASSIUM CHLORIDE POWDER	2	
potassium citrate er oral tablet extended release	1	
potassium citrate-citric acid oral solution	1	
potassium cl in dextrose 5% intravenous solution	1	
potassium phosphates intravenous solution	1	
potassium phosphates(66 meq k) intravenous solution	1	
potassium phosphates(71 meq k) intravenous solution	1	
POTASSIUM PHOSPHATES-NACL INTRAVENOUS SOLUTION	2	
PREMASOL INTRAVENOUS SOLUTION	2	B/D

Drug Name	Drug Tier	Requirements /Limits
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	2	
PROLEEVA ORAL CAPSULE	2	
PROLEVA ORAL TABLET	2	
PROSOL INTRAVENOUS SOLUTION	2	B/D
PROTEOLIN ORAL TABLET	2	
purevit dualfe plus oral capsule	1	
ringers intravenous solution	1	
saline bacteriostatic injection solution	1	
SALINE-PHENOL INJECTION SOLUTION	2	
se-tan plus oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
sod citrate-citric acid oral solution	1	
sodium acetate intravenous solution	1	
sodium bicarbonate intravenous solution	1	
SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION	1	
sodium chloride (pf) injection solution	1	
sodium chloride bacteriostatic injection solution	1	
sodium chloride injection solution	1	
sodium chloride intravenous solution	1	
SODIUM CITRATE GRANULES	2	
sodium fluoride oral solution	1	
sodium fluoride oral tablet	1	
sodium fluoride oral tablet chewable	1	
sodium phosphates intravenous solution	1	
TANDEM PLUS ORAL CAPSULE	2	
TARON FORTE ORAL CAPSULE	2	
THAM INTRAVENOUS SOLUTION	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	

Drug Name	Drug Tier	Requirements /Limits
TRALEMENT INTRAVENOUS SOLUTION	2	
TRAVASOL INTRAVENOUS SOLUTION	2	B/D
TRI-AMINO INJECTION SOLUTION	2	
TRICON ORAL CAPSULE	2	
trigels-f forte oral capsule	1	
TRISODIUM CITRATE/CRRT EXTRACORPOREAL SOLUTION	2	
TROPHAMINE INTRAVENOUS SOLUTION	2	B/D
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	2	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	2	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	2	
VENOFER INTRAVENOUS SOLUTION	2	
wes-phos 250 neutral oral tablet	1	
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ZINC ACETATE CRYSTALS	2	
zinc chloride intravenous solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ZINC SULFATE HEPTAHYDRATE POWDER	2	
zinc sulfate intravenous solution	1	
ZINC SULFATE MONOHYDRATE POWDER	2	
ZYVEXOL ORAL TABLET	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE	2	
CUPRIMINE ORAL CAPSULE	2	PA
CUVRIOR ORAL TABLET	2	PA
deferasirox granules oral packet	1	
deferasirox oral packet	1	
deferasirox oral tablet	1	
deferasirox oral tablet soluble	1	
deferiprone oral tablet	1	
DEPEN TITRATABS ORAL TABLET	2	
EXJADE ORAL TABLET SOLUBLE	2	
FERRIPROX ORAL SOLUTION	2	
FERRIPROX ORAL TABLET	2	
FERRIPROX TWICE-A-DAY ORAL TABLET	2	
JADENU ORAL TABLET	2	
JADENU SPRINKLE ORAL PACKET	2	

Drug Name	Drug Tier	Requirements /Limits
JYNARQUE ORAL TABLET	2	PA
JYNARQUE ORAL TABLET THERAPY PACK	2	PA
penicillamine oral capsule	1	PA
penicillamine oral tablet	1	
SAMSCA ORAL TABLET	2	PA
SYPRINE ORAL CAPSULE	2	PA
tolvaptan oral tablet	1	PA
trientine hcl oral capsule	1	PA
XPHOZAH ORAL TABLET	2	
Phosphate Binders		
AURYXIA ORAL TABLET	2	PA
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet	1	
FOSRENOL ORAL PACKET	2	
FOSRENOL ORAL TABLET CHEWABLE	2	
lanthanum carbonate oral tablet chewable	1	
PHOSLYRA ORAL SOLUTION	2	
RENAGEL ORAL TABLET	2	
REVELA ORAL PACKET	2	
REVELA ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
sevelamer carbonate oral packet	1	
sevelamer carbonate oral tablet	1	
sevelamer hcl oral tablet	1	
VELPHORO ORAL TABLET CHEWABLE	2	
Potassium Binders		
KIONEX COMBINATION SUSPENSION	2	
LOKELMA ORAL PACKET	2	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	1	
VELTASSA ORAL PACKET	2	
Vitamins		
5-MTHF ORAL CAPSULE	2	
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL	2	
ADRENAL C FORMULA ORAL TABLET	2	
AIRAVITE ORAL TABLET	2	
ASTAMED MYO ORAL CAPSULE	2	
ATABEX OB ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
AZESCO ORAL TABLET	2	PA
BACMIN ORAL TABLET	2	
BIOCEL ORAL TABLET	2	
bp vit 3 oral capsule	1	
b-plex oral tablet	1	
b-plex plus oral tablet	1	
CALCIFOL ORAL WAFER	2	
CALCIUM PANTOTHENATE POWDER	2	
CENFOL ORAL TABLET	2	
CITRANATAL BLOOM ORAL TABLET	2	
CITRANATAL MEDLEY ORAL CAPSULE	2	
cod liver oil oral oil	1	
CORVITA ORAL TABLET	2	
cyanocobalamin injection solution	1	
cyanocobalamin nasal solution	1	
DERMACINRX PRETRATE ORAL TABLET	2	
DIALYVITE 3000 ORAL TABLET	2	
DIALYVITE 5000 ORAL TABLET	2	
DIALYVITE ORAL TABLET	2	
DIALYVITE SUPREME D ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DIALYVITE/ZINC ORAL TABLET	2	
DODEX INJECTION SOLUTION	2	
DRISDOL ORAL CAPSULE	2	
EB-N3 DR ORAL CAPSULE DELAYED RELEASE	2	
ELFOLATE ORAL TABLET	2	
ELITE-OB ORAL TABLET	2	
ENBRACE HR ORAL CAPSULE	2	
ergocalciferol oral capsule	1	
fabb oral tablet	1	
fa-vitamin b-6-vitamin b-12 oral tablet	1	
FINAZOL ORAL TABLET	2	
FOLAFY ER ORAL TABLET EXTENDED RELEASE	2	
FOLBEE ORAL TABLET	2	
FOLBEE PLUS CZ ORAL TABLET	2	
folbee plus oral tablet	1	
FOLBIC ORAL TABLET	2	
FOLBIC RF ORAL TABLET	2	
FOLGARD OS ORAL TABLET	2	
FOLGARD RX ORAL TABLET	2	
folic acid injection solution	1	

Drug Name	Drug Tier	Requirements /Limits
folic acid oral tablet	1	
folplex 2.2 oral tablet	1	
FOLTANX ORAL TABLET	2	
FOLTRATE ORAL TABLET	2	
FOLTX ORAL TABLET	2	
FUSION PLUS ORAL CAPSULE	2	
hydroxocobalamin acetate intramuscular solution	1	
INFUVITE ADULT INTRAVENOUS SOLUTION	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	2	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	2	
LIVITA CHILDREN ORAL LIQUID	2	
l-methylfolate calcium oral tablet	1	
l-methylfolate oral tablet	1	
l-methylfolate-algae-b12-b6 oral capsule	1	
l-methylfolate-b6-b12 oral tablet	1	
l-methyl-mc oral tablet	1	
LYSIPLEX PLUS ORAL TABLET	2	
MEDI TAB ORAL TABLET	2	
MEPHYTON ORAL TABLET	2	
METAFOBIC ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
METAFOBIC PLUS ORAL TABLET	2	
METANX FC ORAL CAPSULE	2	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	2	
methylfol-algae-b12-acetylcyst oral tablet	1	
methyl-folate oral capsule	1	
M-NATAL PLUS ORAL TABLET	2	
MULTI-MAC ORAL TABLET	2	PA
MYNEPHRON ORAL CAPSULE	2	
NASCOBAL NASAL SOLUTION	2	
NATAL PNV ORAL TABLET	2	
NEONATAL + DHA ORAL	2	
NEONATAL 19 ORAL TABLET	2	PA
NEONATAL COMPLETE ORAL TABLET	2	
NEONATAL FE ORAL TABLET	2	PA
NEONATAL PLUS ORAL TABLET	2	
NEOVITE ORAL TABLET	2	
NEPHPLEX RX ORAL TABLET	2	
nephronex oral tablet	1	
NESTABS ONE ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
NESTABS ORAL TABLET	2	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	2	
NIACIN POWDER	2	
NIVA-FOL ORAL TABLET	2	
NUFOL ORAL TABLET	2	
NUFOLA ORAL CAPSULE	2	
NUTRICAP ORAL TABLET	2	
NUTRIFAC ZX ORAL TABLET	2	
NUTRIVIT ORAL LIQUID	2	
ONE VITE WOMENS PLUS ORAL TABLET	2	
phytonadione injection solution	1	
phytonadione oral tablet	1	
PNV TABS 20-1 ORAL TABLET	2	
PODIAPN ORAL CAPSULE	2	
PREGEN DHA ORAL CAPSULE	2	PA
PREGENNA ORAL TABLET	2	PA
PREMESISRX ORAL TABLET	2	
PRENAISSANCE ORAL CAPSULE	2	
prenatal oral tablet	1	
prenatal plus vitamin/mineral oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PRENATE DHA ORAL CAPSULE	2	
PRENATE ELITE ORAL TABLET	2	
PRENATE ENHANCE ORAL CAPSULE	2	
PRENATE ESSENTIAL ORAL CAPSULE	2	
PRENATE MINI ORAL CAPSULE	2	
PRENATE ORAL TABLET CHEWABLE	2	
PRENATE PIXIE ORAL CAPSULE	2	
PRENATE RESTORE ORAL CAPSULE	2	
PRENATOL-M ORAL TABLET	2	PA
PRENATRIX ORAL TABLET	2	PA
PRENATRYL ORAL TABLET	2	PA
PRENATVITE COMPLETE ORAL TABLET	2	
PRENATVITE PLUS ORAL TABLET	2	
PRENATVITE RX ORAL TABLET	2	
PRIMACARE ORAL CAPSULE	2	
PRO HERS RX ORAL CAPSULE	2	
PRO HIS RX ORAL CAPSULE	2	
PRO PCOS RX ORAL CAPSULE	2	
pyridoxine hcl injection solution	1	

Drug Name	Drug Tier	Requirements /Limits
PYRIDOXINE HCL POWDER	2	
RELNATE DHA ORAL CAPSULE	2	
RENAL ORAL CAPSULE	2	
RENATABS ORAL TABLET	2	
RENATABS WITH IRON ORAL	2	
SELECT-OB ORAL TABLET CHEWABLE	2	
SENTRY SENIOR MENS 50+ ORAL TABLET	2	
SIDEROL ORAL TABLET	2	
SODIUM ASCORBATE POWDER	2	
STROVITE FORTE ORAL SYRUP	2	
SUPERVITE ORAL LIQUID	2	
SUPPORT ORAL LIQUID	2	
thiamine hcl injection solution	1	
THIAMINE HCL POWDER	2	
THIAMINE MONONITRATE POWDER	2	
TRINATE ORAL TABLET	2	
triphrocaps oral capsule	1	
TRISTART DHA ORAL CAPSULE	2	
TRISTART FREE ORAL CAPSULE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TRISTART ONE ORAL CAPSULE	2	
UDAMIN SP ORAL TABLET	2	
urosex oral tablet	1	
v-c forte oral capsule	1	
vic-forte oral capsule	1	
virt-caps oral capsule	1	
virt-gard oral tablet	1	
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION	2	
VITA S FORTE ORAL TABLET	2	
VITACEL ORAL TABLET	2	
VITAFOL FE+ ORAL CAPSULE	2	
VITAFOL STRIPS ORAL FILM	2	
VITAFOL-NANO ORAL TABLET	2	
VITAFOL-OB+DHA ORAL	2	
VITAL-D RX ORAL TABLET	2	
VITALIPID N INFANT INTRAVENOUS EMULSION	2	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	2	
vitamin d (ergocalciferol) oral capsule	1	
vitamin k1 injection solution	1	

Drug Name	Drug Tier	Requirements /Limits
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	2	
VITAROCA PLUS ORAL TABLET	2	
VITATHELY WITH GINGER ORAL TABLET	2	
VITLIPID N ADULT INTRAVENOUS EMULSION	2	
VITLIPID N INFANT INTRAVENOUS EMULSION	2	
vp-vite rx oral tablet	1	
WESCAP-C DHA ORAL CAPSULE	2	
WESCAP-PN DHA ORAL CAPSULE	2	
wescaps oral capsule	1	
WESNATAL DHA COMPLETE ORAL	2	
WESNATE DHA ORAL CAPSULE	2	
WESTAB MAX ORAL TABLET	2	
westab mini oral tablet	1	
WESTAB PLUS ORAL TABLET	2	
WESTGEL DHA ORAL CAPSULE	2	
XAQUIL XR ORAL TABLET EXTENDED RELEASE	2	
ZALVIT ORAL TABLET	2	PA
ZIPHEX ORAL TABLET	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA ORAL CAPSULE	2	
BASE D POLYETHYL GLYCOL 4600 GRANULES	2	
bisacodyl ec oral tablet delayed release	1	PV
bisacodyl oral tablet delayed release	1	PV
BISACODYL POWDER	2	
citroma oral solution	1	PV
clearlax oral powder	1	PV
constulose oral solution	1	
DOCUSATE SODIUM POWDER	2	
enulose oral solution	1	
ft clearlax oral powder	1	PV
ft laxative oral tablet delayed release	1	PV
ft magnesium citrate oral solution	1	PV
gavilax oral powder	1	PV
generlac oral solution	1	
gentle laxative oral tablet delayed release	1	PV
gentlelax oral powder	1	PV
glycolax oral powder	1	PV
IBSRELA ORAL TABLET	2	
KRISTALOSE ORAL PACKET	2	
lactulose encephalopathy oral solution	1	
lactulose oral packet	1	

Drug Name	Drug Tier	Requirements /Limits
lactulose oral solution	1	
LINZESS ORAL CAPSULE	2	
lubiprostone oral capsule	1	
magnesium citrate oral solution	1	PV
MINERAL OIL HEAVY OIL	2	
mineral oil heavy oral oil	1	
MINERAL OIL LIGHT OIL	2	
MINERAL OIL OIL	2	
mm clearlax oral powder	1	PV
MOTTEGRITY ORAL TABLET	2	
MOVANTIK ORAL TABLET	2	
MURI-LUBE OIL	2	
OSMOPREP ORAL TABLET	2	
POLYETHYLENE GLYCOL 1450 FLAKES	2	
POLYETHYLENE GLYCOL 200 LIQUID	2	
POLYETHYLENE GLYCOL 300 LIQUID	2	
polyethylene glycol 3350 oral powder	1	PV
POLYETHYLENE GLYCOL 3350 POWDER	2	
POLYETHYLENE GLYCOL 4500 POWDER	2	
qc magnesium citrate oral solution	1	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
RELISTOR ORAL TABLET	2	
RELISTOR SUBCUTANEOUS SOLUTION	2	
SYMPROIC ORAL TABLET	2	
true laxative oral powder	1	PV
TRULANCE ORAL TABLET	2	
Anti-Diarrheal Agents		
alosetron hcl oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	
LOMOTIL ORAL TABLET	2	
loperamide hcl oral capsule	1	
LOPERAMIDE HCL POWDER	2	
LOTRONEX ORAL TABLET	2	
MOTOFEN ORAL TABLET	2	
MYTESI ORAL TABLET DELAYED RELEASE	2	
VIBERZI ORAL TABLET	2	
XERMELO ORAL TABLET	2	PA
Antispasmodics, Gastrointestinal		
BENTYL INTRAMUSCULAR SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
chlordiazepoxide-clidinium oral capsule	1	
CUVPOSA ORAL SOLUTION	2	
DARTISLA ODT ORAL TABLET DISPERSIBLE	2	
dicyclomine hcl intramuscular solution	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	1	
GLYCATE ORAL TABLET	2	
glycopyrrolate injection solution	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	2	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet	1	
glycopyrrolate pf injection solution prefilled syringe	1	
GLYRX-PF INJECTION SOLUTION	2	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	2	
hyoscyamine sulfate oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual tablet sublingual	1	
LEVSIN INJECTION SOLUTION	2	
LIBRAX ORAL CAPSULE	2	
methscopolamine bromide oral tablet	1	
PROPANTHELINE BROMIDE POWDER	2	
ROBINUL ORAL TABLET	2	
ROBINUL-FORTE ORAL TABLET	2	
Gastrointestinal Agents, Other		
alvimopan oral capsule	1	
amoxicill-clarithro-lansopraz oral therapy pack	1	
BIO-KULT INFANTIS ORAL PACKET	2	
bis subcit-metronid-tetracyc oral capsule	1	
bismuth/metronidaz/tetracyclin oral capsule	1	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	2	PA
BYLVAY ORAL CAPSULE	2	PA
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	1	
CHARCOAL ACTIVATED POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
CHENODAL ORAL TABLET	2	PA
CLENPIQ ORAL SOLUTION	2	
CULTURELLE ABDOMINAL SUPPORT ORAL PACKET	2	
CULTURELLE KIDS GROW THRIVE ORAL PACKET	2	
DEXPANTHENOL INJECTION SOLUTION	2	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION	1	
ENTEREG ORAL CAPSULE	2	
FLORATUMMYS KIDS ORAL PACKET	2	
GATTEX SUBCUTANEOUS KIT	2	PA
gavilyte-c oral solution reconstituted	1	PV
gavilyte-g oral solution reconstituted	1	PV
gavilyte-n with flavor pack oral solution reconstituted	1	PV
GIMOTI NASAL SOLUTION	2	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE	2	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HELIDAC THERAPY ORAL	2	
IQIRVO ORAL TABLET	2	PA
L-GLUTAMIC ACID HCL POWDER	2	
LIVDELZI ORAL CAPSULE	2	PA
metoclopramide hcl injection solution	1	
METOCLOPRAMIDE HCL MONOHYDRATE POWDER	2	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED	2	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
na sulfate-k sulfate-mg sulf oral solution	1	PV
nitroglycerin rectal ointment	1	
OCALIVA ORAL TABLET	2	PA
OMECLAMOX-PAK ORAL	2	
OMNI-BIOTIC AB 10 ORAL PACKET	2	
OMNI-BIOTIC BALANCE ORAL PACKET	2	
OMNI-BIOTIC HETOX ORAL PACKET	2	

Drug Name	Drug Tier	Requirements /Limits
OMNI-BIOTIC PANDA ORAL PACKET	2	
OMNI-BIOTIC STRESS RELEASE ORAL PACKET	2	
opium oral tincture	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1	PV
peg-3350/electrolytes oral solution reconstituted	1	PV
peg-3350/electrolytes/ascorbic acid oral solution reconstituted	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1	
PEG-PREP ORAL KIT	2	
PLENVU ORAL SOLUTION RECONSTITUTED	2	
PROBIOMAX 350 DF ORAL PACKET	2	
PROBIOMAX PLUS DF ORAL PACKET	2	
PYLERA ORAL CAPSULE	2	
REBYOTA RECTAL SUSPENSION	2	
RECTIV RECTAL OINTMENT	2	
REGLAN ORAL TABLET	2	
RELTONE ORAL CAPSULE	2	
RESTORA RX ORAL CAPSULE	2	
RESTORE ORAL PACKET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
SIMILAC PROBIOTIC TRI-BLEND ORAL PACKET	2	
sodium bicarbonate oral powder	1	
SUFLAVE ORAL SOLUTION RECONSTITUTED	2	PA
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
SUREBIOTIC PROBIOTIC SUPPORT ORAL CAPSULE	2	
SUTAB ORAL TABLET	2	
TALICIA ORAL CAPSULE DELAYED RELEASE	2	
URSO 250 ORAL TABLET	2	
URSO FORTE ORAL TABLET	2	
ursodiol oral capsule	1	
ursodiol oral tablet	1	
URSODIOL+SYRSPE ND SF ORAL SUSPENSION	2	
VOQUEZNA ORAL TABLET	2	
VOWST ORAL CAPSULE	2	PA
VSL#3 DS ORAL PACKET	2	
VSL#3 ORAL PACKET	2	
XIFAXAN ORAL TABLET	2	
ZINPLAVA INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution	1	
cimetidine oral tablet	1	
CIMETIDINE POWDER	2	
famotidine (pf) intravenous solution	1	
famotidine intravenous solution	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet	1	
famotidine premixed intravenous solution	1	
nizatidine oral capsule	1	
PEPCID ORAL TABLET	2	
Protectants		
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	2	
CYTOTEC ORAL TABLET	2	
misoprostol oral tablet	1	
sucralfate oral suspension	1	
sucralfate oral tablet	1	
SUCRALFATE POWDER	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
Proton Pump Inhibitors		
ACIPHEX ORAL TABLET DELAYED RELEASE	2	
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	
dexlansoprazole oral capsule delayed release	1	
esomeprazole magnesium oral capsule delayed release	1	
esomeprazole magnesium oral packet	1	
esomeprazole sodium intravenous solution reconstituted	1	
FIRST PANTOPRAZOLE ORAL SUSPENSION	2	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	2	
FIRST-OMEPRAZOLE ORAL SUSPENSION	2	
KONVOMEF ORAL SUSPENSION RECONSTITUTED	2	
lansoprazole oral capsule delayed release	1	
lansoprazole oral tablet delayed release dispersible	1	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
NEXIUM ORAL CAPSULE DELAYED RELEASE	2	
NEXIUM ORAL PACKET	2	
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRS PEND SF ALKA ORAL SUSPENSION	2	
omeprazole-sodium bicarbonate oral capsule	1	
omeprazole-sodium bicarbonate oral packet	1	
pantoprazole sodium intravenous solution reconstituted	1	
pantoprazole sodium oral packet	1	
pantoprazole sodium oral tablet delayed release	1	
PANTOPRAZOLE SODIUM-NACL INTRAVENOUS SOLUTION	2	
PREVACID ORAL CAPSULE DELAYED RELEASE	2	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	2	
PRILOSEC ORAL PACKET	2	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PROTONIX ORAL PACKET	2	
PROTONIX ORAL TABLET DELAYED RELEASE	2	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	1	
rabeprazole sodium oral tablet delayed release	1	
ZEGERID ORAL CAPSULE	2	
ZEGERID ORAL PACKET	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
BUPHENYL ORAL POWDER	2	
BUPHENYL ORAL TABLET	2	
CERDELGA ORAL CAPSULE	2	PA
CHOLBAM ORAL CAPSULE	2	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
cromolyn sodium oral concentrate	1	
CYSTADANE ORAL POWDER	2	
CYSTAGON ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
ENDARI ORAL PACKET	2	
GALAFOLD ORAL CAPSULE	2	PA
GASTROCROM ORAL CONCENTRATE	2	
GLASSIA INTRAVENOUS SOLUTION	2	PA
KEVEYIS ORAL TABLET	2	PA
KUVAN ORAL PACKET	2	PA
miglustat oral capsule	1	PA
NITYR ORAL TABLET	2	
ORFADIN ORAL CAPSULE	2	
ORFADIN ORAL SUSPENSION	2	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
RAVICTI ORAL LIQUID	2	PA
sodium phenylbutyrate oral powder	1	
sodium phenylbutyrate oral tablet	1	
SUCRAID ORAL SOLUTION	2	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VIKACE ORAL TABLET	2	
VYNDAQEL ORAL CAPSULE	2	PA
XURIDEN ORAL PACKET	2	PA
ZAVESCA ORAL CAPSULE	2	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
Non-FRF		
ADZYNMA INTRAVENOUS KIT	2	PA
ALDURAZYME INTRAVENOUS SOLUTION	2	PA
AMONDYS 45 INTRAVENOUS SOLUTION	2	PA
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
betaine oral powder	1	
BRINEURA KIT	2	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
CRYSVITA SUBCUTANEOUS SOLUTION	2	PA

Drug Name	Drug Tier	Requirements /Limits
dichlorphenamide oral tablet	1	PA
ELAPRASE INTRAVENOUS SOLUTION	2	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ELFABRIO INTRAVENOUS SOLUTION	2	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA
EXONDYS 51 INTRAVENOUS SOLUTION	2	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
JAVYGTOR ORAL PACKET	2	PA
JAVYGTOR ORAL TABLET	2	PA
KANUMA INTRAVENOUS SOLUTION	2	PA
KUVAN ORAL TABLET	2	PA
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
l-glutamine oral packet	1	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
MEPSEVII INTRAVENOUS SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MIPLYFFA ORAL CAPSULE	2	PA
NAGLAZYME INTRAVENOUS SOLUTION	2	PA
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
nitisinone oral capsule	1	
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	2	PA
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	2	PA
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	2	PA
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	2	PA
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	2	PA
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	2	PA
ONPATTRO INTRAVENOUS SOLUTION	2	PA
OPFOLDA ORAL CAPSULE	2	PA
ORMALVI ORAL TABLET	2	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	2	

Drug Name	Drug Tier	Requirements /Limits
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
PHEBURANE ORAL PELLETT	2	
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
PROCYSBI ORAL CAPSULE DELAYED RELEASE	2	PA
PROCYSBI ORAL PACKET	2	PA
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA
REVCОВI INTRAMUSCULAR SOLUTION	2	PA
sapropterin dihydrochloride oral packet	1	PA
sapropterin dihydrochloride oral tablet	1	PA
SPINRAZA INTRATHECAL SOLUTION	2	PA
STRENSIQ SUBCUTANEOUS SOLUTION	2	PA
VILTEPSO INTRAVENOUS SOLUTION	2	PA
VIMIZIM INTRAVENOUS SOLUTION	2	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VYONDYS 53 INTRAVENOUS SOLUTION	2	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED	2	PA
yargesa oral capsule	1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
DETROL ORAL TABLET	2	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
fesoterodine fumarate er oral tablet extended release 24 hour	1	
flavoxate hcl oral tablet	1	
GELNIQUE TRANSDERMAL GEL	2	
GEMTESA ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
HYOPHEN ORAL TABLET	2	
mirabegron er oral tablet extended release 24 hour	2	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er oral tablet extended release 24 hour	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	2	
PHOSPHASAL ORAL TABLET	2	
solifenacin succinate oral tablet	1	
tolterodine tartrate er oral capsule extended release 24 hour	1	
tolterodine tartrate oral tablet	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
tropium chloride er oral capsule extended release 24 hour	1	
tropium chloride oral tablet	1	
URIMAR-T ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
URO-458 ORAL TABLET	2	
URO-SP ORAL CAPSULE	2	
USTELL ORAL CAPSULE	2	
UTIRA-C ORAL TABLET	2	
VESICARE LS ORAL SUSPENSION	2	
VESICARE ORAL TABLET	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	1	
AVODART ORAL CAPSULE	2	
CARDURA ORAL TABLET	2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
CIALIS ORAL TABLET	2	PA
doxazosin mesylate oral tablet	1	
dutasteride oral capsule	1	
dutasteride-tamsulosin hcl oral capsule	1	
ENTADFI ORAL CAPSULE	2	
finasteride oral tablet	1	
FLOMAX ORAL CAPSULE	2	
JALYN ORAL CAPSULE	2	
PROSCAR ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
RAPAFLO ORAL CAPSULE	2	
silodosin oral capsule	1	
tadalafil oral tablet	1	PA
tamsulosin hcl oral capsule	1	
terazosin hcl oral capsule	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
Genitourinary Agents, Other		
acetic acid irrigation solution	1	
bethanechol chloride oral tablet	1	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	2	PA
ELMIRON ORAL CAPSULE	2	
ENCARE VAGINAL SUPPOSITORY	2	PV; QL (12 EA per 23 days)
GLYCINE INJECTION SOLUTION	2	
glycine irrigation solution	1	
glycine urologic irrigation solution	1	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	2	PA
LITHOSTAT ORAL TABLET	2	
MUSE URETHRAL PELLETT	2	PA
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	PV; QL (85.5 GM per 23 days)

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
phenazo oral tablet	1	
phenazopyridine hcl oral tablet	1	
PHENAZOPYRIDINE HCL POWDER	2	
PHEXXI VAGINAL GEL	2	PV
PYRIDIUM ORAL TABLET	2	
RENACIDIN IRRIGATION SOLUTION	2	
RIMSO-50 INTRAVESICAL SOLUTION	2	
sildenafil citrate oral tablet	1	PA
STENDRA ORAL TABLET	2	PA
THIOLA EC ORAL TABLET DELAYED RELEASE	2	
THIOLA ORAL TABLET	2	
tiopronin oral tablet	1	
tiopronin oral tablet delayed release	1	
TODAY SPONGE VAGINAL	2	PV; QL (12 EA per 23 days)
vardenafil hcl oral tablet	1	PA
vardenafil hcl oral tablet dispersible	1	PA
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	PV; QL (2.7 GM per 23 days)
VIAGRA ORAL TABLET	2	PA

Drug Name	Drug Tier	Requirements /Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	2	PA
CORTEF ORAL TABLET	2	
CORTISONE ACETATE ORAL TABLET	1	
dexamethasone intensol oral concentrate	1	
dexamethasone oral elixir	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
EMFLAZA ORAL SUSPENSION	2	PA
EMFLAZA ORAL TABLET	2	PA
fludrocortisone acetate oral tablet	1	
hydrocortisone oral tablet	1	
INTRAROSA VAGINAL INSERT	2	PA
MEDROL ORAL TABLET	2	
MEDROL ORAL TABLET THERAPY PACK	2	
methylprednisolone oral tablet	1	
methylprednisolone oral tablet therapy pack	1	
MILLIPRED ORAL TABLET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ORAPRED ODT ORAL TABLET DISPERSIBLE	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS ORAL TABLET DELAYED RELEASE	2	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK	2	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	2	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK	2	
Non-FRF		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	2	PA
AGAMREE ORAL SUSPENSION	2	PA
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	2	
BETAMETHASONE COMBO INJECTION SUSPENSION	2	

Drug Name	Drug Tier	Requirements /Limits
BETAMETHASONE DIPROPIONATE POWDER	2	
betamethasone sod phos & acet injection suspension	1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION	2	
BETAMETHASONE VALERATE POWDER	2	
BLT-25 INJECTION KIT	2	
CELESTONE SOLUSPAN INJECTION SUSPENSION	2	
CLOBETASOL PROPIONATE POWDER	2	
CORTISONE ACETATE POWDER	2	
CORTROPHIN INJECTION GEL	2	PA
deflazacort oral suspension	1	PA
deflazacort oral tablet	1	PA
DEPO-MEDROL INJECTION SUSPENSION	2	
DEXABLISS ORAL TABLET THERAPY PACK	2	
DEXAMETHASONE (LA) INJECTION SUSPENSION	2	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DEXAMETHASONE ACETATE INJECTION SUSPENSION	2	
dexamethasone oral solution	1	
dexamethasone sod phos +rfid injection solution prefilled syringe	1	
DEXAMETHASONE SOD PHOS-NAACL INTRAVENOUS SOLUTION	2	
dexamethasone sod phosphate pf injection solution	1	
dexamethasone sod phosphate pf injection solution prefilled syringe	1	
dexamethasone sodium phosphate injection solution	1	
dexamethasone sodium phosphate injection solution prefilled syringe	1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION	2	
DXEVO 11-DAY ORAL TABLET THERAPY PACK	2	
FLUDROCORTISONE ACETATE POWDER	2	
FLUOCINOLONE ACETONIDE POWDER	2	
FLUOCINONIDE POWDER	2	
HEMADY ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
HEMTARA EXTERNAL SOLUTION	2	
HEXATRIONE INTRA-ARTICULAR SUSPENSION	2	
HIDEX 6-DAY ORAL TABLET THERAPY PACK	2	
hydrocortisone sod suc (pf) injection solution reconstituted	1	
KENALOG-10 INJECTION SUSPENSION	2	
KENALOG-40 INJECTION SUSPENSION	2	
KENALOG-80 INJECTION SUSPENSION	2	
methylprednisolone acetate injection suspension	1	
METHYLPREDNISOLONE ACETATE POWDER	2	
methylprednisolone sodium succ injection solution reconstituted	1	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION	2	
PEDIAPRED ORAL SOLUTION	2	
PREDNISOLONE ACETATE POWDER	2	
prednisolone oral tablet	1	
PREDNISOLONE POWDER	2	
prednisolone sodium phosphate oral solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PREDNISOLONE SODIUM PHOSPHATE POWDER	2	
PREDNISON POWDER	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	2	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED	2	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED	2	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	2	
triamcinolone acetonide injection suspension	1	
TRIAMCINOLONE ACETONIDE POWDER	2	
TRIAMCINOLONE DIACET MICRONIZE POWDER	2	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION	2	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION	2	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	2	

Drug Name	Drug Tier	Requirements /Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP ORAL TABLET	2	
desmopressin ace spray refrig nasal solution	1	
desmopressin acetate oral tablet	1	
INCRELEX SUBCUTANEOUS SOLUTION	2	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	2	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	2	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
Non-FRF		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DDAVP INJECTION SOLUTION	2	
DDAVP PF INJECTION SOLUTION	2	
desmopressin acetate injection solution	1	
DESMOPRESSIN ACETATE NASAL SOLUTION	1	
desmopressin acetate pf injection solution	1	
desmopressin acetate spray nasal solution	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	2	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	2	PA
HUMATROPE INJECTION CARTRIDGE	2	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	2	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA

Drug Name	Drug Tier	Requirements /Limits
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	2	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
VAPRISOL INTRAVENOUS SOLUTION	2	
vasopressin +rfd intravenous solution	1	
vasopressin intravenous solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VASOPRESSIN-DEXTROSE INTRAVENOUS SOLUTION	2	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
VASOSTRICT INTRAVENOUS SOLUTION	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	2	PA
Non-FRF		
alprostadil injection solution	1	
carboprost tromethamine intramuscular solution	1	
carboprost tromethamine intramuscular solution prefilled syringe	1	
CERVIDIL VAGINAL INSERT	2	
HEMABATE INTRAMUSCULAR SOLUTION	2	
MIFEPREX ORAL TABLET	2	
mifepristone oral tablet	1	
PREPIDIL VAGINAL GEL	2	
PROSTIN VR INJECTION SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	
ANDROGEL PUMP TRANSDERMAL GEL	2	
ANDROGEL TRANSDERMAL GEL	2	
AVEED INTRAMUSCULAR SOLUTION	2	
danazol oral capsule	1	
DANAZOL POWDER	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	2	
EC-RX TESTOSTERONE TRANSDERMAL CREAM	2	
FORTESTA TRANSDERMAL GEL	2	
JATENZO ORAL CAPSULE	2	
KYZATREX ORAL CAPSULE	2	
METHITEST ORAL TABLET	2	
methyltestosterone oral capsule	1	
METHYLTESTOSTERONE POWDER	2	
NATESTO NASAL GEL	2	
TESTIM TRANSDERMAL GEL	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TESTOPEL IMPLANT PELLETT	2	
testosterone cypionate intramuscular solution	1	
testosterone enanthate intramuscular solution	1	
TESTOSTERONE IMPLANT PELLETT	2	
testosterone transdermal gel	1	
testosterone transdermal solution	1	
TLANDO ORAL CAPSULE	2	PA
UNDECATREX ORAL CAPSULE	2	
VOGELXO PUMP TRANSDERMAL GEL	2	
VOGELXO TRANSDERMAL GEL	2	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Estrogens		
ACTIVELLA ORAL TABLET	2	
afirmelle oral tablet	1	PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY	2	
altavera oral tablet	1	PV
alyacen 1/35 oral tablet	1	PV
alyacen 7/7/7 oral tablet	1	PV
amabelz oral tablet	1	
amethia oral tablet	1	PV
amethyst oral tablet	1	PV

Drug Name	Drug Tier	Requirements /Limits
ANGELIQ ORAL TABLET	2	
ANNOVERA VAGINAL RING	2	PV
apri oral tablet	1	PV
aranelle oral tablet	1	PV
ashlyna oral tablet	1	PV
aubra eq oral tablet	1	PV
aubra oral tablet	1	PV
aurovela 1.5/30 oral tablet	1	PV
aurovela 1/20 oral tablet	1	PV
aurovela 24 fe oral tablet	1	PV
aurovela fe 1.5/30 oral tablet	1	PV
aurovela fe 1/20 oral tablet	1	PV
aviane oral tablet	1	PV
ayuna oral tablet	1	PV
azurette oral tablet	1	PV
BALCOLTRA ORAL TABLET	2	PV
balziva oral tablet	1	PV
BEYAZ ORAL TABLET	2	PV
BIJUVA ORAL CAPSULE	2	
blisovi 24 fe oral tablet	1	PV
blisovi fe 1.5/30 oral tablet	1	PV
blisovi fe 1/20 oral tablet	1	PV
briellyn oral tablet	1	PV
camrese lo oral tablet	1	PV
camrese oral tablet	1	PV
charlotte 24 fe oral tablet chewable	1	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
chateal eq oral tablet	1	PV
chateal oral tablet	1	PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	
CLIMARA TRANSDERMAL PATCH WEEKLY	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	
cryselle-28 oral tablet	1	PV
cyred eq oral tablet	1	PV
cyred oral tablet	1	PV
dasetta 1/35 oral tablet	1	PV
dasetta 7/7/7 oral tablet	1	PV
daysee oral tablet	1	PV
DELESTROGEN INTRAMUSCULAR OIL	2	
delyla oral tablet	1	PV
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
desogestrel-ethinyl estradiol oral tablet	1	PV
DIVIGEL TRANSDERMAL GEL	2	
dolishale oral tablet	1	PV
dotti transdermal patch twice weekly	1	
drospiren-eth estrad- levomefol oral tablet	1	PV
drospirenone-ethinyl estradiol oral tablet	1	PV
EC-RX ESTRADIOL TRANSDERMAL CREAM	2	
ELESTRIN TRANSDERMAL GEL	2	

Drug Name	Drug Tier	Requirements /Limits
elinest oral tablet	1	PV
eluryng vaginal ring	1	PV
enilloring vaginal ring	1	PV
enpresse-28 oral tablet	1	PV
enskyce oral tablet	1	PV
estarylla oral tablet	1	PV
ESTRACE ORAL TABLET	2	
ESTRACE VAGINAL CREAM	2	
estradiol oral tablet	1	
estradiol transdermal gel	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	
ESTRING VAGINAL RING	2	
ESTROGEL TRANSDERMAL GEL	2	
ethynodiol diac-eth estradiol oral tablet	1	PV
etonogestrel-ethinyl estradiol vaginal ring	1	PV
EVAMIST TRANSDERMAL SOLUTION	2	
falmina oral tablet	1	PV
fayosim oral tablet	1	PV
FEMLYV ORAL TABLET DISPERSIBLE	2	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
FEMRING VAGINAL RING	2	
femynor oral tablet	1	PV
finzala oral tablet chewable	1	PV
fyavolv oral tablet	1	
gemmily oral capsule	1	PV
hailey 1.5/30 oral tablet	1	PV
hailey 24 fe oral tablet	1	PV
hailey fe 1.5/30 oral tablet	1	PV
hailey fe 1/20 oral tablet	1	PV
haloette vaginal ring	1	PV
iclevia oral tablet	1	PV
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	PA
IMVEXXY STARTER PACK VAGINAL INSERT	2	PA
introvale oral tablet	1	PV
isibloom oral tablet	1	PV
jaimiess oral tablet	1	PV
jasmiel oral tablet	1	PV
jinteli oral tablet	1	
jolessa oral tablet	1	PV
joyeaux oral tablet	1	PV
juleber oral tablet	1	PV
junel 1.5/30 oral tablet	1	PV
junel 1/20 oral tablet	1	PV
junel fe 1.5/30 oral tablet	1	PV
junel fe 1/20 oral tablet	1	PV
junel fe 24 oral tablet	1	PV
kaitlib fe oral tablet chewable	1	PV
kalliga oral tablet	1	PV

Drug Name	Drug Tier	Requirements /Limits
kariva oral tablet	1	PV
kelnor 1/35 oral tablet	1	PV
kelnor 1/50 oral tablet	1	PV
kurvelo oral tablet	1	PV
larin 1.5/30 oral tablet	1	PV
larin 1/20 oral tablet	1	PV
larin 24 fe oral tablet	1	PV
larin fe 1.5/30 oral tablet	1	PV
larin fe 1/20 oral tablet	1	PV
layolis fe oral tablet chewable	1	PV
leena oral tablet	1	PV
lessina oral tablet	1	PV
levonest oral tablet	1	PV
levonorgest-eth est & eth est oral tablet	1	PV
levonorgest-eth estrad 91-day oral tablet	1	PV
levonorgest-eth estradiol-iron oral tablet	1	PV
levonorgestrel-ethinyl estrad oral tablet	1	PV
levonorg-eth estrad triphasic oral tablet	1	PV
levora 0.15/30 (28) oral tablet	1	PV
LO LOESTRIN FE ORAL TABLET	2	PV
LOESTRIN 1.5/30 (21) ORAL TABLET	2	PV
LOESTRIN 1/20 (21) ORAL TABLET	2	PV
LOESTRIN FE 1.5/30 ORAL TABLET	2	PV
LOESTRIN FE 1/20 ORAL TABLET	2	PV
lojaimiess oral tablet	1	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
loryna oral tablet	1	PV
LOSEASONIQUE ORAL TABLET	2	PV
low-ogestrel oral tablet	1	PV
lo-zumandimine oral tablet	1	PV
lutera oral tablet	1	PV
lyllana transdermal patch twice weekly	1	
marlissa oral tablet	1	PV
MENEST ORAL TABLET	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	2	
merzee oral capsule	1	PV
mibelas 24 fe oral tablet chewable	1	PV
microgestin 1.5/30 oral tablet	1	PV
microgestin 1/20 oral tablet	1	PV
microgestin 24 fe oral tablet	1	PV
microgestin fe 1.5/30 oral tablet	1	PV
microgestin fe 1/20 oral tablet	1	PV
mili oral tablet	1	PV
mimvey oral tablet	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE	2	PV
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	2	
MIRCETTE ORAL TABLET	2	PV
mono-lynyah oral tablet	1	PV

Drug Name	Drug Tier	Requirements /Limits
NATAZIA ORAL TABLET	2	PV
necon 0.5/35 (28) oral tablet	1	PV
NEXTSTELLIS ORAL TABLET	2	PV
nikki oral tablet	1	PV
norelgestromin-eth estradiol transdermal patch weekly	1	PV
norethin ace-eth estrad-fe oral capsule	1	PV
norethin ace-eth estrad-fe oral tablet	1	PV
norethin ace-eth estrad-fe oral tablet chewable	1	PV
norethindrone acet-ethinyl est oral tablet	1	PV
norethindrone-eth estradiol oral tablet	1	
norethindron-ethinyl estrad-fe oral tablet	1	PV
norethin-eth estradiol-fe oral tablet chewable	1	PV
norgestimate-eth estradiol oral tablet	1	PV
norgestim-eth estrad triphasic oral tablet	1	PV
nortrel 0.5/35 (28) oral tablet	1	PV
nortrel 1/35 (21) oral tablet	1	PV
nortrel 1/35 (28) oral tablet	1	PV
nortrel 7/7/7 oral tablet	1	PV
NUVARING VAGINAL RING	2	PV
nylia 1/35 oral tablet	1	PV
nylia 7/7/7 oral tablet	1	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
nymyo oral tablet	1	PV
ocella oral tablet	1	PV
philith oral tablet	1	PV
pimtrex oral tablet	1	PV
portia-28 oral tablet	1	PV
PREFEST ORAL TABLET	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
QUARTETTE ORAL TABLET	2	PV
reclipsen oral tablet	1	PV
rivelsa oral tablet	1	PV
SAFYRAL ORAL TABLET	2	PV
SEASONIQUE ORAL TABLET	2	PV
setlakin oral tablet	1	PV
simliya oral tablet	1	PV
simpesse oral tablet	1	PV
sprintec 28 oral tablet	1	PV
sronyx oral tablet	1	PV
syeda oral tablet	1	PV
tarina 24 fe oral tablet	1	PV
tarina fe 1/20 eq oral tablet	1	PV
tarina fe 1/20 oral tablet	1	PV
taysofy oral capsule	1	PV

Drug Name	Drug Tier	Requirements /Limits
TAYTULLA ORAL CAPSULE	2	PV
tilia fe oral tablet	1	PV
tri-estarylla oral tablet	1	PV
tri-legest fe oral tablet	1	PV
tri-linyah oral tablet	1	PV
tri-lo-estarylla oral tablet	1	PV
tri-lo-marzia oral tablet	1	PV
tri-lo-mili oral tablet	1	PV
tri-lo-sprintec oral tablet	1	PV
tri-mili oral tablet	1	PV
tri-nymyo oral tablet	1	PV
tri-sprintec oral tablet	1	PV
trivora (28) oral tablet	1	PV
tri-vylibra lo oral tablet	1	PV
tri-vylibra oral tablet	1	PV
turqoz oral tablet	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY	2	PV
TYBLUME ORAL TABLET CHEWABLE	1	PV
tydemy oral tablet	1	PV
VAGIFEM VAGINAL TABLET	2	
velivet oral tablet	1	PV
vestura oral tablet	1	PV
vienva oral tablet	1	PV
vioarele oral tablet	1	PV
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	2	
volnea oral tablet	1	PV
vyfemla oral tablet	1	PV
vylibra oral tablet	1	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
wera oral tablet	1	PV
wymzya fe oral tablet chewable	1	PV
xulane transdermal patch weekly	1	PV
YASMIN 28 ORAL TABLET	2	PV
YAZ ORAL TABLET	2	PV
yuvaferm vaginal tablet	1	
zafemy transdermal patch weekly	1	PV
zovia 1/35 (28) oral tablet	1	PV
zumandimine oral tablet	1	PV
Progestins		
aftera oral tablet	1	PV
AYGESTIN ORAL TABLET	2	
camila oral tablet	1	PV
CRINONE VAGINAL GEL	2	PA
curae oral tablet	1	PV
deblitane oral tablet	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	PV
econtra ez oral tablet	1	PV
econtra one-step oral tablet	1	PV

Drug Name	Drug Tier	Requirements /Limits
EC-RX PROGESTERONE TRANSDERMAL CREAM	2	
emzahh oral tablet	1	PV
ENDOMETRIN VAGINAL INSERT	2	PA
errin oral tablet	1	PV
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY	2	
gallifrey oral tablet	1	
heather oral tablet	1	PV
her style oral tablet	1	PV
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR SOLUTION	1	PA
incassia oral tablet	1	PV
jencycla oral tablet	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	2	PV
levonorgestrel oral tablet	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	2	PV
lyleq oral tablet	1	PV
lyza oral tablet	1	PV
medroxyprogesterone acetate intramuscular suspension	1	PV
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
medroxyprogesterone acetate oral tablet	1	
megestrol acetate oral suspension	1	
megestrol acetate oral tablet	1	
MEGESTROL ACETATE POWDER	2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	2	PV
my choice oral tablet	1	PV
my way oral tablet	1	PV
new day oral tablet	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT	2	PV
nora-be oral tablet	1	PV
norethindrone acetate oral tablet	1	
norethindrone oral tablet	1	PV
norlyroc oral tablet	1	PV
opcicon one-step oral tablet	1	PV
OPIII ORAL TABLET	2	PV
option 2 oral tablet	1	PV
progesterone intramuscular oil	1	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM	2	
progesterone oral capsule	1	
PROMETRIUM ORAL CAPSULE	2	
PROVERA ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
react oral tablet	1	PV
sharobel oral tablet	1	PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	2	PV
SLYND ORAL TABLET	2	PV
take action oral tablet	1	PV
Selective Estrogen Receptor Modifying Agents		
CLOMID ORAL TABLET	1	PA
DUAVEE ORAL TABLET	2	
EVISTA ORAL TABLET	2	
OSPHENA ORAL TABLET	2	PA
raloxifene hcl oral tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL ORAL TABLET	2	
levo-t oral tablet	1	
levothyroxine sodium oral tablet	1	
levoxyl oral tablet	1	
liothyronine sodium oral tablet	1	
SYNTHROID ORAL TABLET	2	
TIROSINT ORAL CAPSULE	2	
TIROSINT-SOL ORAL SOLUTION	2	
unithroid oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
Non-FRF		
ADTHYZA ORAL TABLET	2	
ARMOUR THYROID ORAL TABLET	2	
ERMEZA ORAL SOLUTION	2	
euthyrox oral tablet	1	
levothyroxine sodium intravenous solution	1	
levothyroxine sodium intravenous solution reconstituted	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	2	
liothyronine sodium intravenous solution	1	
NIVA THYROID ORAL TABLET	2	
np thyroid oral tablet	1	
REZDIFFRA ORAL TABLET	2	PA
THYQUIDITY ORAL SOLUTION	2	
thyroid oral tablet	1	
THYROID POWDER	2	
TIROSINT ORAL CAPSULE	2	
TIROSINT-SOL ORAL SOLUTION	2	
TRIOSTAT INTRAVENOUS SOLUTION	2	
unithroid oral tablet	1	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA

Drug Name	Drug Tier	Requirements /Limits
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	2	
Non-FRF		
ISTURISA ORAL TABLET	2	PA
RECORLEV ORAL TABLET	2	PA
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet	1	
ELIGARD SUBCUTANEOUS KIT	2	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
leuprolide acetate injection kit	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	2	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	2	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	2	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	2	PA
octreotide acetate injection solution	1	PA
ORLISSA ORAL TABLET	2	
SANDOSTATIN INJECTION SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
SIGNIFOR SUBCUTANEOUS SOLUTION	2	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	2	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
SYNAREL NASAL SOLUTION	2	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	PA
Non-FRF		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	2	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
lanreotide acetate subcutaneous solution	1	PA
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE	1	PA
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	2	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	2	PA

Drug Name	Drug Tier	Requirements /Limits
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	2	PA
MYFEMBREE ORAL TABLET	2	
octreotide acetate intramuscular kit	1	PA
octreotide acetate subcutaneous solution prefilled syringe	1	PA
ORGOVYX ORAL TABLET	2	PA
ORIAHNN ORAL CAPSULE THERAPY PACK	2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	2	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	PA
SUPPRELIN LA SUBCUTANEOUS KIT	2	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	PA
ZOLADEX SUBCUTANEOUS IMPLANT	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet	1	
METHIMAZOLE POWDER	2	
propylthiouracil oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
SODIUM IODIDE I-131 ORAL SOLUTION	2	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	2	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
icatibant acetate subcutaneous solution prefilled syringe	1	PA
KALBITOR SUBCUTANEOUS SOLUTION	2	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA

Drug Name	Drug Tier	Requirements /Limits
Immunoglobulins		
ALYGLO INTRAVENOUS SOLUTION	2	PA
ASCENIV INTRAVENOUS SOLUTION	2	PA
ATGAM INTRAVENOUS SOLUTION	2	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	PV
BIVIGAM INTRAVENOUS SOLUTION	2	PA
CNJ-016 INTRAVENOUS SOLUTION	2	
CUTAQUIG SUBCUTANEOUS SOLUTION	2	PA
CUVITRU SUBCUTANEOUS SOLUTION	2	PA
CYTOGAM INTRAVENOUS SOLUTION	2	PA
EVUSHELD INTRAMUSCULAR SOLUTION	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	2	PA
GAMASTAN INTRAMUSCULAR INJECTABLE	2	PA
GAMMAGARD INJECTION SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
GAMMAKED INJECTION SOLUTION	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION	2	PA
GAMUNEX-C INJECTION SOLUTION	2	PA
HEPAGAM B INJECTION SOLUTION	2	B/D
HIZENTRA SUBCUTANEOUS SOLUTION	2	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
HYPERHEP B INTRAMUSCULAR SOLUTION	2	B/D
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
HYQVIA SUBCUTANEOUS KIT	2	PA
MICRHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
NABI-HB INTRAMUSCULAR SOLUTION	2	B/D
OCTAGAM INTRAVENOUS SOLUTION	2	PA
PANZYGA INTRAVENOUS SOLUTION	2	PA
PRIVIGEN INTRAVENOUS SOLUTION	2	PA
RHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	2	
SYNAGIS INTRAMUSCULAR SOLUTION	2	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
WINRHO SDF INJECTION SOLUTION	2	
XEMBIFY SUBCUTANEOUS SOLUTION	2	PA
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA INTRAVENOUS SOLUTION	2	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	
ADALIMUMAB- AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADALIMUMAB- AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADBRY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA

Drug Name	Drug Tier	Requirements /Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
COSENTYX INTRAVENOUS SOLUTION	2	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
EMPAVELI SUBCUTANEOUS SOLUTION	2	PA
ENJAYMO INTRAVENOUS SOLUTION	2	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
GAMIFANT INTRAVENOUS SOLUTION	2	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA

Drug Name	Drug Tier	Requirements /Limits
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ILARIS SUBCUTANEOUS SOLUTION	2	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
JOENJA ORAL TABLET	2	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
LEMTRADA INTRAVENOUS SOLUTION	2	PA
LITFULO ORAL CAPSULE	2	PA
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	2	PA
OLUMIANT ORAL TABLET	2	
OMVOH INTRAVENOUS SOLUTION	2	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
OTEZLA ORAL TABLET THERAPY PACK	2	PA
PEMGARDA INTRAVENOUS SOLUTION	2	
PIASKY INJECTION SOLUTION	2	PA
PROVENGE INTRAVENOUS SUSPENSION	2	PA
RIDAURA ORAL CAPSULE	2	
RINVOQ LQ ORAL SOLUTION	2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
RYSTIGGO SUBCUTANEOUS SOLUTION	2	PA
SAPHNELO INTRAVENOUS SOLUTION	2	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA

Drug Name	Drug Tier	Requirements /Limits
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	2	
SKYRIZI INTRAVENOUS SOLUTION	2	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
SOLIRIS INTRAVENOUS SOLUTION	2	PA
STELARA INTRAVENOUS SOLUTION	2	PA
STELARA SUBCUTANEOUS SOLUTION	2	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
TOFIDENCE INTRAVENOUS SOLUTION	2	PA
TREMFYA INTRAVENOUS SOLUTION	2	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
TYENNE INTRAVENOUS SOLUTION	2	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
TZIELD INTRAVENOUS SOLUTION	2	PA
ULTOMIRIS INTRAVENOUS SOLUTION	2	PA
UPLIZNA INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
VELSIPITY ORAL TABLET	2	PA
VEOPOZ INJECTION SOLUTION	2	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	2	PA
VYVGART INTRAVENOUS SOLUTION	2	PA
XELJANZ ORAL SOLUTION	2	PA
XELJANZ ORAL TABLET	2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION	2	PA
ALFERON N INJECTION SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
Immunosuppressants		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA

Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
ADALIMUMAB- ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADALIMUMAB- ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ARAVA ORAL TABLET	2	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	B/D
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
AZASAN ORAL TABLET	2	B/D
azathioprine oral tablet	1	B/D
AZATHIOPRINE POWDER	2	
azathioprine sodium injection solution reconstituted	1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	2	B/D
CELLCEPT ORAL CAPSULE	2	B/D
CELLCEPT ORAL SUSPENSION RECONSTITUTED	2	B/D
CELLCEPT ORAL TABLET	2	B/D

Drug Name	Drug Tier	Requirements /Limits
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
CIMZIA SUBCUTANEOUS KIT	2	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
cyclosporine intravenous solution	1	
cyclosporine modified oral capsule	1	B/D
cyclosporine modified oral solution	1	B/D
cyclosporine oral capsule	1	B/D
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA
ENBREL SUBCUTANEOUS SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	B/D
everolimus oral tablet	1	B/D
gengraf oral capsule	1	B/D
gengraf oral solution	1	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA

Drug Name	Drug Tier	Requirements /Limits
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
HUMIRA-PSORIASIS/VEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ- PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
IMURAN ORAL TABLET	2	B/D
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
JYLAMVO ORAL SOLUTION	2	
leflunomide oral tablet	1	
LUPKYNIS ORAL CAPSULE	2	PA
METHOTREXATE POWDER	2	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
mycophenolate mofetil hcl intravenous solution reconstituted	1	B/D
mycophenolate mofetil intravenous solution reconstituted	1	B/D
mycophenolate mofetil oral capsule	1	B/D
mycophenolate mofetil oral suspension reconstituted	1	B/D
mycophenolate mofetil oral tablet	1	B/D
mycophenolate sodium oral tablet delayed release	1	B/D
mycophenolic acid oral tablet delayed release	1	B/D
MYFORTIC ORAL TABLET DELAYED RELEASE	2	B/D
MYHIBBIN ORAL SUSPENSION	2	B/D
NEORAL ORAL CAPSULE	2	B/D
NEORAL ORAL SOLUTION	2	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	2	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
PROGRAF INTRAVENOUS SOLUTION	2	
PROGRAF ORAL CAPSULE	2	B/D
PROGRAF ORAL PACKET	2	B/D
RAPAMUNE ORAL SOLUTION	2	B/D
RAPAMUNE ORAL TABLET	2	B/D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
REZUROCK ORAL TABLET	2	PA
SANDIMMUNE INTRAVENOUS SOLUTION	2	
SANDIMMUNE ORAL CAPSULE	2	B/D
SANDIMMUNE ORAL SOLUTION	2	B/D

Drug Name	Drug Tier	Requirements /Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	2	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
sirolimus oral solution	1	B/D
sirolimus oral tablet	1	B/D
tacrolimus oral capsule	1	B/D
TREXALL ORAL TABLET	2	
XATMEP ORAL SOLUTION	2	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
YUSIMRY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA
ZORTRESS ORAL TABLET	2	B/D
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PV
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PV
ADACEL INTRAMUSCULAR SUSPENSION	2	PV
AFLURIA INTRAMUSCULAR SUSPENSION	2	PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	PV

Drug Name	Drug Tier	Requirements /Limits
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
BIOTHRAX INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION	2	PV
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	PV
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
DAPTACEL INTRAMUSCULAR SUSPENSION	2	PV
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	PV
ENGERIX-B INJECTION SUSPENSION	2	B/D; PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D; PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	PV
FLUCELVAX INTRAMUSCULAR SUSPENSION	2	PV
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
FLUMIST NASAL LIQUID	2	PV
FLUZONE HIGH- DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV

Drug Name	Drug Tier	Requirements /Limits
HAVRIX INTRAMUSCULAR SUSPENSION	2	PV
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D; PV
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	PV
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	2	PV
IPOL INJECTION INJECTABLE	2	PV
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION	2	PV
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	2	PV
MENVEO INTRAMUSCULAR SOLUTION	2	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PV
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	PV
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	PV
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	PV
PNEUMOVAX 23 INJECTION SOLUTION	2	PV
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	2	PV

Drug Name	Drug Tier	Requirements /Limits
PREHEVBRIO INTRAMUSCULAR SUSPENSION	2	B/D; PV
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	PV
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	PV
QUADRACEL INTRAMUSCULAR SUSPENSION	2	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION	2	B/D; PV
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D; PV
ROTARIX ORAL SUSPENSION	2	PV
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	PV
ROTATEQ ORAL SOLUTION	2	PV

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	PV
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
STAMARIL INJECTION SUSPENSION RECONSTITUTED	1	
TDVAX INTRAMUSCULAR SUSPENSION	2	PV
TENIVAC INTRAMUSCULAR INJECTABLE	2	PV
TETANUS- DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	PV
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
VAQTA INTRAMUSCULAR SUSPENSION	2	PV
VARIVAX INJECTION SUSPENSION RECONSTITUTED	2	PV
VAXCHORA ORAL SUSPENSION RECONSTITUTED	2	
VAXELIS INTRAMUSCULAR SUSPENSION	2	PV
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
YF-VAX SUBCUTANEOUS INJECTABLE	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
ASACOL HD ORAL TABLET DELAYED RELEASE	2	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	2	
AZULFIDINE ORAL TABLET	2	
balsalazide disodium oral capsule	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CANASA RECTAL SUPPOSITORY	2	
COLAZAL ORAL CAPSULE	2	
DELZICOL ORAL CAPSULE DELAYED RELEASE	2	
DIPENTUM ORAL CAPSULE	2	
LIALDA ORAL TABLET DELAYED RELEASE	2	
mesalamine er oral capsule extended release	1	
mesalamine er oral capsule extended release 24 hour	1	
mesalamine oral capsule delayed release	1	
mesalamine oral tablet delayed release	1	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	
mesalamine-cleanser rectal kit	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE	2	
ROWASA RECTAL KIT	2	
SFROWASA RECTAL ENEMA	2	
sulfasalazine oral tablet	1	
sulfasalazine oral tablet delayed release	1	
SULFASALAZINE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
Glucocorticoids		
ANUSOL-HC EXTERNAL CREAM	2	
budesonide er oral tablet extended release 24 hour	1	
budesonide oral capsule delayed release particles	1	
budesonide rectal foam	1	
CORTENEMA RECTAL ENEMA	2	
CORTIFOAM EXTERNAL FOAM	2	
EOHILIA ORAL SUSPENSION	2	PA
hydrocortisone (perianal) external cream	1	
hydrocortisone rectal enema	1	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
PROCTOCORT EXTERNAL CREAM	2	
procto-med hc external cream	1	
PROCTOSOL HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE	2	PA
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
UCERIS RECTAL FOAM	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET	2	
alendronate sodium oral solution	1	
alendronate sodium oral tablet	1	
ATELVIA ORAL TABLET DELAYED RELEASE	2	
BINOSTO ORAL TABLET EFFERVESCENT	2	
calcitonin (salmon) nasal solution	1	
calcitriol oral capsule	1	
calcitriol oral solution	1	
cinacalcet hcl oral tablet	1	
doxercalciferol oral capsule	1	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
FOSAMAX ORAL TABLET	2	
FOSAMAX PLUS D ORAL TABLET	2	
ibandronate sodium oral tablet	1	
paricalcitol oral capsule	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	2	

Drug Name	Drug Tier	Requirements /Limits
risedronate sodium oral tablet	1	
risedronate sodium oral tablet delayed release	1	
ROCALTRON ORAL CAPSULE	2	
ROCALTRON ORAL SOLUTION	2	
SENSIPAR ORAL TABLET	2	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
XGEVA SUBCUTANEOUS SOLUTION	2	PA
ZEMPLAR ORAL CAPSULE	2	
Non-FRF		
calcitonin (salmon) injection solution	1	
calcitriol intravenous solution	1	
doxercalciferol intravenous solution	1	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
HECTOROL INTRAVENOUS SOLUTION	2	
ibandronate sodium intravenous solution	1	
MIACALCIN INJECTION SOLUTION	2	
pamidronate disodium intravenous solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
paricalcitol intravenous solution	1	
PARSABIV INTRAVENOUS SOLUTION	2	
RECLAST INTRAVENOUS SOLUTION	2	
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA
ZEMPLAR INTRAVENOUS SOLUTION	2	
zoledronic acid intravenous concentrate	1	
zoledronic acid intravenous solution	1	
Miscellaneous Therapeutic Agents		
CARNITOR ORAL SOLUTION	2	
CARNITOR ORAL TABLET	2	
INTRALIPID INTRAVENOUS EMULSION	2	B/D
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
NUTRILIPID INTRAVENOUS EMULSION	2	B/D
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	2	
PREFERRED PLUS INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
sodium chloride irrigation solution	1	
Non-FRF		
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
1ST TIER UNILET COMFORTOUCH	2	
ABOUTTIME PEN NEEDLE	2	
ACCU-CHEK AVIVA IN VITRO SOLUTION	2	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	
ACCU-CHEK AVIVA PLUS KIT	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	2	
ACCU-CHEK GUIDE IN VITRO STRIP	2	
ACCU-CHEK GUIDE KIT	2	
ACCU-CHEK GUIDE ME KIT	2	
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	2	
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACCU-CHEK ULTRAFLEX INF SET	2	
ACETADOTE INTRAVENOUS SOLUTION	2	
acetylcysteine intravenous solution	1	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADVANCED MOBILE LANCET	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 26G	2	
AEROCHAMBER HOLDING CHAMBER DEVICE	2	
AEROCHAMBER MINI CHAMBER DEVICE	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	
AEROCHAMBER PLUS FLO-VU	2	

Drug Name	Drug Tier	Requirements /Limits
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION	2	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION	2	
AGAMATRIX PRESTO TEST IN VITRO STRIP	2	
AGAMATRIX ULTRA- THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
ALANINE POWDER	2	
ALBUKED 25 INTRAVENOUS SOLUTION	2	
ALBUKED 5 INTRAVENOUS SOLUTION	2	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ALBUMINEX INTRAVENOUS SOLUTION	2	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	2	
ALBURX INTRAVENOUS SOLUTION	2	
ALBUTEIN INTRAVENOUS SOLUTION	2	
ALCOHOL PADS PAD	1	
ALCOHOL PREP PAD	1	
ALCOHOL PREP PADS PAD	1	
ALCOHOL SWABSTICK PAD	1	
ALPHA-LIPOIC ACID INJECTION SOLUTION	2	
AMD FOAM DRESSING PAD	2	
AMD FOAM DRESSING TOPSHEET PAD	2	
AMMONUL INTRAVENOUS SOLUTION	2	
AMPHADASE INJECTION SOLUTION	2	
ANECTINE INJECTION SOLUTION	2	
ANHYDROUS BASE CREAM	2	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
AQUACEL AG BURN EXTERNAL PAD	2	
AQUALANCE LANCETS 30G	2	
ARGININE HCL INJECTION SOLUTION	2	
ARGYLE STERILE SALINE IRRIGATION SOLUTION	2	
argyle sterile water irrigation solution	1	
ASPARTAME (FOR COMPOUNDING) POWDER	2	
ASPARTAME (NUTRASWEET) POWDER	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
ASSURE ID SAFETY PEN NEEDLES	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE PLATINUM IN VITRO STRIP	2	
atracurium besylate intravenous solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID	2	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR	2	
atropine sulfate (pf) injection solution	1	
atropine sulfate injection solution	1	
atropine sulfate injection solution prefilled syringe	1	
atropine sulfate intravenous solution	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
ATROPINE SULFATE MONOHYDRATE POWDER	2	
AUGTYRO ORAL CAPSULE	2	PA
AUM ALCOHOL PREP PADS PAD	1	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	

Drug Name	Drug Tier	Requirements /Limits
AURORA PEN NEEDLES	2	
AUTOLET II CLINISAFE KIT	2	
AUTOLET LANCING DEVICE	2	
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET	2	
AVAILNEX ORAL TABLET CHEWABLE	2	
AXONA ORAL PACKET	2	
B & C EXTERNAL OINTMENT	2	
BACTERIOSTATIC WATER(BENZ ALC) INJECTION SOLUTION	2	
BAL IN OIL INTRAMUSCULAR SOLUTION	2	
balsam peru-castor oil external ointment	1	
BD AUTOSHIELD DUO	2	
BD ECLIPSE LUER-LOK NEEDLE	2	
BD ECLIPSE NEEDLE	2	
BD ECLIPSE SYRINGE/NEEDLE	2	
BD FILTER NEEDLE	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U/F	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE U-500	2	
BD MICROTAINER LANCETS	2	
BD PEN NEEDLE MICRO U/F	2	
BD PEN NEEDLE MINI U/F	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO U/F	2	
BD PEN NEEDLE ORIGINAL U/F	2	
BD PEN NEEDLE SHORT U/F	2	
BD PRECISIONGLIDE NEEDLE	2	
BD SAFETYGLIDE NEEDLE	2	
BD SYRINGE LUER SLIP TIP	2	
BD SYRINGE LUER-LOK	2	
BD TB SYRINGE	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYRINGE U/F	2	
BEEF TYPE FLAVOR OS LIQUID	2	
BIOTEL CARE BLOOD GLUCOSE KIT	2	
BIOTEL CARE BLOOD GLUCOSE SYST KIT	2	
BITTER-BLOC PURE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
BITTER-BLOC WS CONCENTRATE POWDER	2	
BITTER-BLOC WS/OS LIQUID CONCENTRATE	2	
BLOOD GLUCOSE MONITORING 333 DEVICE	2	
BLOOD GLUCOSE TEST IN VITRO STRIP	2	
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	2	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID	2	
BLULINK GLUCOSE MONITORING SYS DEVICE	2	
BLULINK GLUCOSE TEST IN VITRO STRIP	2	
boric acid external granules	1	
BPCO EXTERNAL OINTMENT	2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE VALVED MDI CHAMBER DEVICE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
BRIDION INTRAVENOUS SOLUTION	2	
BROMELAIN POWDER	2	
CAMPHOR CRYSTALS	2	
CAPSORAL W/DYNAMIC STATIC GRD POWDER	2	
CAPSUBLEND-H POWDER	2	
CAPSULE #0 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #0 WHITE/WHITE OPQ VEG CAPSULE	2	
CAPSULE #1 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #1 WHITE/WHITE OPQ VEG CAPSULE	2	
CAPSULE #3 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #3 WHITE/WHITE OPQ VEG CAPSULE	2	
CAPSULE CONI-SNAP #0 PURPLE CAPSULE	2	
CAREFINE PEN NEEDLES	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CAREPOINT POLY HUB NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
CAREPOINT SAFETY 1ST NEEDLE	2	
CAREPOINT SAFETY1ST SYR/NEEDLE	2	
CAREPOINT SYRINGE CATHETER TIP	2	
CAREPOINT SYRINGE LUER LOCK	2	
CAREPOINT SYRINGE LUER SLIP	2	
CAREPOINT TUBERCLN SYR/LUER SL	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARESENS N FELIZ BT DEVICE	2	
CARESENS N FELIZ DEVICE	2	
CARETOUCH ALCOHOL PREP PAD	1	
CARETOUCH CATHETER TIP SYRINGE	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID	2	
CARETOUCH HYPODERMIC NEEDLE	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH LUER LOCK	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CARETOUCH LUER LOCK SYR/NEEDLE	2	
CARETOUCH LUER SLIP	2	
CARETOUCH PEN NEEDLES	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TEST IN VITRO STRIP	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CARNITOR INTRAVENOUS SOLUTION	2	
CARNITOR SF ORAL SOLUTION	2	
CAYA VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
CEQUR SIMPLICITY 2U DEVICE	2	
CEQUR SIMPLICITY INSERTER	2	
CETYLCIDE-G CONCENTRATE	2	
CHEMSTRIP BG LOG BOOK	2	
CHEMSTRIP K IN VITRO STRIP	2	
CHEMSTRIP UGK IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
CHOLEXMAX ORAL POWDER	2	
CHOLEXTRA T/F ORAL POWDER	2	
CHOLINE BITARTRATE POWDER	2	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	2	
CHOSEN SAFETY LANCETS 28G	2	
cisatracurium besylate (pf) intravenous solution	1	
cisatracurium besylate intravenous solution	1	
CLEVER CHEK LANCETS	2	
CLEVER CHOICE COMFORT EZ	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
CLICKFINE PEN NEEDLES	2	
CLINOLIPID INTRAVENOUS EMULSION	2	B/D
coal tar external solution	1	
COMFORT ASSURED LANCETS 28G	2	

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
COMFORT ASSURED LANCETS 33G	2	
COMFORT EZ INSULIN SYRINGE	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH ALCOHOL PREP PAD	1	
COMFORT TOUCH INSULIN PEN NEED	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
COMFORT TOUCH TWIST LANCET 30G	2	
COMPACT SPACE CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	2	
CONDOMS	2	PV
CONTOUR BLOOD GLUCOSE SYSTEM KIT	2	
CONTOUR CONTROL IN VITRO LIQUID	2	

Drug Name	Drug Tier	Requirements /Limits
CONTOUR MONITOR DEVICE	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION	2	
CONTOUR NEXT EZ KIT	2	
CONTOUR NEXT GEN MONITOR DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT LINK KIT	2	
CONTOUR NEXT MONITOR KIT	2	
CONTOUR NEXT ONE DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST IN VITRO STRIP	2	
CONTOUR PLUS BLUE KIT	2	
CONTOUR PLUS TEST IN VITRO STRIP	2	
CONTOUR TEST IN VITRO STRIP	2	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
CREAM BASE EXTERNAL CREAM	2	
CULTURELLE IBS COMPLETE ORAL PACKET	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD	2	

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
CURITY AMD ANTIMICROBIAL STRIP	2	
CURITY IODOFORM PACKING STRIP	2	
CURITY STERILE SALINE IRRIGATION SOLUTION	2	
CVS KETONE CARE IN VITRO STRIP	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED	2	
CYTOTINE ORAL POWDER	2	
deferoxamine mesylate injection solution reconstituted	1	B/D
DEFLUX METAL NEEDLE	2	
DEHYDRATED ALCOHOL SOLUTION	2	
DENOVO PLUS B12 ORAL CAPSULE	2	
DEPLIN 15 ORAL CAPSULE	2	
DEPLIN 7.5 ORAL CAPSULE	2	
DEPLIN FC ORAL CAPSULE	2	
DERMELLE EXTERNAL GEL	2	

Drug Name	Drug Tier	Requirements /Limits
DESFERAL INJECTION SOLUTION RECONSTITUTED	2	B/D
DEXCOM G6 RECEIVER DEVICE	2	
DEXCOM G6 SENSOR	2	
DEXCOM G6 TRANSMITTER	2	
DEXCOM G7 RECEIVER DEVICE	2	
DEXCOM G7 SENSOR	2	
DIASCREEN 10	2	
DIASCREEN 1B	2	
DIASCREEN 1G STRIP	2	
DIASCREEN 1K	2	
DIASCREEN 1K STRIP	2	
DIASCREEN 2GK STRIP	2	
DIASCREEN 2GP	2	
DIASCREEN 3	2	
DIASCREEN 4NL	2	
DIASCREEN 4OBL	2	
DIASCREEN 4PH	2	
DIASCREEN 5	2	
DIASCREEN 6	2	
DIASCREEN 7	2	
DIASCREEN 8	2	
DIASCREEN 9	2	
DIASCREEN LIQUID URINE CONTROL	2	
DIASTIX REAGENT IN VITRO STRIP	2	
DIATHRIVE BLOOD GLUCOSE METER DEVICE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	2	
DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID	2	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	2	
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DIATHRIVE PEN NEEDLE	2	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	2	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	2	
digestive support oral capsule extended release	1	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	2	
DILUENT FOR LEFAMULIN INTRAVENOUS SOLUTION	2	
diluent for treprostinil intravenous solution	1	
DISPERSERX POWDER	2	
DL-ALANINE POWDER	2	
DL-LEUCINE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
DL-METHIONINE POWDER	2	
DL-PHENYLALANINE POWDER	2	
DOJOLVI ORAL LIQUID	2	
d-ribose oral powder	1	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET INSULIN SYRINGE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ALCOHOL PREP PAD	1	
DROPSAFE SAFETY PEN NEEDLES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DROPSAFE SICURA	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DURABASE ADVANCED EXTERNAL CREAM	2	
DURABASE EXTERNAL CREAM	2	
DUREX EXTRA SENSITIVE THIN	2	PV
DUREX EXTRA SENSITIVE THIN DEVICE	2	PV
DUREX TROPICAL	2	PV
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	2	
DUVYZAT ORAL SUSPENSION	2	PA
EASIVENT	2	
EASY COMFORT ALCOHOL PADS PAD	1	
EASY COMFORT INSULIN SYRINGE	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY COMFORT PEN NEEDLES	2	
EASY GLIDE CATH TIP SYRINGE	2	
EASY GLIDE LUER LOCK SYRINGE	2	
EASY GLIDE SLIP LOCK SYRINGE	2	
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EASY MAX T1 GLUCOSE SYSTEM KIT	2	

Drug Name	Drug Tier	Requirements /Limits
EASY TALK PLUS II CONTROL IN VITRO SOLUTION	2	
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	2	
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	2	
EASY TOUCH HEALTHPRO GLUCOSE KIT	2	
EASY TOUCH HYPODERMIC NEEDLE	2	
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
EASY TOUCH PEN NEEDLES	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EASY TOUCH SAFETY PEN NEEDLES	2	
EASY TOUCH SYRINGE BARREL	2	
EASY TRAK II BLOOD GLUCOSE SYS DEVICE	2	
EASY TRAK II CONTROL IN VITRO LIQUID	2	
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	2	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID	2	
EASYMAX CONTROL IN VITRO SOLUTION	2	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID	2	
EASYPPOINT NEEDLE	2	
EASYPPOINT NEEDLE/SYRINGE	2	
EC-RX DHEA EXTERNAL CREAM	2	

Drug Name	Drug Tier	Requirements /Limits
ECTOSEAL P2G POWDER	2	
EDETATE DISODIUM INTRAVENOUS SOLUTION	2	
ELCYS INTRAVENOUS SOLUTION	2	
ELLA ORAL TABLET	2	PV
EMBRACE EVO GLUCOSE MONITOR DEVICE	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PEN NEEDLES	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EMBRACE TALK BLOOD GLUCOSE DEVICE	2	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION	2	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	2	
EMBRACE TALK MONITORING SYSTEM KIT	2	
EMBRACE WAVE BLOOD GLUCOSE DEVICE	2	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
EMBRACE WAVE GLUCOSE METER DEVICE	2	
EMOLLIENT BASE EXTERNAL CREAM	2	
EMPTY CAPSULE SIZE 0 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 0 WHITE/OPA CAPSULE	2	
EMPTY CAPSULE SIZE 1 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 1 WHITE/OPA CAPSULE	2	
EMPTY CAPSULE SIZE 3 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 3 WHITE/OPA CAPSULE	2	
ENLITE GLUCOSE SENSOR	2	
EQL COLOR LANCETS MICRO 33G	2	
ETHAMOLIN INTRAVENOUS SOLUTION	2	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
EVERSENSE 365 SENSOR/HOLDER	2	
EVERSENSE 365 SMART TRANSMIT	2	
EXCILON AMD DRAIN SPONGES PAD	2	
EXTENDED INFUSION SET 23"/6MM	2	

Drug Name	Drug Tier	Requirements /Limits
EXTENDED INFUSION SET 23"/9MM	2	
EXTENDED INFUSION SET 32"/6MM	2	
EXTENDED INFUSION SET 32"/9MM	2	
EXTENDED RESERVOIR 3ML	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCETS 21G	2	
EZ-LETS LANCETS 30G	2	
FC2 FEMALE CONDOM	2	PV; QL (12 EA per 23 days)
FDGARD ORAL CAPSULE	2	
FEMCAP VAGINAL DEVICE	2	PV; QL (1 EA per 365 days)
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FILSPARI ORAL TABLET	2	PA
FINE 30	2	
FINGERSTIX LANCETS	2	
FIXED OIL SUSPENSION LIQUID	2	
FLEXBUMIN INTRAVENOUS SOLUTION	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
FLEXICHAMBER DEVICE	2	
fomepizole intravenous solution	1	
FOOD COLOR BLUE POWDER	2	
FORA 6 CONNECT IN VITRO STRIP	2	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP	2	
FORA D40G GLUCOSE/PRESSURE DEVICE	2	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA LANCETS	2	
FORA TN'G ADVANCE PRO IN VITRO STRIP	2	
formaldehyde external solution	1	
FORTISCARE CONTROL IN VITRO SOLUTION	2	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	2	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREESTYLE FREEDOM LITE KIT	2	

Drug Name	Drug Tier	Requirements /Limits
FREESTYLE INSULINX TEST IN VITRO STRIP	2	
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER DEVICE	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	
FREESTYLE LIBRE 2 PLUS SENSOR	2	
FREESTYLE LIBRE 2 READER DEVICE	2	
FREESTYLE LIBRE 2 SENSOR	2	
FREESTYLE LIBRE 3 PLUS SENSOR	2	
FREESTYLE LIBRE 3 READER DEVICE	2	
FREESTYLE LIBRE 3 SENSOR	2	
FREESTYLE LIBRE READER DEVICE	2	
FREESTYLE LITE TEST IN VITRO STRIP	2	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	2	
FREESTYLE TEST IN VITRO STRIP	2	
FREESTYLE UNISTICK II LANCETS	2	
GALAXTRA ORAL POWDER	2	
GALEN IQ 900 POWDER	2	
GAUZE PADS PAD	2	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	2	

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
GEN7T PLUS EXTERNAL PATCH	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL LANCING KIT (BLUE) KIT	2	
GENTLE-LET LANCETS	2	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
GHT BLOOD GLUCOSE MONITOR KIT	2	
GIVLAARI SUBCUTANEOUS SOLUTION	2	PA
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	2	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	2	
GLUCOCARD SHINE CONNEX KIT	2	
GLUCOCARD SHINE EXPRESS KIT	2	
GLUCOCARD SHINE TEST IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
GLUCOCARD VITAL TEST IN VITRO STRIP	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOPRO INSULIN SYRINGE	2	
GLUTAMINE POWDER	2	
glutaraldehyde external solution	1	
GLUTATHIONE INJECTION SOLUTION	2	
GLUTATHIONE INTRAVENOUS SOLUTION	2	
GLUTATHIONE POWDER	2	
GLUTATHIONE-L POWDER	2	
GLUTATHIONE-L REDUCED POWDER	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN 26G	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GOHIBIC INTRAVENOUS SOLUTION	2	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	2	

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	2	
GOJJI CONTROL IN VITRO SOLUTION	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	2	
GUARDIAN 4 GLUCOSE SENSOR	2	
GUARDIAN 4 TRANSMITTER	2	
GUARDIAN LINK 3 TRANSMITTER	2	
GUARDIAN SENSOR (3)	2	
GUARDIAN SENSOR 3	2	
HAEMOLANCE	2	
HAEMOLANCE PLUS	2	
HEALTHWISE INSULIN SYR/NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
HEALTHY ACCENTS UNILET LANCETS	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HESPAN INTRAVENOUS SOLUTION	2	
hetastarch-nacl intravenous solution	1	
HEXTEND INTRAVENOUS SOLUTION	2	
HRT BOTANICAL CREAM	2	
HRT CREAM BASE CREAM	2	
HRT CREAM CREAM	2	
HRT HEAVY CREAM	2	
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION	2	
HUMATROPEN FOR 12MG DEVICE	2	
HUMATROPEN FOR 24MG DEVICE	2	
HUMATROPEN FOR 6MG DEVICE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HW EMBRACE PRO GLUCOSE METER DEVICE	2	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	2	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	2	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	2	
HYALGAN INTRA-ARTICULAR SOLUTION	2	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
HYLENEX INJECTION SOLUTION	2	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
IGALMI SUBLINGUAL FILM	2	
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP	2	
IHEALTH CONTROL SOLUTION IN VITRO LIQUID	2	
IHEALTH LANCING DEVICE	2	
ILET CONTACT DETACH 23" 6MM	2	
ILET INFUSION-INSET 23" 6MM	2	
ILET INFUSION-INSET 32" 6MM	2	

Drug Name	Drug Tier	Requirements /Limits
ILET INSULIN PUMP DEVICE	2	
ILET STARTER - CONTACT DETACH	2	
ILET STARTER KIT - INSET 23"	2	
ILET STARTER KIT - INSET 32"	2	
IMCIVREE SUBCUTANEOUS SOLUTION	2	
IN TOUCH STERILE LANCETS 30G	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	
INSPIREASE RESERVOIR BAGS	2	
INSULIN SYRINGE-NEEDLE U-100	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
INSUPEN PEN NEEDLES	2	
iodine strong oral solution	1	
IV STABILIZER FOR LUMOXITI INTRAVENOUS SOLUTION	2	
JELENE OINTMENT	2	
J-TIP KIT W/VIAL ADAPTERS KIT	2	
JUVAZIN EXTERNAL GEL	2	
KEDBUMIN INTRAVENOUS SOLUTION	2	
KERLIX AMD ANTIMICROBIAL	2	
KERLIX AMD SUPER SPONGES PAD	2	
KETO-DIASTIX IN VITRO STRIP	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP	2	
KORSUVA INTRAVENOUS SOLUTION	2	PA; NDS
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	

Drug Name	Drug Tier	Requirements /Limits
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER PEN NEEDLES	2	
K-Y ME & YOU EXTRA LUBRICATED DEVICE	2	PV
K-Y ME & YOU INTENSE DEVICE	2	PV
lactated ringers irrigation solution	1	
LAGEVRIO ORAL CAPSULE	2	
L-ALANINE POWDER	2	
LANCETS	2	
LANCETS 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
L-ARGININE POWDER	2	
L-CYSTINE POWDER	2	
LDL CARE ORAL POWDER	2	
LEADER UNIFINE PENTIPS PLUS	2	
LECITHIN GRANULES	2	
LEVOCARNITINE INJECTION SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
levocarnitine intravenous solution	1	
levocarnitine sf oral solution	1	
L-GLUTAMIC ACID POWDER	2	
L-GLUTAMINE CRYSTALS	2	
L-GLUTAMINE POWDER	2	
L-HISTIDINE MONOHYDROCHLORIDE CRYSTALS	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER	2	
LIBERTY MEDICAL LANCETS	2	
LIDOTHOL EXTERNAL PATCH	2	
LIMBREL ORAL CAPSULE	2	
LIMBREL250 ORAL CAPSULE	2	
LIMBREL500 ORAL CAPSULE	2	
LIPO INTRAMUSCULAR SOLUTION	2	
LIPO-C INTRAMUSCULAR SOLUTION	2	
LIPOCREAM BASE EXTERNAL CREAM	2	
LIPOSOMAL HEAVY EXTERNAL CREAM	2	
L-ISOLEUCINE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH LANCETS	2	
LITETOUCH PEN NEEDLES	2	
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LIVMARLI ORAL SOLUTION	2	PA
L-LEUCINE POWDER	2	
LMD IN D5W INTRAVENOUS SOLUTION	2	
LMD IN NAACL INTRAVENOUS SOLUTION	2	
L-MESITRAN SOFT WOUND EXTERNAL GEL	2	
L-METHIONINE POWDER	2	
l-methylfolate forte oral capsule	1	
l-methylfolate-algae oral capsule	1	
LODOCO ORAL TABLET	2	
LOVO-ODF CUSTOM LIQUID	2	
L-PHENYLALANINE POWDER	2	
L-PROLINE POWDER	2	
L-THREONINE CRYSTALS	2	
L-TRYPTOPHAN POWDER	2	
L-TYROSINE POWDER	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
LUXAMEND EXTERNAL CREAM	2	
L-VALINE CRYSTALS	2	
L-VALINE POWDER	2	
LYSINE HCL INJECTION SOLUTION	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDACTIV ORAL TABLET	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEDIHONEY WOUND & BURN DRESSING EXTERNAL PASTE	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	2	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	

Drug Name	Drug Tier	Requirements /Limits
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
METHERGINE ORAL TABLET	2	
METHIONINE POWDER	2	
methylene blue intravenous solution	1	
methylergonovine maleate injection solution	1	
methylergonovine maleate oral tablet	1	
METOPIRONE ORAL CAPSULE	2	
MICROCHAMBER DEVICE	2	
MICROCYN EXTERNAL LIQUID	2	
MICRODOT PEN NEEDLE	2	
MICRODOT TEST IN VITRO STRIP	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINIMED 770G INSULIN PUMP SYS KIT	2	
MINIMED 780G INSULIN PUMP KIT	2	
MINIMED MIO ADVANCE INFUSE SET	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MINIMED PUMP RESERVOIR 3ML	2	
MINIMED QUICK SET INF SET 18"	2	
MINIMED QUICK SET INF SET 23"	2	
MINIMED QUICK SET INF SET 32"	2	
MINIMED QUICK SET INF SET 43"	2	
MINIMED SILHOUETTE INF SET 32"	2	
MINIMED SILHOUETTE INF SET 43"	2	
MM BLOOD GLUCOSE SYSTEM KIT	2	
MM BLOOD GLUCOSE SYSTEM REFILL KIT	2	
MM BLULINK GLUCOSE MONIT SYS DEVICE	2	
MM BLULINK GLUCOSE TEST IN VITRO STRIP	2	
MM PEN NEEDLES	2	
MM TWIST LANCETS	2	
MOBI 2ML CARTRIDGE	2	
MONOJECT HYPODERMIC NEEDLE	2	
MONOJECT INSULIN SYRINGE	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	

Drug Name	Drug Tier	Requirements /Limits
MONOLETTOR SAFETY LANCETS	2	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTIBASE EXTERNAL CREAM	2	
MULTI-PHASIC PENETRATING CMPD EXTERNAL CREAM	2	
MYGLUCOHEALTH LANCETS 30G	2	
NAT BITTERNESS POWDER	2	
NEOKE ALCAR ORAL POWDER	2	
NEOKE BCAA4 ORAL POWDER	2	
NEOKE BHB ORAL POWDER	2	
NEOKE RA LIPOIC ORAL POWDER	2	
NEOPHE ORAL POWDER	2	
NEXAVIR INJECTION SOLUTION	2	
NEXTOL SF	2	
NIMBEX INTRAVENOUS SOLUTION	2	
NITHIODOTE INTRAVENOUS KIT	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
NON GELATIN CAPSULES (EMPTY) CAPSULE	2	
NORDIPEN 5 INJECTION DEVICE	2	
NORM-JECT LUER SLIP SYRINGE	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVAFILM GEL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO DEVICE	2	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	2	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	2	

Drug Name	Drug Tier	Requirements /Limits
OMEGAVEN INTRAVENOUS EMULSION	2	B/D
OMNIBASE EXTERNAL CREAM	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4) KIT	2	
OMNIPOD DASH PDM (GEN 4) KIT	2	
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD GO KIT	2	
OMNIPOD POD PALS	2	
ONE DROP BLOOD GLUCOSE MONITOR KIT	2	
ONE DROP TEST IN VITRO STRIP	2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH DELICA LANCETS 33G	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ONETOUCH DELICA LANCING DEV	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH ULTRA 2 KIT	2	
ONETOUCH ULTRA IN VITRO LIQUID	2	
ONETOUCH ULTRA IN VITRO STRIP	2	
ONETOUCH ULTRA TEST IN VITRO STRIP	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH VERIO FLEX SYSTEM DEVICE	2	
ONETOUCH VERIO FLEX SYSTEM KIT	2	
ONETOUCH VERIO IN VITRO LIQUID	2	
ONETOUCH VERIO IN VITRO STRIP	2	
ONETOUCH VERIO IQ SYSTEM KIT	2	
ONETOUCH VERIO KIT	2	
ONETOUCH VERIO REFLECT KIT	2	
OPTICHAMBER DIAMOND	2	

Drug Name	Drug Tier	Requirements /Limits
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	2	
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	2	
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	2	
ORLADEYO ORAL CAPSULE	2	PA
ORLISTAT ORAL CAPSULE	1	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
OXLUMO SUBCUTANEOUS SOLUTION	2	PA
oxytocin injection solution	1	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION	2	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
PALFORZIA (12 MG DAILY DOSE) ORAL	2	

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
PALFORZIA (120 MG DAILY DOSE) ORAL	2	
PALFORZIA (160 MG DAILY DOSE) ORAL	2	
PALFORZIA (20 MG DAILY DOSE) ORAL	2	
PALFORZIA (200 MG DAILY DOSE) ORAL	2	
PALFORZIA (240 MG DAILY DOSE) ORAL	2	
PALFORZIA (3 MG DAILY DOSE) ORAL	2	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	2	
PALFORZIA (300 MG TITRATION) ORAL PACKET	2	
PALFORZIA (40 MG DAILY DOSE) ORAL	2	
PALFORZIA (6 MG DAILY DOSE) ORAL	2	
PALFORZIA (80 MG DAILY DOSE) ORAL	2	
PALFORZIA INITIAL ESCALATION ORAL	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE	2	PV
PARI VORTEX ADULT MASK	2	
PASSION FRUIT FLAVOR POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	2	
PC UNIFINE PENTIPS	2	
PCCA CUSTOM TROCHE BASE (LS) POWDER	2	
PCCA ELLAGE VAGINAL CREAM	2	
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	2	
PEDIATRIC PANDA MASK	2	
PEDMARK INTRAVENOUS SOLUTION	2	
PEN NEEDLES	2	
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	2	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	2	
PENTIPS	2	
PERFECT POINT SAFETY LANCETS	2	
PERFECT POINT SAFETY NEEDLE	2	
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	2	
phendimetrazine tartrate oral tablet	1	

Effective 1/1/2025

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Drug Name	Drug Tier	Requirements /Limits
PHOTREXA- PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	2	
PHYSIOLYTE IRRIGATION SOLUTION	2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	2	
PIP BLOOD GLUCOSE MONITORING DEVICE	2	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID	2	
PIP PEN NEEDLES 32G X 4MM	2	
PITOCIN INJECTION SOLUTION	2	
PLO GEL - MEDIFLO 30 EXTERNAL KIT	2	
PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL	2	
PLO20 FLOWABLE EXTERNAL GEL	2	
PLO20 NON- FLOWABLE EXTERNAL GEL	2	
PLURONIC GEL	2	
POCKET SPACER DEVICE	2	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	2	

Drug Name	Drug Tier	Requirements /Limits
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	2	
POLOXAMER 407 POWDER	2	
POLYMAC PROGEL GEL	2	
POLYOXYL 40 STEARATE PELLETT	2	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
pregnenolone oral tablet	1	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT SAFETY LANCETS 30G	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT DEVICE	2	
PROCARE SPACER/ADULT MASK DEVICE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PROCARE SPACER/CHILD MASK DEVICE	2	
PRODIGY NO CODING BLOOD GLUC KIT	2	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	2	
PROVAYBLUE INTRAVENOUS SOLUTION	2	
PTS PANELS EGLU TEST IN VITRO STRIP	2	
PURE COMFORT ALCOHOL PREP PAD	1	
PURE COMFORT PEN NEEDLE	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER DEVICE	2	
PURIFIED WATER ORAL LIQUID	2	
QUELICIN INJECTION SOLUTION	2	
RADIAPLEXRX EXTERNAL GEL	2	
RADIOGARDASE ORAL CAPSULE	2	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	2	
RAPPORT RLS KIT	2	
RAPPORT VTD KIT	2	
RAYA SURE PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
RECEDO EXTERNAL GEL	2	
RELION GLUCOSE TEST STRIPS IN VITRO STRIP	2	
RELION INSULIN SYRINGE	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION PEN NEEDLES	2	
RELION PREMIER CLASSIC DEVICE	2	
RELION PREMIER TEST IN VITRO STRIP	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
RENEWCREAM HRT CREAM	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST GL300 LANCETS	2	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	2	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	2	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	2	
ringers irrigation irrigation solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
RIVFLOZA SUBCUTANEOUS SOLUTION	2	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
rocuronium bromide intravenous solution	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	2	
SACCHARIN POWDER	2	
SAFE-T-LANCE	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
SAFETY LANCETS 28G	2	
SAFETY PEN NEEDLES	2	
SALT STABLE LS ADVANCED EXTERNAL CREAM	2	
SALTSTABLE LO EXTERNAL CREAM	2	
SAPS HEALTH CARE ALCOHOL PREP PAD	1	
SAPS HEALTH PLUS LANCETS	2	

Drug Name	Drug Tier	Requirements /Limits
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
SCARSILK EXTERNAL GEL	2	
SECURESAFE HYPODERMIC NEEDLE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SECURESAFE SYRINGE/NEEDLE	2	
SILHOUETTE 23" INFUSION SET	2	
SILHOUETTE 43" INFUSION SET	2	
SILHOUETTE INFUSION SET 18"	2	
SILIGENTLE FOAM DRESSING PAD	2	
SKYCLARYS ORAL CAPSULE	2	PA
SMOFLIPID INTRAVENOUS EMULSION	2	B/D
sod benz-sod phenylacet intravenous solution	1	
SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE	2	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
SODIUM LAURYL SULFATE POWDER	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
sodium nitrite intravenous solution	1	
sodium saccharin granules	1	
sodium saccharin powder	1	
sodium thiosulfate intravenous solution	1	
SORBIC ACID POWDER	2	
SORBITOL CANDY BASE	2	
SORBITOL IRRIGATION SOLUTION	2	
sorbitol-mannitol irrigation solution	1	
STEARIC ACID POWDER	2	
STERILANCE TL	2	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION	2	
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	2	
sterile diluent/epoprostenol intravenous solution	1	
sterile water for injection injection solution	1	
sterile water for irrigation irrigation solution	1	
STRATA TRIZ EXTERNAL GEL	2	
succinylcholine chloride injection solution	1	

Drug Name	Drug Tier	Requirements /Limits
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE	2	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SURE COMFORT ALCOHOL PREP PAD	1	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT PEN NEEDLES	2	
SURE T INFUSION SET 18"/6MM	2	
SURE T INFUSION SET 23"/10MM	2	
SURE T INFUSION SET 23"/6MM	2	
SURE T INFUSION SET 23"/8MM	2	
SURE T INFUSION SET 32"/10MM	2	
SURE T INFUSION SET 32"/6MM	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
SURE T INFUSION SET 32"/8MM	2	
SURELITE LANCETS	2	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION	2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION	2	
SWEETENING ENHANCER LIQUID	2	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYRINGE LUER LOCK	2	
SYRINGE LUER SLIP	2	
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE	2	
T:SLIM X2 3ML CARTRIDGE	2	
T:SLIM X2 BASAL-IQ PUMP DEVICE	2	
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	2	
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	2	
T:SLIM X2 CONTROL-IQ PUMP DEVICE	2	

Drug Name	Drug Tier	Requirements /Limits
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	2	
T:SLIM X2/BASAL-IQ/ACC/INSTR	2	
T:SLIM X2/CONTROL-IQ/ACC/INSTR	2	
TACHOSIL EXTERNAL PATCH	2	
TANDEM MOBI AUTOSOFT 30 KIT	2	
TANDEM MOBI AUTOSOFT XC KIT	2	
TANDEM MOBI CARTRIDGE 2ML	2	
TANDEM MOBI SYSTEM STARTER KIT	2	
TANDEM MOBI TRUSTEEL SUPP KIT	2	
TANGERINE FLAVOR OIL	2	
TAURINE INJECTION SOLUTION	2	
TAURINE LIQUID	2	
TAURINE POWDER	2	
TAVNEOS ORAL CAPSULE	2	PA
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TECHNA 20 SF TROCHE BASE GRANULES	2	
TECHNA 20 TROCHE BASE GRANULES	2	
TELFA AMD ISLAND DRESSING PAD	2	
TELFA AMD NON-ADHERENT PAD	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TEMPO REFILL KIT	2	
TEMPO SMART BUTTON	2	
TEMPO WELCOME KIT	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
THE LIQUILIFT TRACE INTRAVENOUS KIT	2	
THREONINE POWDER	2	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA
TIS-U-SOL IRRIGATION SOLUTION	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRICHOSOL EXTERNAL SOLUTION	2	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
TROCHE BASE POWDER	2	
TROCHE BASE SF W/BITTER-BLOC GRANULES	2	
TRUE COMFORT ALCOHOL PREP PADS PAD	1	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO ALCOHOL PREP PAD	1	
TRUE COMFORT PRO INSULIN SYR	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUE COMFORT SAFETY LANCETS	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUE COVER DEVICE	2	PV
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	2	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	2	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION	2	
TRUE METRIX METER KIT	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	2	
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUEPLUS INSULIN SYRINGE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS PEN NEEDLES	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TRUETRACK TEST IN VITRO STRIP	2	
TRUSTEEL INFUSION SET	2	
TRYPTOPHAN POWDER	2	
TWIIST REFILL KIT	2	
TWIIST REFILL KIT/INFUSION SET	2	
TWIIST STARTER KIT KIT	2	
TWIST TOP LANCETS 30G	2	
TYR SPHERE 20 ORAL PACKET	2	
TYRVAYA NASAL SOLUTION	2	
UDSX MEDICATED SYSTEM COMBINATION KIT	2	

Drug Name	Drug Tier	Requirements /Limits
UDSXMP MEDICATED SYSTEM COMBINATION KIT	2	
ULTICARE INSULIN SAFETY SYR	2	
ULTICARE INSULIN SYRINGE	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	
ULTICARE PEN NEEDLES	2	
ULTICARE SHORT PEN NEEDLES	2	
ULTIGUARD SAFEPACK PEN NEEDLE	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYRINGE	2	
ULTRA THIN LANCETS 31G	2	
ULTRACARE INSULIN SYRINGE	2	
ULTRA-CARE LANCETS 30G	2	
ULTRACARE PEN NEEDLES	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ULTRA-THIN II AUTO LANCET	2	
ULTRA-THIN II INS SYR SHORT	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRA-THIN II LANCETS	2	
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE PROTECT PEN NEEDLE	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPERLITE LANCET	2	
UNILET SUPER-THIN 30G	2	
UNILET ULTRA-THIN 28G	2	

Drug Name	Drug Tier	Requirements /Limits
UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 GENTLE	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNISTRIP CONTROL IN VITRO SOLUTION	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
UNIVERSAL WATER GEL	2	
UREAPRO ORAL POWDER	2	
URESTA STARTER KIT	2	
VALINE POWDER	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VALUMARK PEN NEEDLES	2	
VANISHING EXTERNAL CREAM	2	
VANISHPOINT SAFETY SYRINGE	2	
VARISOFT INFUSION SET	2	
VASCAZEN ORAL CAPSULE	2	
VB6 P5P ORAL POWDER	2	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
vecuronium bromide intravenous solution reconstituted	1	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	2	
VENELEX EXTERNAL OINTMENT	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
VERIFINE PLUS PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VERSABASE CREAM	2	
VERSABASE FOAM	2	
VERSABASE LOTION	2	
VERSABASE SHAMPOO	2	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL	2	
VERSAPRO ANHYDROUS BASE GEL	2	
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIJOICE ORAL PACKET	2	PA
VIJOICE ORAL TABLET THERAPY PACK	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
VISTOGARD ORAL PACKET	2	
VITATROCHE PLUS BASE SF GRANULES	2	
VITRASE INJECTION SOLUTION	2	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID	2	
VIVAGUARD INO GLUCOSE METER DEVICE	2	
VIVAGUARD INO GLUCOSE METER KIT	2	
VIVAGUARD INO SMART GLUC METER DEVICE	2	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
VYJUVEK EXTERNAL GEL	2	PA

Drug Name	Drug Tier	Requirements /Limits
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
water for irrigation, sterile irrigation solution	1	
WEGMANS UNIFINE PENTIPS PLUS	2	
WEGOBY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WILD CHERRY SD FLAVOR POWDER	2	
WITEPSOL PELLETT	2	
XENICAL ORAL CAPSULE	2	PA
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD	2	
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	2	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	2	
XEROFORM OIL EMULSION STRIP EXTERNAL	2	
XEROFORM OIL ROLL 4"X9' EXTERNAL	2	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	2	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	2	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	2	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	2	

Drug Name	Drug Tier	Requirements /Limits
XEROFORM PETROLATUM DRES 4"X4" EXTERNAL PAD	2	
XEROFORM PETROLATUM DRES 5"X9" EXTERNAL PAD	2	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	2	
ZEPBOUND SUBCUTANEOUS SOLUTION	2	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	
ZERUVIA EXTERNAL PATCH	2	
ZEVRX INSULIN SYRINGE	2	
ZEVRX PEN NEEDLES	2	
ZEVRX STERILE ALCOHOL PREP PAD PAD	1	
ZEVRX TWIST TOP LANCETS 30G	2	
ZOKINVY ORAL CAPSULE	2	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
ak-poly-bac ophthalmic ointment	1	
AKTEN OPHTHALMIC GEL	2	
ALCAINE OPHTHALMIC SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ALTACAINE OPTHALMIC SOLUTION	2	
altafrin ophthalmic solution	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
atropine sulfate ophthalmic solution	1	
bacitracin-polymyxin b ophthalmic ointment	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	
BEOVU INTRAVITREAL SOLUTION	2	PA
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	2	PA
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE	2	
BLEPHAMIDE S.O.P. OPTHALMIC OINTMENT	2	
brimonidine tartrate-timolol ophthalmic solution	1	
BRIMONIDINE-DORZOLAMIDE OPTHALMIC SOLUTION	2	
BYOOVIZ INTRAVITREAL SOLUTION	2	PA
CEQUA OPTHALMIC SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
CIMERLI INTRAVITREAL SOLUTION	2	PA
COMBIGAN OPTHALMIC SOLUTION	2	
COSOPT OPTHALMIC SOLUTION	2	
COSOPT PF OPTHALMIC SOLUTION	2	
CYCLOGYL OPTHALMIC SOLUTION	2	
CYCLOMYDRIL OPTHALMIC SOLUTION	2	
cyclopentolate hcl ophthalmic solution	1	
cyclosporine ophthalmic emulsion	1	
CYSTADROPS OPTHALMIC SOLUTION	2	
CYSTARAN OPTHALMIC SOLUTION	2	
dorzolamide hcl-timolol mal ophthalmic solution	1	
dorzolamide hcl-timolol mal pf ophthalmic solution	1	
DOUBLE PM OPTHALMIC SOLUTION RECONSTITUTED	2	
EYLEA HD INTRAVITREAL SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
EYLEA INTRAVITREAL SOLUTION	2	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	2	PA
IHEEZO OPHTHALMIC GEL	2	
ISOPTO ATROPINE OPHTHALMIC SOLUTION	2	
IZERVAY INTRAVITREAL SOLUTION	2	PA
LACRISERT OPHTHALMIC INSERT	2	
LUCENTIS INTRAVITREAL SOLUTION	2	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	2	PA
MAXITROL OPHTHALMIC OINTMENT	2	
MAXITROL OPHTHALMIC SUSPENSION	2	
MIEBO OPHTHALMIC SOLUTION	2	PA
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	2	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-dexameth ophthalmic suspension	1	
neomycin-polymyxin-gramicidin ophthalmic solution	1	
neomycin-polymyxin-hc ophthalmic suspension	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	1	
NEO-POLYCIN OPHTHALMIC OINTMENT	1	
OXERVATE OPHTHALMIC SOLUTION	2	PA
phenylephrine hcl ophthalmic solution	1	
POLYCIN OPHTHALMIC OINTMENT	1	
polymyxin b-trimethoprim ophthalmic solution	1	
PRED-G S.O.P. OPHTHALMIC OINTMENT	2	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION	2	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC SOLUTION	2	
proparacaine hcl ophthalmic solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	2	
RESTASIS OPHTHALMIC EMULSION	2	
ROCKLATAN OPHTHALMIC SOLUTION	2	
SIMBRINZA OPHTHALMIC SUSPENSION	2	
sulfacetamide-prednisolone ophthalmic solution	1	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	2	PA
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	2	PA
SYFOVRE INTRAVITREAL SOLUTION	2	PA
tetracaine hcl ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX OPHTHALMIC SUSPENSION	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	2	
tobramycin-dexamethasone ophthalmic suspension	1	

Drug Name	Drug Tier	Requirements /Limits
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED	2	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED	2	
TROPICAMIDE POWDER	2	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION	2	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION	2	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE	2	
UPNEEQ OPHTHALMIC SOLUTION	2	
VABYSMO INTRAVITREAL SOLUTION	2	PA
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE	2	PA
VERKAZIA OPHTHALMIC EMULSION	2	
VEVYE OPHTHALMIC SOLUTION	2	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	2	
XIIDRA OPHTHALMIC SOLUTION	2	
ZYLET OPHTHALMIC SUSPENSION	2	
Ophthalmic Anti-allergy Agents		
ALOCRILOPHTHALMIC SOLUTION	2	
ALOMIDOPHTHALMIC SOLUTION	2	
azelastine hcl ophthalmic solution	1	
bepotastine besilate ophthalmic solution	1	
BEPREVE OPHTHALMIC SOLUTION	2	
cromolyn sodium ophthalmic solution	1	
epinastine hcl ophthalmic solution	1	
olopatadine hcl ophthalmic solution	1	
ZERVIAE OPHTHALMIC SOLUTION	2	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	2	
bacitracin ophthalmic ointment	1	

Drug Name	Drug Tier	Requirements /Limits
BESIVANCE OPHTHALMIC SUSPENSION	2	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	2	
CILOXAN OPHTHALMIC OINTMENT	2	
ciprofloxacin hcl ophthalmic solution	1	
erythromycin ophthalmic ointment	1	
gatifloxacin ophthalmic solution	1	
GENTAK OPHTHALMIC OINTMENT	1	
gentamicin sulfate ophthalmic solution	1	
KLARITY-A OPHTHALMIC SOLUTION	2	
levofloxacin ophthalmic solution	1	
MITOSOL OPHTHALMIC KIT	2	
moxifloxacin hcl (2x day) ophthalmic solution	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
moxifloxacin hcl ophthalmic solution	1	
MOXIFLOXACIN HCL-BSS INTRAVITREAL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
NATACYN OPHTHALMIC SUSPENSION	2	
OCUFLOX OPHTHALMIC SOLUTION	2	
ofloxacin ophthalmic solution	1	
POVIDONE-IODINE OPHTHALMIC SOLUTION	2	
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium ophthalmic solution	1	
tobramycin ophthalmic solution	1	
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine ophthalmic solution	1	
VIGAMOX OPHTHALMIC SOLUTION	2	
XDEMYVY OPHTHALMIC SOLUTION	2	PA
ZIRGAN OPHTHALMIC GEL	2	
ZYMAXID OPHTHALMIC SOLUTION	2	
Ophthalmic Anti- inflammatories		
ACULAR LS OPHTHALMIC SOLUTION	2	
ACULAR OPHTHALMIC SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
ACUVAIL OPHTHALMIC SOLUTION	2	
ALREX OPHTHALMIC SUSPENSION	2	
bromfenac sodium (once-daily) ophthalmic solution	1	
bromfenac sodium ophthalmic solution	1	
BROMSITE OPHTHALMIC SOLUTION	2	
dexamethasone sodium phosphate ophthalmic solution	1	
DEXTENZA OPHTHALMIC INSERT	2	
DEXYCU INTRAOCULAR SUSPENSION	2	
diclofenac sodium ophthalmic solution	1	
difluprednate ophthalmic emulsion	1	
DUREZOL OPHTHALMIC EMULSION	2	
EYSUVIS OPHTHALMIC SUSPENSION	2	
FLAREX OPHTHALMIC SUSPENSION	2	
fluorometholone ophthalmic suspension	1	
flurbiprofen sodium ophthalmic solution	1	
FML FORTE OPHTHALMIC SUSPENSION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
FML LIQUIFILM OPTHALMIC SUSPENSION	2	
FML OPTHALMIC OINTMENT	2	
ILEVRO OPTHALMIC SUSPENSION	2	
ILUVIEN INTRAVITREAL IMPLANT	2	
INVELTYS OPTHALMIC SUSPENSION	2	
ketorolac tromethamine ophthalmic solution	1	
LOTEMAX OPTHALMIC GEL	2	
LOTEMAX OPTHALMIC OINTMENT	2	
LOTEMAX OPTHALMIC SUSPENSION	2	
LOTEMAX SM OPTHALMIC GEL	2	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension	1	
MAXIDEX OPTHALMIC SUSPENSION	2	
NEVANAC OPTHALMIC SUSPENSION	2	
OZURDEX INTRAVITREAL IMPLANT	2	
PRED FORTE OPTHALMIC SUSPENSION	2	

Drug Name	Drug Tier	Requirements /Limits
PRED MILD OPTHALMIC SUSPENSION	2	
prednisolone acetate ophthalmic suspension	1	
PREDNISOLONE ACETATE P-F OPTHALMIC SUSPENSION	2	
prednisolone sodium phosphate ophthalmic solution	1	
PROLENSA OPTHALMIC SOLUTION	2	
RETISERT INTRAVITREAL IMPLANT	2	
TRIESENCE INTRAOCULAR SUSPENSION	2	
XIPERE INTRAOCULAR SUSPENSION	2	
YUTIQ INTRAVITREAL IMPLANT	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution	1	
BETIMOL OPTHALMIC SOLUTION	2	
BETOPTIC-S OPTHALMIC SUSPENSION	2	
carteolol hcl ophthalmic solution	1	
ISTALOL OPTHALMIC SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
levobunolol hcl ophthalmic solution	1	
timolol maleate (once-daily) ophthalmic solution	1	
timolol maleate oculosol ophthalmic solution	1	
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf ophthalmic solution	1	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION	2	
TIMOPTIC OPTHALMIC SOLUTION	2	
TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour	1	
acetazolamide oral tablet	1	
ALPHAGAN P OPTHALMIC SOLUTION	2	
apraclonidine hcl ophthalmic solution	1	
AZOPT OPTHALMIC SUSPENSION	2	
brimonidine tartrate ophthalmic solution	1	

Drug Name	Drug Tier	Requirements /Limits
brinzolamide ophthalmic suspension	1	
dorzolamide hcl ophthalmic solution	1	
IOPIDINE OPTHALMIC SOLUTION	2	
methazolamide oral tablet	1	
PHOSPHOLINE IODIDE OPTHALMIC SOLUTION RECONSTITUTED	2	
pilocarpine hcl ophthalmic solution	1	
RHOPRESSA OPTHALMIC SOLUTION	2	
TRUSOPT OPTHALMIC SOLUTION	2	
VUITY OPTHALMIC SOLUTION	2	
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic solution	1	
DURYSTA INTRAOCULAR IMPLANT	2	
IDOSE TR INTRAOCULAR IMPLANT	2	
IYUZEH OPTHALMIC SOLUTION	2	
latanoprost ophthalmic solution	1	
LUMIGAN OPTHALMIC SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
tafluprost (pf) ophthalmic solution	1	
TRAVATAN Z OPTHALMIC SOLUTION	2	
travoprost (bak free) ophthalmic solution	1	
VYZULTA OPTHALMIC SOLUTION	2	
XALATAN OPTHALMIC SOLUTION	2	
XELPROS OPTHALMIC EMULSION	2	
ZIOPTAN OPTHALMIC SOLUTION	2	
Otic Agents		
acetic acid otic solution	1	
CETRAXAL OTIC SOLUTION	2	
CIPRO HC OTIC SUSPENSION	2	
CIPRODEX OTIC SUSPENSION	2	
ciprofloxacin hcl otic solution	1	
flac otic oil	1	
fluocinolone acetonide otic oil	1	
hydrocortisone-acetic acid otic solution	1	
neomycin-polymyxin-hc otic solution	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic solution	1	

Drug Name	Drug Tier	Requirements /Limits
OTOVEL OTIC SOLUTION	2	
Non-FRF		
ciprofloxacin-dexamethasone otic suspension	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION	2	
CORTISPORIN-TC OTIC SUSPENSION	2	
DERMOTIC OTIC OIL	2	
neomycin-polymyxin-hc otic solution	1	
OTIPRIO INTRATYMPANIC SUSPENSION	2	
PRAMOTIC OTIC LIQUID	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution	1	
azelastine-fluticasone nasal suspension	1	
BROMPHENIRAMINE MALEATE INTRAMUSCULAR SOLUTION	2	
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE	2	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet	1	
cetirizine hcl oral solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CLARINEX ORAL TABLET	2	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
clemastine fumarate oral syrup	1	
clemastine fumarate oral tablet	1	
cyproheptadine hcl oral syrup	1	
cyproheptadine hcl oral tablet	1	
desloratadine oral tablet	1	
desloratadine oral tablet dispersible	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	2	
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED	2	
diphenhydramine hcl injection solution	1	
diphenhydramine hcl oral elixir	1	
DIPHENHYDRAMINE HCL POWDER	2	
DOXYLAMINE SUCCINATE POWDER	2	
DYMISTA NASAL SUSPENSION	2	
hydroxyzine hcl intramuscular solution	1	
hydroxyzine hcl oral syrup	1	

Drug Name	Drug Tier	Requirements /Limits
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule	1	
HYDROXYZINE PAMOATE POWDER	2	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	2	
levocetirizine dihydrochloride oral solution	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal solution	1	
PATANASE NASAL SOLUTION	2	
RYALTRIS NASAL SUSPENSION	2	PA
RYCLORA ORAL SOLUTION	2	
ryvent oral tablet	1	
TRIPLENNAMINE HCL POWDER	2	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	2	
VISTARIL ORAL CAPSULE	2	
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO INHALATION AEROSOL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX HFA INHALATION AEROSOL	2	
BECONASE AQ NASAL SUSPENSION	2	
BREZTRI AEROSPHERE INHALATION AEROSOL	2	
budesonide inhalation suspension	1	B/D

Drug Name	Drug Tier	Requirements /Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	PA
FLOVENT HFA INHALATION AEROSOL	2	PA
flunisolide nasal solution	1	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	PA
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL	2	PA
fluticasone propionate nasal suspension	1	
mometasone furoate nasal suspension	1	
OMNARIS NASAL SUSPENSION	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
PULMICORT INHALATION SUSPENSION	2	B/D
QNASL CHILDRENS NASAL AEROSOL SOLUTION	2	
QNASL NASAL AEROSOL SOLUTION	2	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
XHANCE NASAL EXHALER SUSPENSION	2	
ZETONNA NASAL AEROSOL SOLUTION	2	
Antileukotrienes		
ACCOLATE ORAL TABLET	2	
montelukast sodium oral packet	1	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
SINGULAIR ORAL PACKET	2	
SINGULAIR ORAL TABLET	2	
SINGULAIR ORAL TABLET CHEWABLE	2	
zafirlukast oral tablet	1	
zileuton er oral tablet extended release 12 hour	1	
ZYFLO ORAL TABLET	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ipratropium bromide inhalation solution	1	B/D

Drug Name	Drug Tier	Requirements /Limits
ipratropium bromide nasal solution	1	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	2	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	2	
SPIRIVA HANDIHALER INHALATION CAPSULE	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	
tiotropium bromide monohydrate inhalation capsule	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
YUPELRI INHALATION SOLUTION	2	B/D
Bronchodilators, Sympathomimetic		
AIRSUPRA INHALATION AEROSOL	2	PA
albuterol sulfate hfa inhalation aerosol solution	1	
albuterol sulfate inhalation nebulization solution	1	B/D
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
arformoterol tartrate inhalation nebulization solution	1	B/D
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	2	
BROVANA INHALATION NEBULIZATION SOLUTION	2	B/D
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
formoterol fumarate inhalation nebulization solution	1	B/D
isoproterenol hcl injection solution	1	
levalbuterol hcl inhalation nebulization solution	1	B/D
LEVALBUTEROL TARTRATE INHALATION AEROSOL	1	
PERFORMIST INHALATION NEBULIZATION SOLUTION	2	B/D
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	

Drug Name	Drug Tier	Requirements /Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION	2	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	2	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	2	
terbutaline sulfate injection solution	1	
terbutaline sulfate oral tablet	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	2	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	2	B/D
XOPENEX HFA INHALATION AEROSOL	2	
XOPENEX INHALATION NEBULIZATION SOLUTION	2	B/D
Cystic Fibrosis Agents		
BETHKIS INHALATION NEBULIZATION SOLUTION	2	B/D

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CAYSTON INHALATION SOLUTION RECONSTITUTED	2	PA
KALYDECO ORAL PACKET	2	PA
KALYDECO ORAL TABLET	2	PA
KITABIS PAK INHALATION NEBULIZATION SOLUTION	2	B/D
ORKAMBI ORAL PACKET	2	PA
ORKAMBI ORAL TABLET	2	PA
PULMOZYME INHALATION SOLUTION	2	PA
SYMDEKO ORAL TABLET THERAPY PACK	2	PA
TOBI INHALATION NEBULIZATION SOLUTION	2	B/D
TOBI PODHALER INHALATION CAPSULE	2	
tobramycin inhalation nebulization solution	1	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA
TRIKAFTA ORAL THERAPY PACK	2	PA
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	1	B/D
CROMOLYN SODIUM POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
Phosphodiesterase Inhibitors, Airways Disease		
AMINOPHYLLINE ANHYDROUS POWDER	2	
aminophylline intravenous solution	1	
DALIRESP ORAL TABLET	2	
elixophyllin oral elixir	1	
OHTUVAYRE INHALATION SUSPENSION	2	PA
roflumilast oral tablet	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
theophylline er oral tablet extended release 12 hour	1	
theophylline er oral tablet extended release 24 hour	1	
theophylline oral elixir	1	
theophylline oral solution	1	
THEOPHYLLINE-ETHYLENEDIAMINE POWDER	2	
Pulmonary Antihypertensives		
ADCIRCA ORAL TABLET	2	PA
ADEMPAS ORAL TABLET	2	PA
alyq oral tablet	1	PA
ambrisentan oral tablet	1	PA
bosentan oral tablet	1	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
epoprostenol sodium intravenous solution reconstituted	1	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
LETAIRIS ORAL TABLET	2	PA
LIQREV ORAL SUSPENSION	2	PA
OPSUMIT ORAL TABLET	2	PA
OPSYNVI ORAL TABLET	2	PA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	2	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	2	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	2	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	2	PA
REMODULIN INJECTION SOLUTION	2	PA
REVATIO INTRAVENOUS SOLUTION	2	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	2	PA
REVATIO ORAL TABLET	2	PA

Drug Name	Drug Tier	Requirements /Limits
sildenafil citrate intravenous solution	1	PA
sildenafil citrate oral suspension reconstituted	1	PA
sildenafil citrate oral tablet	1	PA
tadalafil (pah) oral tablet	1	PA
TADLIQ ORAL SUSPENSION	2	PA
TRACLEER ORAL TABLET	2	PA
TRACLEER ORAL TABLET SOLUBLE	2	PA
treprostinil injection solution	1	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER	2	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER	2	PA
TYVASO DPI TITRATION KIT INHALATION POWDER	2	PA
TYVASO INHALATION SOLUTION	2	PA
TYVASO REFILL KIT INHALATION SOLUTION	2	PA
TYVASO STARTER KIT INHALATION SOLUTION	2	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
UPTRAVI ORAL TABLET	2	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	2	PA
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
VENTAVIS INHALATION SOLUTION	2	PA
WINREVAIR SUBCUTANEOUS KIT	2	PA
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	2	PA
ESBRIET ORAL TABLET	2	PA
OFEV ORAL CAPSULE	2	PA
pirfenidone oral capsule	1	PA
pirfenidone oral tablet	1	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution	1	B/D
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ADVAIR HFA INHALATION AEROSOL	2	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	

Drug Name	Drug Tier	Requirements /Limits
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
benzonatate oral capsule	1	
BEVESPI AEROSPHERE INHALATION AEROSOL	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
breyna inhalation aerosol	1	
BROMFED DM ORAL SYRUP	2	
BRONCHITOL INHALATION CAPSULE	2	PA
budesonide-formoterol fumarate inhalation aerosol	2	PA
CINQAIR INTRAVENOUS SOLUTION	2	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
CUROSURF INTRATRACHEAL SUSPENSION	2	
DEXTROMETHORPHAN HBR MONOHYD POWDER	2	
DULERA INHALATION AEROSOL	2	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	2	PA
FLUTICASONE-SALMETEROL INHALATION AEROSOL	2	PA
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	1	
guaiaatussin ac oral syrup	1	
guaifenesin ac oral syrup	1	
GUAIFENESIN POWDER	2	
guaifenesin-codeine oral solution	1	
HYCODAN ORAL SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
HYCODAN ORAL TABLET	2	
hydrocod poli-chlorphe poli er oral suspension extended release	1	
hydrocodone bit-homatrop mbr oral solution	1	
hydrocodone bit-homatrop mbr oral tablet	1	
hydromet oral solution	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION	2	
INFASURF INTRATRACHEAL SUSPENSION	2	
ipratropium-albuterol inhalation solution	1	B/D
maxi-tuss ac oral solution	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION	2	
NEOTUSS PLUS ORAL LIQUID	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
PHENYLEPHRINE HCL POWDER	2	
promethazine vc oral syrup	1	
promethazine vc/codeine oral syrup	1	
promethazine-codeine oral solution	1	
promethazine-codeine oral syrup	1	
promethazine-dm oral syrup	1	
promethazine-phenyleph-codeine oral syrup	1	
promethazine-phenylephrine oral syrup	1	
pseudoeph-bromphen-dm oral syrup	1	
PSEUDOEPHEDRINE HCL CRYSTALS	2	
PULMOSAL INHALATION NEBULIZATION SOLUTION	2	
ribavirin inhalation solution reconstituted	1	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	2	
sodium chloride inhalation nebulization solution	1	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
STERITALC INTRAPLEURAL POWDER	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	
SURVANTA INTRATRACHEAL SUSPENSION	2	
SYMBICORT INHALATION AEROSOL	2	PA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
TRYVIO ORAL TABLET	2	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	2	
wixela inhub inhalation aerosol powder breath activated	1	
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
carisoprodol oral tablet	1	PA
chlorzoxazone oral tablet	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
cyclobenzaprine hcl er oral capsule extended release 24 hour	1	
cyclobenzaprine hcl oral tablet	1	
FEXMID ORAL TABLET	2	
metaxalone oral tablet	1	
methocarbamol oral tablet	1	
orphenadrine citrate er oral tablet extended release 12 hour	1	
SOMA ORAL TABLET	2	PA
Non-FRF		
chlorzoxazone oral tablet	1	
cisatracurium besylate (pf) intravenous solution	1	
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM	2	
ENOVARX-BACLOFEN EXTERNAL CREAM	2	
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM	2	
methocarbamol injection solution	1	
methocarbamol oral tablet	1	
NIMBEX INTRAVENOUS SOLUTION	2	
NORGESIC FORTE ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
NORGESIC ORAL TABLET	2	
orphenadrine citrate injection solution	1	
ORPHENADRINE CITRATE POWDER	2	
orphenadrine-aspirin-caffeine oral tablet	1	
ORPHENGESIC FORTE ORAL TABLET	2	
ROBAXIN INJECTION SOLUTION	2	
TABRADOL FUSEPAQ ORAL SUSPENSION	2	
TABRADOL RAPIDPAQ ORAL SUSPENSION	2	
TANLOR ORAL TABLET	2	
VANADOM ORAL TABLET	2	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	2	
AMBIEN ORAL TABLET	2	
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED	2	
BELSOMRA ORAL TABLET	2	
DAYVIGO ORAL TABLET	2	
dexmedetomidine hcl in nacl intravenous solution	1	

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
dexmedetomidine hcl intravenous solution	1	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	2	
DORAL ORAL TABLET	2	
doxepin hcl oral tablet	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	2	
estazolam oral tablet	1	
eszopiclone oral tablet	1	
flurazepam hcl oral capsule	1	
HALCION ORAL TABLET	2	
HETLIOZ LQ ORAL SUSPENSION	2	PA
HETLIOZ ORAL CAPSULE	2	PA
LUNESTA ORAL TABLET	2	
NEMBUTAL INJECTION SOLUTION	2	
pentobarbital sodium injection solution	1	
PRECEDEX INTRAVENOUS SOLUTION	2	
quazepam oral tablet	1	
ramelteon oral tablet	1	
RESTORIL ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
ROZEREM ORAL TABLET	2	
SILENOR ORAL TABLET	2	
tasimelteon oral capsule	1	PA
temazepam oral capsule	1	
triazolam oral tablet	1	
zaleplon oral capsule	1	
zolpidem tartrate er oral tablet extended release	1	
ZOLPIDEM TARTRATE ORAL CAPSULE	1	
zolpidem tartrate oral tablet	1	
zolpidem tartrate sublingual tablet sublingual	1	
ZOLPIMIST ORAL SOLUTION	2	
Wakefulness Promoting Agents		
armodafinil oral tablet	1	PA
LUMRYZ ORAL PACKET	2	PA
LUMRYZ STARTER PACK ORAL THERAPY PACK	2	PA
modafinil oral tablet	1	PA
NUVIGIL ORAL TABLET	2	PA
PROVIGIL ORAL TABLET	2	PA
SODIUM OXYBATE ORAL SOLUTION	1	PA
SUNOSI ORAL TABLET	2	
WAKIX ORAL TABLET	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
XYREM ORAL SOLUTION	2	PA
XYWAV ORAL SOLUTION	2	PA

Effective 1/1/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Index of Drugs

1ST TIER UNIFINE PENTIPS 172	ACCU-CHEK ULTRAFLEX	ADALIMUMAB-AACF(PS/UV
1ST TIER UNIFINE PENTIPS	INF SET 173	STARTER)..... 157
PLUS..... 172	ACCUPRIL..... 85	ADALIMUMAB-AATY (1 PEN) 161
1ST TIER UNILET	ACCURETIC..... 90	ADALIMUMAB-AATY (2 PEN) 161
COMFORTOUCH..... 172	accutane..... 105	ADALIMUMAB-AATY (2
5-MTHF 124	ACD FORMULA A..... 77	SYRINGE)..... 161
A.A.G.C. KIT IN TERODERM. 111	ACD-A NOCLOT-50..... 77	ADALIMUMAB-ADAZ..... 161
abacavir sulfate..... 67	acebutolol hcl..... 87	ADALIMUMAB-ADBM (2 PEN)
abacavir sulfate-lamivudine..... 67	ACETADOTE..... 173	..... 161
ABANEU-SL..... 124	acetaminophen..... 8	ADALIMUMAB-ADBM (2
ABELCET 39	acetaminophen-codeine..... 12	SYRINGE)..... 161
ABENOR HP 105	acetazolamide..... 213	ADALIMUMAB-
ABILIFY..... 62	acetazolamide er..... 213	ADBM(CD/UC/HS STRT)..... 161
ABILIFY ASIMTUFII..... 62	acetazolamide sodium..... 90	ADALIMUMAB-ADBM(PS/UV
ABILIFY MAINTENA..... 62	acetic acid..... 139, 214	STARTER)..... 161
ABILIFY MYCITE	ACETYL SALICYLIC ACID..... 8	ADALIMUMAB-FKJP (2 PEN) 161
MAINTENANCE KIT..... 62	acetylcysteine..... 173, 221	ADALIMUMAB-FKJP (2
ABILIFY MYCITE STARTER	ACIPHEX..... 134	SYRINGE)..... 161
KIT..... 62	acitretin..... 105	ADALIMUMAB-RYVK (2 PEN) 161
abiraterone acetate..... 46	ACTEMRA..... 157	ADALIMUMAB-RYVK (2
ABOUTTIME PEN NEEDLE... 172	ACTEMRA ACTPEN..... 156	SYRINGE)..... 161
ABRAXANE..... 48	ACTHAR..... 140	ADALINA..... 111
ABRILADA (1 PEN)..... 161	ACTHAR GEL..... 141	adapalene..... 105
ABRILADA (2 PEN)..... 161	ACTHIB..... 166	ADAPALENE..... 105, 106
ABRILADA (2 SYRINGE)..... 161	ACTICLATE..... 28	adapalene-benzoyl peroxide... 106
ABRYSVO..... 166	ACTI-LANCE 28G..... 173	ADASUVE..... 103
ABSORICA..... 105	ACTI-LANCE LITE LANCETS	ADBRY..... 157
ABSORICA LD..... 105	28G..... 173	ADCETRIS..... 56
acamprosate calcium..... 18	ACTI-LANCE SPECIAL	ADCIRCA..... 219
ACANYA..... 105	LANCETS 17G..... 173	ADDERALL..... 97
acarbose..... 70	ACTI-LANCE UNIVERSAL	ADDERALL XR..... 97
ACCOLATE..... 217	23G..... 173	adefovir dipivoxil..... 65
ACCRUFER..... 81	ACTIMMUNE..... 160	ADEMPAS..... 219
ACCU-CHEK AVIVA..... 172	ACTIQ..... 12	adenosine..... 86
ACCU-CHEK AVIVA PLUS..... 172	ACTIVE FE..... 116	ADERMICA HP..... 111
ACCU-CHEK FASTCLIX	ACTIVELLA..... 146	ADIPEX-P..... 99
LANCET..... 172	ACTONEL..... 171	ADLARITY..... 34
ACCU-CHEK FASTCLIX	ACTOPLUS MET..... 70	ADLYXIN..... 70
LANCETS..... 172	ACTOS..... 70	ADLYXIN STARTER PACK..... 70
ACCU-CHEK GUIDE..... 172	ACULAR..... 211	ADMELOG..... 74
ACCU-CHEK GUIDE	ACULAR LS..... 211	ADMELOG SOLOSTAR..... 74
CONTROL..... 172	ACUVAIL..... 211	ADRENAL C FORMULA..... 124
ACCU-CHEK GUIDE ME..... 172	acyclovir..... 66, 115	ADRENALIN..... 90
ACCU-CHEK SAFE-T PRO	acyclovir sodium..... 66	adriamycin..... 48
LANCETS..... 172	ACYCLOVIR SODIUM-NACL... 66	ADSTILADRIN..... 48
ACCU-CHEK SMARTVIEW... 172	ACZONE..... 115	ADTHYZA..... 153
ACCU-CHEK SMARTVIEW	ADACEL..... 166	ADVAIR DISKUS..... 221
CONTROL..... 172	ADAKVEO..... 79	ADVAIR HFA..... 221
ACCU-CHEK SOFTCLIX	ADALIMUMAB-AACF (2 PEN) 157	ADVANCED ALLERGY
LANCET DEV..... 173	ADALIMUMAB-AACF (2	COLLECTION..... 107
ACCU-CHEK SOFTCLIX	SYRINGE)..... 157	ADVANCED MOBILE LANCET
LANCETS..... 173	ADALIMUMAB-	..... 173
	AACF(CD/UC/HS STRT)..... 157	ADVATE..... 81

ADVOCATE LANCETS.....	173	AIMSCO TWIST LANCETS		ALLZITAL.....	99
ADVOCATE LANCETS 30G...	173	33G.....	173	almotriptan malate.....	43
ADVOCATE SAFETY		AIRAVITE.....	124	ALOCRIL.....	210
LANCETS.....	173	AIRDUO DIGIHALER.....	221	ALOGLIPTIN BENZOATE.....	70
ADVOCATE SAFETY		AIRDUO RESPICLICK 113/14	221	ALOGLIPTIN-METFORMIN	
LANCETS 26G.....	173	AIRDUO RESPICLICK 232/14	221	HCL.....	70
ADYNOVATE.....	81	AIRDUO RESPICLICK 55/14..	221	ALOGLIPTIN-PIOGLITAZONE.	70
ADZENYS XR-ODT.....	97	AIRSUPRA.....	217	ALOMIDE.....	210
ADZYNMA.....	136	AJOVY.....	42	ALOMIRA.....	111
AEMCOLO.....	20	AKEEGA.....	48	ALOMIRA HP.....	111
AEROCHAMBER HOLDING		AKLIEF.....	106	ALOMIRA LP.....	111
CHAMBER.....	173	AKOVAZ.....	84, 90	ALOPRIM.....	42
AEROCHAMBER MINI		ak-poly-bac.....	206	ALORA.....	146
CHAMBER.....	173	AKTEN.....	206	alosetron hcl.....	130
AEROCHAMBER MV.....	173	AKYNZEO.....	38	ALPHAGAN P.....	213
AEROCHAMBER PLS FLOVU		AKYNZEO (READY-TO-USE)..	38	ALPHA-LIPOIC ACID.....	174
MTHPIECE.....	173	AKYNZEO (TO-BE-DILUTED)..	38	ALPHANATE.....	81
AEROCHAMBER PLUS FLO-		ALA SCALP.....	107	ALPHANINE SD.....	81
VU.....	173	ala-cort.....	107	alprazolam.....	69
AEROCHAMBER PLUS FLO-		ALANINE.....	173	alprazolam er.....	69
VU INTERM.....	173	albendazole.....	59	alprazolam intensol.....	69
AEROCHAMBER PLUS FLO-		ALBUKED 25.....	173	alprazolam xr.....	69
VU LARGE.....	173	ALBUKED 5.....	173	ALPROLIX.....	81
AEROCHAMBER PLUS FLO-		ALBUMIN HUMAN.....	173	alprostadiil.....	145
VU MEDIUM.....	173	ALBUMINEX.....	174	ALREX.....	211
AEROCHAMBER PLUS FLO-		ALBUMIN-ZLB.....	174	ALTABAX.....	20
VU SMALL.....	173	ALBURX.....	174	ALTACAINE.....	207
AEROCHAMBER PLUS		ALBUTEIN.....	174	ALTACE.....	85
FLOW VU.....	173	albuterol sulfate.....	217	altafrin.....	207
AEROCHAMBER		albuterol sulfate hfa.....	217	altavera.....	146
W/FLOWSIGNAL.....	173	ALCAINE.....	206	ALTOPREV.....	94
AFINITOR.....	52	alclometasone dipropionate		ALTRENO.....	106
AFINITOR DISPERZ.....	52	.....	107, 108	ALTUVIIIO.....	81
afirmelle.....	146	ALCOHOL PADS.....	174	ALUMINUM CHLORIDE	
AFLURIA.....	166	ALCOHOL PREP.....	174	ANHYDROUS.....	111
AFLURIA PRESERVATIVE		ALCOHOL PREP PADS.....	174	ALUMINUM CHLORIDE	
FREE.....	166	ALCOHOL SWABSTICK.....	174	HEXAHYDRATE.....	111, 112
AFREZZA.....	74	ALDACTAZIDE.....	90	ALUNBRIG.....	52
AFSTYLA.....	81	ALDACTONE.....	93	ALURIS.....	106
aftera.....	151	ALDURAZYME.....	136	ALURIS HP.....	106
AGAMATRIX CONTROL		ALECENSA.....	52	ALURIS HP PLUS.....	106
LEVEL 2.....	173	alendronate sodium.....	171	ALURIS LP.....	106
AGAMATRIX CONTROL		alfentanil hcl.....	12	ALURIS LP PLUS.....	106
LEVEL 4.....	173	ALFERON N.....	160	ALURIS PLUS.....	106
AGAMATRIX PRESTO TEST.	173	alfuzosin hcl er.....	139	ALVAIZ.....	79
AGAMATRIX ULTRA-THIN		ALIMTA.....	47	ALVESCO.....	215
LANCETS.....	173	ALINIA.....	59	alvimopan.....	131
AGAMREE.....	141	ALIQOPA.....	52	ALVOX.....	103
AGGRASTAT.....	83	aliskiren fumarate.....	90	ALVOX HP.....	103
AGRYLIN.....	79	ALKERAN.....	44	alyacen 1/35.....	146
AIMOVIG.....	42	ALKINDI SPRINKLE.....	141	alyacen 7/7/7.....	146
AIMSCO TWIST LANCETS		allopurinol.....	41, 42	ALYGLO.....	155
32G.....	173	allopurinol sodium.....	42	ALYMSYS.....	56

alyq.....	219	amoxicillin-pot clavulanate er....	24	apraclonidine hcl.....	213
amabelz.....	146	AMPHADASE.....	174	aprepitant.....	38
amantadine hcl.....	69	amphetamine sulfate.....	97	APRETUDE.....	66
AMARYL.....	71	amphetamine-dextroamphet er.	97	apri.....	146
AMBIEN.....	224	amphetamine-		APRISO.....	169
AMBIEN CR.....	224	dextroamphetamine.....	97	APTENSIO XR.....	98
AMBISOME.....	39	amphet-dextroamphet 3-bead		APTIOM.....	32
ambrisentan.....	219	er.....	97	APTIVUS.....	68
amcinonide.....	108	amphotericin b.....	39	AQ INSULIN SYRINGE.....	174
AMD FOAM DRESSING.....	174	amphotericin b liposome.....	40	AQINJECT PEN NEEDLE.....	174
AMD FOAM DRESSING		ampicillin.....	24	AQNEURSA.....	99
TOPSHEET.....	174	ampicillin sodium.....	25	AQUACEL AG BURN.....	174
amethia.....	146	ampicillin-sulbactam sodium....	25	AQUALANCE LANCETS 30G	174
amethyst.....	146	AMPYRA.....	101	AQUASOL A.....	103
AMICAR.....	81	AMRIX.....	223	AQUORAL.....	104
amikacin sulfate.....	19	AMVUTTRA.....	136	ARAKODA.....	59
amiloride hcl.....	93	AMYTAL SODIUM.....	224	ARALAST NP.....	135, 136
amiloride-hydrochlorothiazide..	90	AMZEEQ.....	20	aranelle.....	146
AMINO ACID.....	116	ANACAINE.....	14	ARANESP (ALBUMIN FREE)...	79
AMINO ACID-CALCIUM-HEP		ANAFRANIL.....	37	ARAVA.....	162
IN D10W.....	116	anagrelide hcl.....	79	ARAZLO.....	106
aminocaproic acid.....	81	ANA-LEX.....	112	ARCALYST.....	157
aminophylline.....	219	ANAPROX DS.....	8	ARESTIN.....	104
AMINOPHYLLINE		anastrozole.....	52	AREXVY.....	166
ANHYDROUS.....	219	ANCOBON.....	39	arformoterol tartrate.....	218
AMINOPROTECT.....	116	ANDEXXA.....	81	argatroban.....	78
AMINOSYN II.....	116	ANDRODERM.....	145	argatroban in sodium chloride...	78
AMINOSYN-PF.....	116	ANDROGEL.....	145	ARGININE HCL.....	174
AMINOSYN-PF 7%.....	116	ANDROGEL PUMP.....	145	ARGYLE STERILE SALINE...	174
amiodarone hcl.....	86	ANECTINE.....	174	argyle sterile water.....	174
AMITIZA.....	129	ANGELIQ.....	146	ARICEPT.....	34
amitriptyline hcl.....	36	ANGIOMAX.....	77	ARIKAYCE.....	19
AMJEVITA.....	161	ANHYDROUS BASE.....	174	ARIMIDEX.....	52
AMJEVITA-PED 10KG TO		ANKTIVA.....	48	aripiprazole.....	62
<15KG.....	162	ANNOVERA.....	146	ARISTADA.....	62
AMJEVITA-PED 15KG TO		ANORO ELLIPTA.....	221	ARISTADA INITIO.....	62
<30KG.....	162	ANTICOAGULANT SODIUM		ARIXTRA.....	78
AMLODIPINE		CITRATE.....	77	armodafinil.....	225
BES+SYRSPEND SF.....	88	ANTIVERT.....	37	ARMONAIR DIGIHALER.....	216
amlodipine besy-benazepril hcl.	90	ANUSOL-HC.....	170	ARMOUR THYROID.....	153
amlodipine besylate.....	88	ANZEMET.....	38	ARNUITY ELLIPTA.....	216
amlodipine besylate-valsartan..	90	APADAZ.....	12	AROMASIN.....	52
amlodipine-atorvastatin.....	90	apap-caff-dihydrocodeine.....	12	ARRANON.....	47
amlodipine-olmesartan.....	90	APEXICON E.....	108	arsenic trioxide.....	48
amlodipine-valsartan-hctz.....	90	APHEXDA.....	79	ARTESUNATE.....	59
ammonium lactate.....	108	APIDRA.....	74	ARTHROTEC.....	8
AMMONUL.....	174	APIDRA SOLOSTAR.....	74	ARTICADENT DENTAL.....	15
amnesteem.....	106	APLENZIN.....	34	ARTILIS HP.....	112
AMONDYS 45.....	136	APOKYN.....	60	ARZERRA.....	56
amoxapine.....	37	apomorphine hcl.....	60	ASACOL HD.....	169
amoxicill-clarithro-lansopraz...	131	APONVIE.....	38	ASCENIV.....	155
amoxicillin.....	24	APORIX.....	106	ASCLERA.....	90
amoxicillin-pot clavulanate.....	24	APO-VARENICLINE.....	19	ascomp-codeine.....	12

asenapine maleate.....	62	atovaquone-proguanil hcl.....	59	AVAILNEX.....	175
ashlyna.....	146	atracurium besylate.....	174	AVALIDE.....	90
ASMANEX (120 METERED DOSES).....	216	ATRALIN.....	106	AVAPRO.....	85
ASMANEX (14 METERED DOSES).....	216	ATRAPRO DERMAL SPRAY.....	175	AVASTIN.....	56
ASMANEX (30 METERED DOSES).....	216	ATROPEN.....	175	AVEED.....	145
ASMANEX (60 METERED DOSES).....	216	atropine sulfate.....	175, 207	aviane.....	146
ASMANEX HFA.....	216	ATROPINE SULFATE....	175, 207	AVIDORA.....	103, 112
ASPARLAS.....	48	atropine sulfate (pf).....	175	AVIDORA HP.....	112
ASPARTAME (FOR COMPOUNDING).....	174	ATROPINE SULFATE MONOHYDRATE.....	175	AVIDOXY.....	28
ASPARTAME (NUTRASWEET).....	174	ATROVENT HFA.....	217	AVITA.....	106
aspirin-dipyridamole er.....	83	AUBAGIO.....	101	AVODART.....	139
ASPRUZYO SPRINKLE.....	90	aubra.....	146	AVONEX PEN.....	101
ASSURE COMFORT LANCETS 28G.....	174	aubra eq.....	146	AVONEX PREFILLED.....	101
ASSURE ID DUO PRO PEN NEEDLES.....	174	AUGMENTIN.....	25	AVSOLA.....	162
ASSURE ID PRO PEN NEEDLES.....	174	AUGMENTIN ES-600.....	25	AVYCAZ.....	23
ASSURE ID SAFETY PEN NEEDLES.....	174	AUGTYRO.....	175	AXONA.....	175
ASSURE LANCE LANCETS... LANCETS.....	174	AUGUSTIL.....	112	AYGESTIN.....	151
ASSURE LANCE LANCETS 21G.....	174	AUM ALCOHOL PREP PADS.....	175	ayuna.....	146
ASSURE LANCE PLUS SAFETY 25G.....	174	AUM INSULIN SAFETY PEN NEEDLE.....	175	AYVAKIT.....	52
ASSURE LANCE PLUS SAFETY 30G.....	174	AUM MINI INSULIN PEN NEEDLE.....	175	azacitidine.....	48
ASSURE LANCE SAFETY LANCET 28G.....	174	AUM PEN NEEDLE.....	175	AZACTAM.....	20
ASSURE PLATINUM.....	174	AUM READYGARD DUO PEN NEEDLE.....	175	AZALTA.....	112
ASTAGRAF XL.....	162	AUM SAFETY PEN NEEDLE.....	175	AZALTA HP.....	112
ASTAMED MYO.....	124	AURORA LANCET SUPER THIN 30G.....	175	AZASAN.....	162
ASTRINGYN.....	81	AURORA LANCET THIN 23G.....	175	AZASITE.....	210
ATABEX OB.....	124	AURORA PEN NEEDLES.....	175	azathioprine.....	162
ATACAND.....	85	aurovela 1.5/30.....	146	AZATHIOPRINE.....	162
ATACAND HCT.....	90	aurovela 1/20.....	146	azathioprine sodium.....	162
atazanavir sulfate.....	68	aurovela 24 fe.....	146	azelaic acid.....	106
ATELVIA.....	171	aurovela fe 1.5/30.....	146	azelastine hcl.....	210, 214
atenolol.....	87	aurovela fe 1/20.....	146	azelastine-fluticasone.....	214
ATENOLOL+SYRSPEND SF... atenolol-chlorthalidone.....	90	AURYXIA.....	123	AZELEX.....	106
ATGAM.....	155	AUSTEDO.....	99	AZESCO.....	124
ATIVAN.....	69	AUSTEDO PATIENT TITRATION KIT.....	99	AZILECT.....	61
atomoxetine hcl.....	98	AUSTEDO XR.....	99	azithromycin.....	26
ATORVALIQ.....	94	AUSTEDO XR PATIENT TITRATION.....	99	AZOPT.....	213
atorvastatin calcium.....	94	AUTOLET II CLINISAFE.....	175	AZOR.....	90
atovaquone.....	59	AUTOLET LANCING DEVICE.....	175	AZSTARYS.....	97
		AUTOSOFT 30 INFUSION SET.....	175	aztreonam.....	20
		AUTOSOFT 90 INFUSION SET.....	175	AZULFIDINE.....	169
		AUTOSOFT XC INFUSION SET.....	175	AZULFIDINE EN-TABS.....	169
		AUVELITY.....	34	azurette.....	146
		AUVI-Q.....	218	B & C.....	175
				bac.....	99
				bacitracin.....	20, 210
				bacitracin-polymyxin b.....	207
				bacitra-neomycin-polymyxin-hc	207
				baclofen.....	64
				BACLOFEN.....	64
				BACLOFEN (BULK).....	64
				BACMIN.....	124

BACTERIOSTATIC WATER(BENZ ALC).....	175	BD TB SYRINGE.....	176	betamethasone dipropionate	
BACTRIM.....	28	BD VEO INSULIN SYR U/F		aug.....	108
BACTRIM DS.....	27	1/2UNIT.....	176	betamethasone sod phos &	
BAFIERTAM.....	101	BD VEO INSULIN SYRINGE		acet.....	141
BAL IN OIL.....	175	U/F.....	176	BETAMETHASONE SODIUM	
BALCOLTRA.....	146	BECONASE AQ.....	216	PHOSPHATE.....	141
BALFAXAR.....	81	BEEF TYPE FLAVOR OS.....	176	betamethasone valerate.....	108
balsalazide disodium.....	169	BELBUCA.....	11	BETAMETHASONE	
balsam peru-castor oil.....	175	BELEODAQ.....	52	VALERATE.....	141
BALVERSA.....	52	BELRAPZO.....	45	BETAPACE.....	86
balziva.....	146	BELSOMRA.....	224	BETAPACE AF.....	86
BANZEL.....	32	benazepril hcl.....	85	BETASERON.....	101
BAQSIMI ONE PACK.....	73	benazepril-hydrochlorothiazide.	90	betaxolol hcl.....	87, 212
BAQSIMI TWO PACK.....	73	BENDAMUSTINE HCL.....	45	bethanechol chloride.....	139
BARACLUDGE.....	65	bendamustine hcl.....	45	BETHKIS.....	218
BARHEMSYS.....	37	BENDEKA.....	45	BETIMOL.....	212
BASAGLAR KWIKPEN.....	74	BENEFIX.....	81	BETOPTIC-S.....	212
BASAGLAR TEMPO PEN.....	74	BENICAR.....	85	BEVACIZUMAB.....	207
BASE D POLYETHYL		BENICAR HCT.....	90	BEVESPI AEROSPHERE.....	221
GLYCOL 4600.....	129	BENLYSTA.....	157, 162	BEXAGLIFLOZIN.....	71
BAVENCIO.....	56	BENTYL.....	130	bexarotene.....	58
BAXDELA.....	27	BENZAC AC WASH.....	115	BEXSERO.....	166
BCG VACCINE.....	166	benzalkonium chloride.....	20	BEYAZ.....	146
BD AUTOSHIELD DUO.....	175	BENZAMYCIN.....	106	BEYFORTUS.....	155
BD ECLIPSE LUER-LOK		BENZEPRO.....	115	bicalutamide.....	46
NEEDLE.....	175	BENZHYDROCODONE-		BICILLIN C-R.....	25
BD ECLIPSE NEEDLE.....	175	ACETAMINOPHEN.....	12	BICILLIN C-R 900/300.....	25
BD ECLIPSE		BENZNIDAZOLE.....	59	BICILLIN L-A.....	25
SYRINGE/NEEDLE.....	175	benzonatate.....	221	BICNU.....	45
BD FILTER NEEDLE.....	175	BENZOYL PEROX-		BIDIL.....	90
BD INSULIN SYR ULTRAFINE		HYDROCORTISONE.....	106	BIJUVA.....	146
II.....	175	benzoyl peroxide.....	115	BIKTARVY.....	66
BD INSULIN SYRINGE.....	175	BENZOYL PEROXIDE.....	115	BILTRICIDE.....	59
BD INSULIN SYRINGE U/F....	175	BENZOYL PEROXIDE		bimatoprost.....	213
BD INSULIN SYRINGE U/F		FORTE- HC.....	106	BIMZELX.....	157
1/2UNIT.....	176	benzoyl peroxide-erythromycin		BINOSTO.....	171
BD INSULIN SYRINGE U-500	176	.....	106	BIOCEL.....	124
BD MICROTAINER LANCETS	176	benzphetamine hcl.....	99	BIO-KULT INFANTIS.....	131
BD PEN NEEDLE MICRO U/F	176	benztropine mesylate.....	60	BIORPHEN.....	84
BD PEN NEEDLE MINI U/F....	176	BEOVU.....	207	BIOTEL CARE BLOOD	
BD PEN NEEDLE NANO 2ND		bepotastine besilate.....	210	GLUCOSE.....	176
GEN.....	176	BEPREVE.....	210	BIOTEL CARE BLOOD	
BD PEN NEEDLE NANO U/F.	176	BERINERT.....	155	GLUCOSE SYST.....	176
BD PEN NEEDLE ORIGINAL		BESIVANCE.....	210	BIOTHRAX.....	166
U/F.....	176	BESPONSA.....	56	bis subcit-metronid-tetracyc....	131
BD PEN NEEDLE SHORT U/F		BESREMI.....	48	bisacodyl.....	129
.....	176	BETADINE OPHTHALMIC		BISACODYL.....	129
BD PRECISIONGLIDE		PREP.....	210	bisacodyl ec.....	129
NEEDLE.....	176	betaine.....	136	bismuth/metronidaz/tetracyclin	131
BD SAFETYGLIDE NEEDLE..	176	BETAMETHASONE COMBO.	141	bisoprolol fumarate.....	87
BD SYRINGE LUER SLIP TIP	176	betamethasone dipropionate..	108	bisoprolol-hydrochlorothiazide..	90
BD SYRINGE LUER-LOK.....	176	BETAMETHASONE		BITTER-BLOC PURE.....	176
		DIPROPIONATE.....	141		

BITTER-BLOC WS		bupropion hcl.....	34
CONCENTRATE.....	176	bupropion hcl er (smoking det).....	19
BITTER-BLOC WS/OS LIQUID		bupropion hcl er (sr).....	34
.....	176	bupropion hcl er (xl).....	34
bivalirudin trifluoroacetate.....	78	buspirone hcl.....	69
BIVIGAM.....	155	busulfan.....	45
BLENREP.....	56	BUSULFEX.....	45
bleomycin sulfate.....	48	BUTALBITAL-	
BLEPHAMIDE S.O.P.....	207	ACETAMINOPHEN.....	99
BLINCYTO.....	56	butalbital-acetaminophen.....	99
blisovi 24 fe.....	146	butalbital-apap-caff-cod.....	12
blisovi fe 1.5/30.....	146	butalbital-apap-caffeine.....	99
blisovi fe 1/20.....	146	butalbital-asa-caff-codeine.....	12
BLOOD GLUCOSE		butalbital-aspirin-caffeine.....	99
MONITORING 333.....	176	butorphanol tartrate.....	12
BLOOD GLUCOSE TEST.....	176	BUTRANS.....	11
BLOOD GLUCOSE TEST		BYDUREON BCISE.....	71
STRIPS 333.....	176	BYETTA 10 MCG PEN.....	71
BLOXIVERZ.....	44	BYETTA 5 MCG PEN.....	71
BLT-25.....	141	BYLVAY.....	131
BLULINK CONTROL HIGH &		BYLVAY (PELLETS).....	131
LOW.....	176	BYOOVIZ.....	207
BLULINK GLUCOSE		BYSTOLIC.....	87
MONITORING SYS.....	176	CABENUVA.....	66
BLULINK GLUCOSE TEST....	176	cabergoline.....	153
BONJESTA.....	37	CABLIVI.....	83
BOOSTRIX.....	166	CABOMETYX.....	53
boric acid.....	176	CABTREO.....	112
bortezomib.....	48	CADUET.....	90
BORTEZOMIB.....	48	CAFCIT.....	99
bosentan.....	219	CAFERGOT.....	42
BOSULIF.....	52, 53	CAFFEINE ANHYDROUS.....	100
BOTOX.....	64	caffeine citrate.....	100
bp cleansing wash.....	112	CALAMINE.....	112
bp vit 3.....	124	CALAN SR.....	89
BPCO.....	176	CALCIFOL.....	124
b-plex.....	124	calcipotriene.....	112
b-plex plus.....	124	CALCIPOTRIENE.....	112
BRAFTOVI.....	53	calcipotriene-betameth diprop.....	112
BREATHE COMFORT		calcitonin (salmon).....	171
CHAMBER/ADULT.....	176	CALCITRENE.....	112
BREATHE COMFORT		calcitriol.....	112, 171
CHAMBER/CHILD.....	176	calcium acetate.....	123
BREATHE EASE LARGE.....	176	calcium acetate (phos binder).....	123
BREATHE EASE MEDIUM.....	176	CALCIUM CARBONATE.....	116
BREATHE EASE SMALL.....	176	CALCIUM CARBONATE	
BREATHERITE VALVED MDI		LIGHT.....	116
CHAMBER.....	176	calcium chloride.....	117
BRENZAVVY.....	71	CALCIUM CHLORIDE	
BREO ELLIPTA.....	221	ANHYDROUS.....	116
BREVIBLOC.....	87	CALCIUM CHLORIDE	
BREVIBLOC IN NAACL.....	87	DIHYDRATE.....	117
BREVIBLOC PREMIXED.....	87		
BREVIBLOC PREMIXED DS....	87		
BREXAFEMME.....	41		
breyana.....	221		
BREZTRI AEROSPHERE.....	216		
BRIDION.....	177		
briellyn.....	146		
BRILINTA.....	83		
brimonidine tartrate.....	106, 213		
brimonidine tartrate-timolol....	207		
BRIMONIDINE-			
DORZOLAMIDE.....	207		
BRINEURA.....	136		
brinzolamide.....	213		
BRIUMVI.....	101		
BRIVIACT.....	29		
BRIXADI.....	18		
BRIXADI (WEEKLY).....	18		
BROMELAIN.....	177		
BROMFED DM.....	221		
bromfenac sodium.....	211		
bromfenac sodium (once-daily)			
.....	211		
bromocriptine mesylate.....	60		
BROMPHENIRAMINE			
MALEATE.....	214		
BROMSITE.....	211		
BRONCHITOL.....	221		
BROVANA.....	218		
BRUKINSA.....	53		
BRYHALI.....	108		
budesonide.....	170, 216		
budesonide er.....	170		
budesonide-formoterol			
fumarate.....	221		
bumetanide.....	93		
BUMEX.....	93		
BUPAP.....	99		
BUPHENYL.....	135		
bupivacaine fisiopharma.....	15		
bupivacaine hcl.....	15		
BUPIVACAINE HCL.....	15		
BUPIVACAINE HCL (BULK)....	15		
bupivacaine hcl (pf).....	15		
bupivacaine in dextrose.....	15		
bupivacaine spinal.....	15		
bupivacaine-epinephrine.....	15		
bupivacaine-epinephrine (pf)....	15		
BUP-LIDO.....	15		
BUPRENEX.....	18		
buprenorphine.....	11		
buprenorphine hcl.....	18		
buprenorphine hcl-naloxone			
hcl.....	18		

CALCIUM DISODIUM VERSENATE.....	131	calcium gluconate.....	117	CALCIUM GLUCONATE.....	117	CALCIUM GLUCONATE ANHYDROUS.....	117	CALCIUM GLUCONATE MONOHYDRATE.....	117	calcium gluconate-nacl.....	117	CALCIUM LACTATE PENTAHYDRATE.....	117	CALCIUM PANTOTHENATE..	124	CALCIUM PHOSPHATE DIBASIC.....	117	CALCIUM PHOSPHATE TRIBASIC.....	117	CALDOLOR.....	8	CALQUENCE.....	53	CAMBIA.....	8	CAMCEVI.....	154	camila.....	151	CAMPHOR.....	177	CAMPTOSAR.....	52	camrese.....	146	camrese lo.....	146	CAMZYOS.....	90	CANASA.....	170	CANCIDAS.....	39	candesartan cilexetil.....	85	candesartan cilexetil-hctz.....	90	CANTHARIDIN.....	112	capecitabine.....	47	CAPEX.....	108	CAPHOSOL.....	104	CAPLYTA.....	62	CAPRELSA.....	53	CAPSORAL W/DYNAMIC STATIC GRD.....	177	CAPSUBLEND-H.....	177	CAPSULE #0 CLEAR/CLEAR VEG.....	177	CAPSULE #0 WHITE/WHITE OPQ VEG.....	177	CAPSULE #1 CLEAR/CLEAR VEG.....	177	CAPSULE #1 WHITE/WHITE OPQ VEG.....	177	CAPSULE #3 CLEAR/CLEAR VEG.....	177	CAPSULE #3 WHITE/WHITE OPQ VEG.....	177	CAPSULE CONI-SNAP #0 PURPLE.....	177	captopril.....	85	captopril-hydrochlorothiazide....	90	CAPVAXIVE.....	166	CARAC.....	112	CARAFATE.....	133	CARBAGLU.....	117	carbamazepine.....	32	carbamazepine er.....	32	CARBATROL.....	32	carbidopa.....	61	carbidopa-levodopa.....	61	carbidopa-levodopa er.....	61	carbidopa-levodopa- entacapone.....	60	carbinoxamine maleate.....	214	CARBINOXAMINE MALEATE ER.....	214	carboplatin.....	45	carboprost tromethamine.....	145	CARDENE IV.....	88	CARDIZEM.....	89	CARDIZEM CD.....	89	CARDIZEM LA.....	89	CARDURA.....	139	CARDURA XL.....	85, 139	CAREFINE PEN NEEDLES....	177	CAREONE UNIFINE PENTIPS	177	CAREONE UNIFINE PENTIPS PLUS.....	177	CAREPOINT POLY HUB NEEDLE.....	177	CAREPOINT SAFETY 1ST NEEDLE.....	177	CAREPOINT SAFETY1ST SYR/NEEDLE.....	177	CAREPOINT SYRINGE CATHETER TIP.....	177	CAREPOINT SYRINGE LUER LOCK.....	177	CAREPOINT SYRINGE LUER SLIP.....	177	CAREPOINT TUBERCLN SYR/LUER SL.....	177	CARESENS CONTROL SOLUTION A/B.....	177	CARESENS LANCETS.....	177	CARESENS LANCETS 30G..	177	CARESENS N FELIZ.....	177	CARESENS N FELIZ BT.....	177	CARETOUCH ALCOHOL PREP.....	177	CARETOUCH CATHETER TIP SYRINGE.....	177	CARETOUCH CONTROL SOL LEVEL 2.....	177	CARETOUCH HYPODERMIC NEEDLE.....	177	CARETOUCH LANCING/EJECTOR.....	177	CARETOUCH LUER LOCK....	177	CARETOUCH LUER LOCK SYR/NEEDLE.....	178	CARETOUCH LUER SLIP.....	178	CARETOUCH PEN NEEDLES	178	CARETOUCH SAFETY LANCETS.....	178	CARETOUCH SAFETY LANCETS 26G.....	178	CARETOUCH TEST.....	178	CARETOUCH TWIST LANCETS 28G.....	178	CARETOUCH TWIST LANCETS 30G.....	178	CARETOUCH TWIST LANCETS 33G.....	178	CARETOUCH TWIST MC LANCETS 30G.....	178	carglumic acid.....	117	carisoprodol.....	223	carmustine.....	45	CARNITOR.....	172, 178	CARNITOR SF.....	178	CAROSPIR.....	93	carteolol hcl.....	212	cartia xt.....	89	carvedilol.....	87	carvedilol phosphate er.....	87	CASODEX.....	46	casopfungin acetate.....	39	CATAPRES-TTS-1.....	84	CATAPRES-TTS-2.....	84	CATAPRES-TTS-3.....	84	CAVERJECT.....	139	CAYA.....	178	CAYSTON.....	219	cefaclor.....	23	cefaclor er.....	23	cefadroxil.....	23	CEFAZOLIN IN SODIUM CHLORIDE.....	23	CEFAZOLIN SODIUM.....	23	cefazolin sodium.....	23	cefazolin sodium-dextrose.....	23
------------------------------------	-----	------------------------	-----	------------------------	-----	-------------------------------------	-----	---------------------------------------	-----	-----------------------------	-----	--------------------------------------	-----	------------------------	-----	-----------------------------------	-----	------------------------------------	-----	---------------	---	----------------	----	-------------	---	--------------	-----	-------------	-----	--------------	-----	----------------	----	--------------	-----	-----------------	-----	--------------	----	-------------	-----	---------------	----	----------------------------	----	---------------------------------	----	------------------	-----	-------------------	----	------------	-----	---------------	-----	--------------	----	---------------	----	---------------------------------------	-----	-------------------	-----	------------------------------------	-----	--	-----	------------------------------------	-----	--	-----	------------------------------------	-----	--	-----	-------------------------------------	-----	----------------	----	-----------------------------------	----	----------------	-----	------------	-----	---------------	-----	---------------	-----	--------------------	----	-----------------------	----	----------------	----	----------------	----	-------------------------	----	----------------------------	----	--	----	----------------------------	-----	----------------------------------	-----	------------------	----	------------------------------	-----	-----------------	----	---------------	----	------------------	----	------------------	----	--------------	-----	-----------------	---------	--------------------------	-----	----------------------------------	-----	--------------------------------------	-----	-----------------------------------	-----	-------------------------------------	-----	--	-----	--	-----	-------------------------------------	-----	-------------------------------------	-----	--	-----	---------------------------------------	-----	-----------------------	-----	------------------------	-----	-----------------------	-----	--------------------------	-----	--------------------------------	-----	--	-----	---------------------------------------	-----	-------------------------------------	-----	-----------------------------------	-----	-------------------------	-----	--	-----	--------------------------	-----	--------------------------------	-----	----------------------------------	-----	--------------------------------------	-----	---------------------	-----	-------------------------------------	-----	-------------------------------------	-----	-------------------------------------	-----	--	-----	---------------------	-----	-------------------	-----	-----------------	----	---------------	----------	------------------	-----	---------------	----	--------------------	-----	----------------	----	-----------------	----	------------------------------	----	--------------	----	--------------------------	----	---------------------	----	---------------------	----	---------------------	----	----------------	-----	-----------	-----	--------------	-----	---------------	----	------------------	----	-----------------	----	--------------------------------------	----	-----------------------	----	-----------------------	----	--------------------------------	----

cefdinir.....	23	chlordiazepoxide hcl.....	70	CIPROFLOXACIN-	
cefepime hcl.....	23	chlordiazepoxide-amitriptyline...34		FLUOCINOLONE PF.....	214
cefepime-dextrose.....	23	chlordiazepoxide-clidinium.....	130	cisatracurium besylate.....	178
cefixime.....	23	chlorhexidine gluconate.....	103	cisatracurium besylate (pf)	
CEFOTAN.....	23	CHLORHEXIDINE		.....	178, 224
CEFOTAXIME SODIUM.....	23	GLUCONATE.....	104	cisplatin.....	45
cefotetan disodium.....	23	chloroprocaine hcl (pf).....	15	CISPLATIN.....	45
cefoxitin sodium.....	23	chloroquine phosphate.....	59	CITALOPRAM	
CEFOXITIN SODIUM-		chlorothiazide sodium.....	94	HYDROBROMIDE.....	35
DEXTROSE.....	23	chlorpromazine hcl.....	61	citalopram hydrobromide.....	35
cefpodoxime proxetil.....	24	chlorthalidone.....	94	CITRANATAL BLOOM.....	124
cefprozil.....	24	chlorzoxazone.....	223, 224	CITRANATAL MEDLEY.....	124
ceftazidime.....	24	CHOLBAM.....	135	citroma.....	129
ceftazidime and dextrose.....	24	cholestyramine.....	95	cladribine.....	47
ceftriaxone sodium.....	24	cholestyramine light.....	95	claravis.....	106
ceftriaxone sodium in dextrose..	24	CHOLEXMAX.....	178	CLARINEX.....	215
ceftriaxone sodium-dextrose.....	24	CHOLEXTRA T/F.....	178	CLARINEX-D 12 HOUR.....	215
cefuroxime axetil.....	24	CHOLINE BITARTRATE.....	178	clarithromycin.....	26
cefuroxime sodium.....	24	CHORIONIC		clarithromycin er.....	26
CELEBREX.....	8	GONADOTROPIN.....	143	clearlax.....	129
celecoxib.....	8	CHOSEN LANCETS 30G.....	178	clemastine fumarate.....	215
CELESTONE SOLUSPAN.....	141	CHOSEN LANCING DEVICE.....	178	CLENIA PLUS.....	112
CELEXA.....	35	CHOSEN SAFETY LANCETS		CLENPIQ.....	131
CELLCEPT.....	162	28G.....	178	CLEOCIN.....	20
CELLCEPT INTRAVENOUS..	162	chromic chloride.....	117	CLEOCIN PHOSPHATE.....	20
CELONTIN.....	31	CIALIS.....	139	CLEOCIN-T.....	115
CENFOL.....	124	CIBINQO.....	108	CLEVER CHEK LANCETS.....	178
CENTANY.....	115	ciclodan.....	115	CLEVER CHOICE COMFORT	
CENTRATEX.....	117	ciclopirox.....	115	EZ.....	178
cephalexin.....	24	CICLOPIROX OLAMINE.....	41	CLEVER CHOICE HOLDING	
CEPROTIN.....	78	ciclopirox olamine.....	115	CHAMBER.....	178
CEQUA.....	207	cidofovir.....	65	CLEVER CHOICE LANCETS	
CEQUR SIMPLICITY 2U.....	178	cilostazol.....	83	21G.....	178
CEQUR SIMPLICITY		CILOXAN.....	210	CLEVER CHOICE LANCETS	
INSERTER.....	178	CIMDUO.....	67	23G.....	178
CERDELGA.....	135	CIMERLI.....	207	CLEVER CHOICE LANCETS	
CEREBYX.....	32	cimetidine.....	133	28G.....	178
CEREZYME.....	136	CIMETIDINE.....	133	CLEVIPREX.....	88
CERVIDIL.....	145	cimetidine hcl.....	133	CLICKFINE PEN NEEDLES... 178	
cetirizine hcl.....	214	CIMZIA.....	162	CLIMARA.....	147
CETRAXAL.....	214	CIMZIA (2 SYRINGE).....	162	CLIMARA PRO.....	147
CETYLCIDE-G.....	178	CIMZIA-STARTER.....	162	clindacin.....	115
cevimeline hcl.....	103	cinacalcet hcl.....	171	clindacin etz.....	20
CHARCOAL ACTIVATED.....	131	CINQAIR.....	221	clindacin-p.....	20
charlotte 24 fe.....	146	CINRYZE.....	155	CLINDAGEL.....	115
chateal.....	147	CINVANTI.....	38	clindamycin hcl.....	20
chateal eq.....	147	CIPRO.....	27	clindamycin palmitate hcl.....	20
CHEMET.....	123	CIPRO HC.....	214	clindamycin phos-benzoyl	
CHEMSTRIP BG LOG BOOK.....	178	CIPRODEX.....	214	perox.....	106
CHEMSTRIP K.....	178	ciprofloxacin.....	27	clindamycin phosphate.....	20, 115
CHEMSTRIP UGK.....	178	ciprofloxacin hcl.....	27, 210, 214	clindamycin phosphate in d5w..	20
CHENODAL.....	131	ciprofloxacin in d5w.....	27	CLINDAMYCIN PHOSPHATE	
chloramphenicol sod succinate..	20	ciprofloxacin-dexamethasone..	214	IN NAACL.....	20

clindamycin-tretinoin.....	106	clonidine hcl er.....	98	COMFORT EZ SHORT PEN	
CLINDESSE.....	115	clopidogrel bisulfate.....	83	NEEDLES.....	179
CLINIMIX E/DEXTROSE		clorazepate dipotassium.....	70	COMFORT TOUCH	
(2.75/5).....	117	CLOTOTEKAL.....	15	ALCOHOL PREP.....	179
CLINIMIX E/DEXTROSE		clotrimazole.....	39, 41	COMFORT TOUCH INSULIN	
(4.25/10).....	117	CLOTRIMAZOLE.....	41	PEN NEED.....	179
CLINIMIX E/DEXTROSE		clotrimazole-betamethasone... 112		COMFORT TOUCH LANCETS	
(4.25/5).....	117	clozapine.....	64	31G.....	179
CLINIMIX E/DEXTROSE		CLOZARIL.....	64	COMFORT TOUCH PLUS	
(5/15).....	117	CNJ-016.....	155	LANCETS 28G.....	179
CLINIMIX E/DEXTROSE		COAGADEx.....	81	COMFORT TOUCH PLUS	
(5/20).....	117	coal tar.....	178	LANCETS 30G.....	179
CLINIMIX E/DEXTROSE		COARTEM.....	59	COMFORT TOUCH TWIST	
(8/10).....	117	COBENFY.....	100	LANCET 30G.....	179
CLINIMIX E/DEXTROSE		COBENFY STARTER PACK.. 100		COMIRNATY.....	166
(8/14).....	117	COCAINE HCL.....	15	COMPACT SPACE	
CLINIMIX/DEXTROSE		cod liver oil.....	124	CHAMBER.....	179
(4.25/10).....	117	codeine sulfate.....	12	COMPACT SPACE	
CLINIMIX/DEXTROSE (4.25/5)		COLAZAL.....	170	CHAMBER/LG MASK.....	179
.....	117	colchicine.....	42	COMPACT SPACE	
CLINIMIX/DEXTROSE (5/15).	117	colchicine-probenecid.....	42	CHAMBER/MED MASK.....	179
CLINIMIX/DEXTROSE (5/20).	118	COLCRYs.....	42	COMPACT SPACE	
CLINIMIX/DEXTROSE (6/5)...	118	colesevelam hcl.....	95	CHAMBER/SM MASK.....	179
CLINIMIX/DEXTROSE (8/10).	118	COLESTID.....	95	COMPLERA.....	66
CLINIMIX/DEXTROSE (8/14).	118	COLESTID FLAVORED.....	95	COMPRO.....	37
CLINISOL SF.....	118	colestipol hcl.....	95	COMTAN.....	60
CLINOIN.....	112	colistimethate sodium (cba).....	20	CONCERTA.....	98
CLINOLIPID.....	178	COLUMVI.....	48	CONDOMS.....	179
CLINPRO 5000.....	104	COLY-MYCIN M.....	20	CONDYLOX.....	112
clobazam.....	31	COMBIGAN.....	207	CONJUPRI.....	88
clobetasol prop emollient base	108	COMBIPATCH.....	147	constulose.....	129
clobetasol propionate.....	108	COMBIVENT RESPIMAT.....	221	CONTOUR BLOOD	
CLOBETASOL PROPIONATE		COMBIVIR.....	67	GLUCOSE SYSTEM.....	179
.....	108, 141	COMBOGESIC.....	8	CONTOUR CONTROL.....	179
clobetasol propionate e.....	108	COMETRIQ (100 MG DAILY		CONTOUR MONITOR.....	179
clobetasol propionate emulsion		DOSE).....	53	CONTOUR NEXT CONTROL.....	179
.....	108	COMETRIQ (140 MG DAILY		CONTOUR NEXT EZ.....	179
CLOBEX.....	108, 109	DOSE).....	53	CONTOUR NEXT GEN	
CLOBEX SPRAY.....	109	COMETRIQ (60 MG DAILY		MONITOR.....	179
clocortolone pivalate.....	109	DOSE).....	53	CONTOUR NEXT LINK.....	179
clodan.....	109	COMFORT ASSURED		CONTOUR NEXT MONITOR.....	179
CLODERM.....	109	LANCETS 28G.....	178	CONTOUR NEXT ONE.....	179
clofarabine.....	47	COMFORT ASSURED		CONTOUR NEXT TEST.....	179
CLOLAR.....	47	LANCETS 33G.....	179	CONTOUR PLUS BLUE.....	179
CLOMID.....	152	COMFORT EZ INSULIN		CONTOUR PLUS TEST.....	179
clomipramine hcl.....	37	SYRINGE.....	179	CONTOUR TEST.....	179
clonazepam.....	31	COMFORT EZ MICRO PEN		CONTRAVE.....	100
clonidine.....	84	NEEDLES.....	179	CONZIP.....	11
CLONIDINE ER.....	98	COMFORT EZ PEN		COPAXONE.....	101
clonidine hcl.....	84	NEEDLES.....	179	COPIKTRA.....	53
CLONIDINE HCL.....	84	COMFORT EZ PRO PEN		CORDRAN.....	109
clonidine hcl (analgesia).....	100	NEEDLES.....	179	COREG.....	87
CLONIDINE HCL (BULK).....	100			COREG CR.....	87

coremino.....	28	CURITY AMD		dacarbazine.....	45
CORGARD.....	87	ANTIMICROBIAL STRIP.....	180	dactinomycin.....	48
CORIFACT.....	81	CURITY IODOFORM		dalfampridine er.....	101
CORLANOR.....	90	PACKING STRIP.....	180	DALIRESP.....	219
CORLOPAM.....	96	CURITY STERILE SALINE.....	180	DALVANCE.....	21
CORTEF.....	140	CUROSURF.....	222	danazol.....	145
CORTENEMA.....	170	CUTAQUIG.....	155	DANAZOL.....	145
CORTIFOAM.....	170	CUVITRU.....	155	DANTRIUM.....	64
CORTISONE ACETATE.....	140, 141	CUVPOSA.....	130	dantrolene sodium.....	64
CORTISPORIN-TC.....	214	CUVRIOR.....	123	DANYELZA.....	56
CORTROPHIN.....	141	CVS KETONE CARE.....	180	DAPAGLIFLOZIN PRO-	
CORVERT.....	86	CVS LANCETS MICRO THIN		METFORMIN ER.....	71
CORVITA.....	124	33G.....	180	DAPAGLIFLOZIN	
corvita 150.....	118	CVS LANCETS THIN 26G.....	180	PROPANEDIOL.....	71
CORVITE 150.....	118	CVS LANCETS ULTRA-THIN		dapsone.....	44, 115
COSELA.....	179	30G.....	180	DAPTACEL.....	166
COSENTYX.....	157	cyanocobalamin.....	124	daptomycin.....	21
COSENTYX (300 MG DOSE).....	157	CYANOKIT.....	180	DAPTOMYCIN-SODIUM	
COSENTYX SENSOREADY		cyclobenzaprine hcl.....	224	CHLORIDE.....	21
(300 MG).....	157	cyclobenzaprine hcl er.....	224	DARAPRIM.....	59
COSENTYX SENSOREADY		CYCLOGYL.....	207	darifenacin hydrobromide er...	138
PEN.....	157	CYCLOMYDRIL.....	207	DARTISLA ODT.....	130
COSENTYX UNOREADY.....	157	cyclopentolate hcl.....	207	darunavir.....	68
COSMEGEN.....	48	CYCLOPHENE RAPIDPAQ.....	224	DARZALEX.....	56
COSOPT.....	207	cyclophosphamide.....	45	DARZALEX FASPRO.....	56
COSOPT PF.....	207	CYCLOPHOSPHAMIDE.....	45	dasatinib.....	53
COTELLIC.....	53	cycloserine.....	44	dasetta 1/35.....	147
COTEMPLA XR-ODT.....	98	CYCLOSET.....	71	dasetta 7/7/7.....	147
COXANTO.....	8	cyclosporine.....	162, 207	daunorubicin hcl.....	48
COZAAR.....	85	cyclosporine modified.....	162	DAURISMO.....	53
CREAM BASE.....	179	CYKLOKAPRON.....	81	DAYBUE.....	100
CREON.....	135	CYLTEZO (2 PEN).....	162	DAYPRO.....	8
CRESEMBA.....	39, 41	CYLTEZO (2 SYRINGE).....	162	daysee.....	147
CRESTOR.....	94	CYLTEZO-CD/UC/HS		DAYTRANA.....	98
CREXONT.....	61	STARTER.....	162	DAYVIGO.....	224
CRINONE.....	151	CYLTEZO-PSORIASIS/UV		DDAVP.....	143, 144
cromolyn sodium.....	135, 210, 219	STARTER.....	162	DDAVP PF.....	144
CROMOLYN SODIUM.....	219	CYMBALTA.....	35	deblitane.....	151
CROTAN.....	115	cyproheptadine hcl.....	215	decitabine.....	48
cryselle-28.....	147	CYRAMZA.....	56	DEFENCATH.....	78
CRYSVITA.....	136	cyred.....	147	deferasirox.....	123
CUBICIN RF.....	21	cyred eq.....	147	deferasirox granules.....	123
CULTURELLE ABDOMINAL		CYSTADANE.....	135	deferiprone.....	123
SUPPORT.....	131	CYSTADROPS.....	207	deferoxamine mesylate.....	180
CULTURELLE IBS		CYSTAGON.....	135	DEFITELIO.....	90
COMPLETE.....	179	CYSTARAN.....	207	deflazacort.....	141
CULTURELLE KIDS GROW		cytarabine.....	47	DEFLUX METAL NEEDLE.....	180
THRIVE.....	131	cytarabine (pf).....	47	DEHYDRATED ALCOHOL.....	180
cupric chloride.....	118	CYTOGAM.....	155	DELESTROGEN.....	147
CUPRIMINE.....	123	CYTOMEL.....	152	DELSTRIGO.....	67
curae.....	151	CYTOTEC.....	133	delyla.....	147
CURITY AMD		CYTOTINE.....	180	DELZICOL.....	170
ANTIMICROBIAL SPNGE.....	179	dabigatran etexilate mesylate...	78	demeclocycline hcl.....	28

DEMEROL.....	12	DEXAMETHASONE		DIASCREEN 2GK.....	180
DEMSEK.....	90	ACETATE.....	142	DIASCREEN 2GP.....	180
DENAVIR.....	115	dexamethasone intensol.....	140	DIASCREEN 3.....	180
DENGVAXIA.....	166	dexamethasone sod phos +rfid		DIASCREEN 4NL.....	180
DENOVO PLUS B12.....	180	.....	142	DIASCREEN 4OBL.....	180
DENTA 5000 PLUS.....	104	DEXAMETHASONE SOD		DIASCREEN 4PH.....	180
DENTA 5000 PLUS		PHOS-NACL.....	142	DIASCREEN 5.....	180
SENSITIVE.....	104	dexamethasone sod		DIASCREEN 6.....	180
DENTAGEL.....	104	phosphate pf.....	142	DIASCREEN 7.....	180
DEPAKOTE.....	31	dexamethasone sodium		DIASCREEN 8.....	180
DEPAKOTE ER.....	31	phosphate.....	142, 211	DIASCREEN 9.....	180
DEPAKOTE SPRINKLES.....	31	DEXCOM G6 RECEIVER.....	180	DIASCREEN LIQUID URINE	
DEPEN TITRATABS.....	123	DEXCOM G6 SENSOR.....	180	CONTROL.....	180
DEPLIN 15.....	180	DEXCOM G6 TRANSMITTER.....	180	DIASTAT ACUDIAL.....	31
DEPLIN 7.5.....	180	DEXCOM G7 RECEIVER.....	180	DIASTAT PEDIATRIC.....	31
DEPLIN FC.....	180	DEXCOM G7 SENSOR.....	180	DIASTIX REAGENT.....	180
DEPO-ESTRADIOL.....	147	DEXEDRINE.....	97	DIATHRIVE BLOOD	
DEPO-MEDROL.....	141	DEXILANT.....	134	GLUCOSE METER.....	180
DEPO-PROVERA.....	151	dexlansoprazole.....	134	DIATHRIVE BLOOD	
DEPO-SUBQ PROVERA.....	151	dexmedetomidine hcl.....	225	GLUCOSE TEST.....	181
DEPO-TESTOSTERONE.....	145	dexmedetomidine hcl in nacl...224		DIATHRIVE GLUCOSE	
DERMACINRX PRETRATE.....	124	DEXMEDETOMIDINE HCL IN		CONTROL SOLN.....	181
DERMA-SMOOTH/FS BODY		NACL.....	225	DIATHRIVE GLUCOSE TEST.....	181
.....	109	DEXMEDETOMIDINE HCL-		DIATHRIVE LANCET ULTRA	
DERMA-SMOOTH/FS		DEXTROSE.....	225	THIN 30.....	181
SCALP.....	109	dexmethylphenidate hcl.....	98	DIATHRIVE LANCETS.....	181
DERMELLE.....	180	dexmethylphenidate hcl er.....	98	DIATHRIVE LANCING	
DERMOTIC.....	214	DEXONTO 0.4%.....	142	DEVICE.....	181
DESCOVY.....	67	DEXPANTHENOL.....	131	DIATHRIVE PEN NEEDLE.....	181
DESFERAL.....	180	dexrazoxane.....	58	DIATHRIVE+ GLUCOSE	
desipramine hcl.....	37	dexrazoxane hcl.....	58	MONITOR.....	181
desloratadine.....	215	DEXTENZA.....	211	DIATHRIVE+ GLUCOSE	
desmopressin ace spray refig	143	dextroamphetamine sulfate.....	97	TEST.....	181
desmopressin acetate.....	143, 144	dextroamphetamine sulfate er..	97	diazepam.....	31, 70
DESMOPRESSIN ACETATE.....	144	DEXTROMETHORPHAN HBR		diazepam intensol.....	70
desmopressin acetate pf.....	144	MONOHYD.....	222	diazoxide.....	73
desmopressin acetate spray...144		dextrose.....	73, 118	DIBENZYLIN.....	85
desogestrel-ethinyl estradiol...147		DEXTROSE		dichlorphenamide.....	136
desonide.....	109	5%/ELECTROLYTE #48.....	118	DICLEGIS.....	37
DESOWEN.....	109	dextrose in lactated ringers....	118	DICLOFENAC.....	8
desoximetasone.....	109	dextrose-sodium chloride.....	118	DICLOFENAC EPOLAMINE.....	8
DESOXYN.....	97	DEXYCU.....	211	diclofenac potassium.....	8
desrx.....	109	DHIVY.....	61	diclofenac potassium(migraine)..	8
DESVENLAFAXINE ER.....	35	DIACOMIT.....	31	diclofenac sodium.....	8, 112, 211
desvenlafaxine succinate er.....35		DIALYVITE.....	124	diclofenac sodium er.....	8
DETROL.....	138	DIALYVITE 3000.....	124	diclofenac-misoprostol.....	8
DETROL LA.....	138	DIALYVITE 5000.....	124	DICLOFONO.....	8
DEXABLISS.....	141	DIALYVITE SUPREME D.....	124	dicloxacillin sodium.....	25
dexamethasone.....	140, 142	DIALYVITE/ZINC.....	125	DICOPANOL FUSEPAQ.....	215
DEXAMETHASONE (LA).....	141	DIASCREEN 10.....	180	DICOPANOL RAPIDPAQ.....	215
DEXAMETHASONE ACE &		DIASCREEN 1B.....	180	dicyclomine hcl.....	130
SOD PHOS.....	141	DIASCREEN 1G.....	180	diethylpropion hcl.....	100
		DIASCREEN 1K.....	180	diethylpropion hcl er.....	100

DIFFERIN.....	106	docetaxel.....	48	DROPSAFE SAFETY	
DIFICID.....	26	DOCIVYX.....	48	SYRINGE/NEEDLE.....	181
diflorasone diacetate.....	109	DOCUSATE SODIUM.....	129	DROPSAFE SICURA.....	181
DIFLUCAN.....	39	DODEX.....	125	drosipren-eth estrad-levomefol	147
diflunisal.....	8	dofetilide.....	86	drosiprenone-ethinyl estradiol.	147
DIFLUNISAL.....	8	DOJOLVI.....	181	DROXIA.....	47
difluprednate.....	211	dolishale.....	147	droxidopa.....	84
digestive support.....	181	DOLOBID.....	8	DRUG MART LANCETS THIN	
DIGIFAB.....	181	donepezil hcl.....	34	26G.....	181
digitek.....	86	dopamine hcl.....	91	DRUG MART ON-THE-GO	
digoxin.....	86	dopamine-dextrose.....	91	LANCET 30G.....	181
DIHYDROERGOTAMINE		DOPRAM.....	100	DRUG MART UNILET	
MESYLATE.....	42	DOPTelet.....	83	LANCETS 28G.....	181
dihydroergotamine mesylate....	42	DORAL.....	225	DRUG MART UNILET	
DILANTIN.....	33	DORYX.....	28	LANCETS 30G.....	181
DILANTIN INFATABS.....	33	DORYX MPC.....	28	DRUG MART UNILET	
DILANTIN-125.....	33	dorzolamide hcl.....	213	LANCETS 33G.....	181
DILAUDID.....	12	dorzolamide hcl-timolol mal....	207	DRYSOL.....	112
diltiazem hcl.....	89	dorzolamide hcl-timolol mal pf	207	DUAKLIR PRESSAIR.....	217
diltiazem hcl er.....	89	dotti.....	147	DUAL COMPLEX FORMULA 1	
diltiazem hcl er beads.....	89	DOUBLE PM.....	207	KIT.....	8
diltiazem hcl er coated beads...	89	DOVATO.....	66	DUAVEE.....	152
DILTIAZEM HCL-DEXTROSE..	89	doxazosin mesylate.....	139	DUETACT.....	71
DILTIAZEM HCL-SODIUM		doxepin hcl.....	37, 109, 225	DUEXIS.....	8
CHLORIDE.....	89	doxercalciferol.....	171	DULERA.....	222
dilt-xr.....	89	DOXIL.....	48	duloxetine hcl.....	35
DILUENT FOR LEFAMULIN... 181		doxorubicin hcl.....	48	DUOBRII.....	112
diluent for treprostinil.....	181	doxorubicin hcl liposomal.....	48	DUODOTE.....	181
dimenhydrinate.....	37	doxy 100.....	28	DUOPA.....	61
dimethyl fumarate.....	101	doxycycline.....	28	DUPIXENT.....	157, 158
dimethyl fumarate starter pack	101	doxycycline hyclate.....	28, 103	DURABASE.....	182
DIOVAN.....	85	DOXYCYCLINE HYCLATE.....	28	DURABASE ADVANCED.....	182
DIOVAN HCT.....	90	doxycycline monohydrate.....	28	DURACLON.....	100
DIPENTUM.....	170	DOXYLAMINE SUCCINATE...215		DURAMORPH.....	12
diphenhydramine hcl.....	215	doxylamine-pyridoxine.....	37	DUREX EXTRA SENSITIVE	
DIPHENHYDRAMINE HCL....	215	d-ribose.....	181	THIN.....	182
diphenoxylate-atropine.....	130	DRISDOL.....	125	DUREX TROPICAL.....	182
DIPROLENE.....	109	DRIZALMA SPRINKLE.....	35	DUREZOL.....	211
dipyridamole.....	83	dronabinol.....	38	DURLAZA.....	83
disopyramide phosphate.....	86	droperidol.....	37	DUROLANE.....	182
DISPERSERX.....	181	DROPLET GENTEEL		DURYSTA.....	213
disulfiram.....	18	LANCING DEVICE.....	181	dutasteride.....	139
DITROPAN XL.....	138	DROPLET INSULIN SYRINGE		dutasteride-tamsulosin hcl.....	139
DIURIL.....	94	.....	181	DUVYZAT.....	182
divalproex sodium.....	31	DROPLET LANCETS ULTRA		DXEVO 11-DAY.....	142
divalproex sodium er.....	31	THIN 30G.....	181	DYANAVEL XR.....	97
DIVIGEL.....	147	DROPLET MICRON.....	181	DYMISTA.....	215
DL-ALANINE.....	181	DROPLET PEN NEEDLES....	181	DYRENIUM.....	93
DL-LEUCINE.....	181	DROPLET PERSONAL		DYSPORT.....	64
DL-METHIONINE.....	181	LANCETS 30G.....	181	E.E.S. 400.....	26
DL-PHENYLALANINE.....	181	DROPSAFE ALCOHOL PREP	181	E.E.S. GRANULES.....	26
dobutamine hcl.....	90	DROPSAFE SAFETY PEN		EASIVENT.....	182
dobutamine-dextrose.....	90	NEEDLES.....	181		

EASY COMFORT ALCOHOL PADS.....	182	EASY TOUCH SAFETY LANCETS 28G.....	183	ELCYS.....	183
EASY COMFORT INSULIN SYRINGE.....	182	EASY TOUCH SAFETY PEN NEEDLES.....	183	ELELYSO.....	136
EASY COMFORT LANCETS..	182	EASY TOUCH SYRINGE BARREL.....	183	ELEPSIA XR.....	29
EASY COMFORT LANCETS TWIST TOP.....	182	EASY TRAK II BLOOD GLUCOSE SYS.....	183	ELESTRIN.....	147
EASY COMFORT PEN NEEDLES.....	182	EASY TRAK II CONTROL.....	183	eletriptan hydrobromide.....	43
EASY GLIDE CATH TIP SYRINGE.....	182	EASY TRAK II GLUCOSE TEST.....	183	ELFABRIO.....	136
EASY GLIDE LUER LOCK SYRINGE.....	182	EASYGEL.....	104	ELFOLATE.....	125
EASY GLIDE SLIP LOCK SYRINGE.....	182	EASYMAX 15 LEVEL 2-3 CONTROL.....	183	ELIDEL.....	109
EASY MAX BLOOD GLUCOSE TEST.....	182	EASYMAX CONTROL.....	183	ELIGARD.....	153
EASY MAX T1 GLUCOSE SYSTEM.....	182	EASYMAX CONTROL NORMAL/HIGH.....	183	elinest.....	147
EASY TALK PLUS II CONTROL.....	182	EASYPPOINT NEEDLE.....	183	ELIQUIS.....	78
EASY TALK PLUS II TEST STRIPS.....	182	EASYPPOINT NEEDLE/SYRINGE.....	183	ELIQUIS DVT/PE STARTER PACK.....	78
EASY TOUCH HEALTHPRO GLUCOSE.....	182	EBGLYSS.....	158	ELITEK.....	58
EASY TOUCH HYPODERMIC NEEDLE.....	182	EB-N3 DR.....	125	ELITE-OB.....	125
EASY TOUCH INSULIN SYRINGE.....	182	EC-NAPROSYN.....	8	elixophyllin.....	219
EASY TOUCH LANCETS 21G.....	182	ec-naproxen.....	8	ELLA.....	183
EASY TOUCH LANCETS 23G.....	182	econazole nitrate.....	39	ELLENC.....	48
EASY TOUCH LANCETS 26G.....	182	econtra ez.....	151	ELMIRON.....	139
EASY TOUCH LANCETS 28G.....	182	econtra one-step.....	151	ELOCTATE.....	81
EASY TOUCH LANCETS 28G/TWIST.....	182	ECOZA.....	41	ELREXFIO.....	49
EASY TOUCH LANCETS 30G.....	182	EC-RX DHEA.....	183	eluryng.....	147
EASY TOUCH LANCETS 30G/TWIST.....	182	EC-RX ESTRADIOL.....	147	ELYXYB.....	8
EASY TOUCH LANCETS 32G.....	182	EC-RX PROGESTERONE.....	151	ELZONRIS.....	49
EASY TOUCH LANCETS 32G/TWIST.....	182	EC-RX TESTOSTERONE.....	145	EMBRACE EVO GLUCOSE MONITOR.....	183
EASY TOUCH LANCETS 33G/TWIST.....	182	ECTOSEAL P2G.....	183	EMBRACE LANCETS ULTRA THIN 30G.....	183
EASY TOUCH LANCING DEVICE.....	182	edaravone.....	100	EMBRACE LANCING DEVICE/EJECTOR.....	183
EASY TOUCH PEN NEEDLES.....	183	EDARBI.....	85	EMBRACE PEN NEEDLES....	183
EASY TOUCH SAFETY LANCETS 21G.....	183	EDARBYCLOR.....	91	EMBRACE PRESSURE ACTIVATED 21G.....	183
EASY TOUCH SAFETY LANCETS 23G.....	183	EDECIN.....	93	EMBRACE PRESSURE ACTIVATED 28G.....	183
EASY TOUCH SAFETY LANCETS 26G.....	183	EDETATE CALCIUM DISODIUM.....	131	EMBRACE TALK BLOOD GLUCOSE.....	183
		EDETATE DISODIUM.....	183	EMBRACE TALK GLUCOSE CONTROL.....	183
		EDLUAR.....	225	EMBRACE TALK GLUCOSE TEST.....	183
		EDURANT.....	67	EMBRACE TALK MONITORING SYSTEM.....	183
		efavirenz.....	67	EMBRACE WAVE BLOOD GLUCOSE.....	183
		efavirenz-emtricitab-tenofo df...	67	EMBRACE WAVE GLUCOSE METER.....	184
		efavirenz-lamivudine-tenofovir..	67	EMCYT.....	46
		effexor-xr.....	35	EMEND.....	38
		EFFEXOR XR.....	35	EMEND TRI-PACK.....	38
		EFFIENT.....	83	EMERPHED.....	91
		EFUDEX.....	112	EMFLAZA.....	140
		EGATEN.....	59	EMGALITY.....	42
		EGRIFTA SV.....	144		
		ELAHERE.....	56		
		ELAPRASE.....	136		

EMGALITY (300 MG DOSE)....	42	ENTADFI.....	139	ERIVEDGE.....	53
EMOLLIENT BASE.....	184	entecavir.....	65	ERLEADA.....	46
EMPAVELI.....	158	ENTEREG.....	131	erlotinib hcl.....	53
EMPLICITI.....	56	ENTRESTO.....	91	ERMEZA.....	153
EMPTY CAPSULE SIZE 0		ENTYVIO.....	158	errin.....	151
CLEAR.....	184	ENTYVIO PEN.....	158	ERTACZO.....	39
EMPTY CAPSULE SIZE 0		enulose.....	129	ertapenem sodium.....	26
WHITE/OPA.....	184	ENVARXUS XR.....	163	ery.....	116
EMPTY CAPSULE SIZE 1		ENZOCLEAR.....	116	ERYGEL.....	116
CLEAR.....	184	EOHILIA.....	170	ERYPED 200.....	26
EMPTY CAPSULE SIZE 1		EPANED.....	85	ERYPED 400.....	26
WHITE/OPA.....	184	EPCLUSA.....	65	ERY-TAB.....	26
EMPTY CAPSULE SIZE 3		ephedrine sulfate (pressors).....	84	ERYTHROCIN	
CLEAR.....	184	EPHEDRINE SULFATE		LACTOBIONATE.....	27
EMPTY CAPSULE SIZE 3		(PRESSORS).....	91	ERYTHROCIN STEARATE.....	27
WHITE/OPA.....	184	EPHEDRINE SULFATE-NACL.....	91	erythromycin.....	27, 116, 210
EMSAM.....	35	EPIDIOLEX.....	29	erythromycin base.....	27
emtricitabine.....	67	EPIDUO.....	106	ERYTHROMYCIN BASE.....	27
emtricitabine-tenofovir df.....	67	EPIDUO FORTE.....	106	erythromycin ethylsuccinate.....	27
EMTRIVA.....	67	EPIFOAM.....	112	erythromycin lactobionate.....	27
EMVERM.....	59	epinastine hcl.....	210	ESBRIET.....	221
emzahn.....	151	epinephrine.....	91, 218	escitalopram oxalate.....	35
enalapril maleate.....	85	EPINEPHRINE.....	91	ESGIC.....	100
enalaprilat.....	85	epinephrine (anaphylaxis).....	91	esmolol hcl.....	87
enalapril-hydrochlorothiazide....	91	EPINEPHRINE HCL-		esmolol hcl-sodium chloride.....	87
ENBRACE HR.....	125	DEXTROSE.....	91	esomeprazole magnesium.....	134
ENBREL.....	162, 163	EPINEPHRINE HCL-NACL.....	91	esomeprazole sodium.....	134
ENBREL MINI.....	162	epinephrine pf.....	91	ESPEROCT.....	81
ENBREL SURECLICK.....	163	EPINEPHRINE-DEXTROSE.....	91	ESSENTRA WIPES 9X9".....	21
ENCARE.....	139	EPINEPHRINE-NACL.....	91	estarylla.....	147
ENDARI.....	135	EPIPEN 2-PAK.....	218	estazolam.....	225
endocet.....	12	EPIPEN JR 2-PAK.....	218	ESTRACE.....	147
ENDOMETRIN.....	151	epitol.....	33	estradiol.....	147
ENGERIX-B.....	166	EPIVIR.....	67	estradiol valerate.....	147
ENHERTU.....	56	EPIVIR HBV.....	65	estradiol-norethindrone acet...	147
enilloring.....	147	EPKINLY.....	49	ESTRING.....	147
ENJAYMO.....	158	eplerenone.....	93	ESTROGEL.....	147
ENLITE GLUCOSE SENSOR.....	184	EPOGEN.....	79	eszopiclone.....	225
ENOVARX-BACLOFEN.....	224	epoprostenol sodium.....	220	ethacrynate sodium.....	93
ENOVARX-		EPRONTIA.....	29	ethacrynic acid.....	93
CYCLOBENZAPRINE HCL....	224	EPSOLAY.....	116	ethambutol hcl.....	44
ENOVARX-DICLOFENAC		eptifibatide.....	83	ETHAMOLIN.....	184
SODIUM.....	8	EPZICOM.....	67	ethosuximide.....	31
ENOVARX-IBUPROFEN.....	8	EQL COLOR LANCETS		ethyl chloride.....	15
ENOVARX-LIDOCAINE HCL....	15	MICRO 33G.....	184	ethynodiol diac-eth estradiol...	147
ENOVARX-NAPROXEN.....	8	EQUETRO.....	70	ETHYOL.....	49
ENOVARX-TRAMADOL.....	112	ERAXIS.....	39	etodolac.....	9
enoxaparin sodium.....	78	ERBITUX.....	56	etodolac er.....	9
enpresse-28.....	147	ergocalciferol.....	125	etonogestrel-ethinyl estradiol..	147
enskyce.....	147	ergoloid mesylates.....	33	ETOPOPHOS.....	52
ENSPRYNG.....	158	ERGOMAR.....	42	etoposide.....	52
ENSTILAR.....	112	ergotamine-caffeine.....	42	etravirine.....	67
entacapone.....	60	eribulin mesylate.....	49		

EUA PATIENT ASSESSMENT	E-Z JECT LANCET MICRO-	fentanyl citrate pf.....	12
.....	THIN 33G.....	FENTANYL CITRATE-NACL....	13
EUCRISA.....	109	FENTANYL-BUPIVACAINE-	
EUFLEXXA.....	184	NACL.....	13
EULEXIN.....	46	FENTORA.....	13
euthyrox.....	153	FERAHEME.....	118
EVAMIST.....	147	ferocon.....	118
EVEKEO.....	97	ferottrinsic.....	118
EVEKEO ODT.....	97	FERRALET 90.....	118
EVENITY.....	171	FERRIPROX.....	123
everolimus.....	53, 163	FERRIPROX TWICE-A-DAY..	123
EVERSENSE 365		FERRLECIT.....	118
SENSOR/HOLDER.....	184	ferrocite plus.....	118
EVERSENSE 365 SMART		FERRO-PLEX.....	79
TRANSMIT.....	184	ferumoxytol.....	118
EVISTA.....	152	fesoterodine fumarate er.....	138
EVKEEZA.....	91	FETROJA.....	24
EVOCLIN.....	116	FETZIMA.....	36
EVOMELA.....	45	FETZIMA TITRATION.....	36
EVOTAZ.....	68	FEXMID.....	224
EVOXAC.....	103	FIASP.....	74
EVRYSDI.....	136	FIASP FLEXTOUCH.....	74
EVUSHELD.....	155	FIASP PENFILL.....	74
EXCILON AMD DRAIN		FIBRICOR.....	94
SPONGES.....	184	FIBRYGA.....	81
EXELDERM.....	39	FIFTY50 SAFETY SEAL	
EXELON.....	34	LANCETS.....	184
exemestane.....	52	FIFTY50 UNILET LANCETS	
EXFORGE.....	91	33G.....	184
EXFORGE HCT.....	91	FILSPARI.....	184
EXJADE.....	123	FILSUVEZ.....	112
EXKIVITY.....	53	FINACEA.....	106
EXODERM.....	41	finasteride.....	139
EXONDYS 51.....	136	FINAZOL.....	125
EXPAREL.....	15	FINE 30.....	184
EXSERVAN.....	100	FINGERSTIX LANCETS.....	184
EXTAVIA.....	101	ingolimod hcl.....	102
EXTENCILLINE.....	25	FINTEPLA.....	29
EXTENDED INFUSION SET		finzala.....	148
23"/6MM.....	184	FIORICET.....	100
EXTENDED INFUSION SET		FIORICET/CODEINE.....	13
23"/9MM.....	184	FIRAZYR.....	155
EXTENDED INFUSION SET		FIRDAPSE.....	100
32"/6MM.....	184	FIRMAGON.....	153
EXTENDED INFUSION SET		FIRMAGON (240 MG DOSE)..	154
32"/9MM.....	184	FIRST PANTOPRAZOLE.....	134
EXTENDED RESERVOIR 3ML		FIRST-LANSOPRAZOLE.....	134
.....	184	FIRST-METRONIDAZOLE.....	21
EXTINA.....	39	FIRST-MOUTHWASH BLM....	104
EYLEA.....	208	FIRST-OMEPRAZOLE.....	134
EYLEA HD.....	207	FIRST-PROGESTERONE	
EYSUVIS.....	211	VGS.....	151
		FIRVANQ.....	21

FIXED OIL SUSPENSION.....	184	FLUORIMAX 5000.....	104	foltrin.....	118
flac.....	214	FLUORIMAX 5000 SENSITIVE		FOLTZ.....	125
FLAGYL.....	21	.....	104	fomepizole.....	185
FLAREX.....	211	fluoritab.....	118	fondaparinux sodium.....	78
flavoxate hcl.....	138	fluorometholone.....	211	FOOD COLOR BLUE.....	185
FLEBOGAMMA DIF.....	155	fluorouracil.....	47, 112	FORA 6 CONNECT.....	185
flecainide acetate.....	86	fluoxetine hcl.....	36	FORA 6 CONNECT/GTEL	
FLECTOR.....	9	fluoxetine hcl (pmdd).....	36	TEST.....	185
FLEQSUVY.....	64	fluphenazine decanoate.....	61	FORA D40G	
FLEXBUMIN.....	184	fluphenazine hcl.....	61, 62	GLUCOSE/PRESSURE.....	185
FLEXICHAMBER.....	185	flurandrenolide.....	109	FORA GTEL BLOOD	
FLEXICHAMBER ADULT		flurazepam hcl.....	225	GLUCOSE SYSTEM.....	185
MASK/SMALL.....	184	flurbiprofen.....	9	FORA GTEL BLOOD	
FLEXICHAMBER CHILD		FLURBIPROFEN.....	9	GLUCOSE TEST.....	185
MASK/LARGE.....	184	flurbiprofen sodium.....	211	FORA LANCETS.....	185
FLEXICHAMBER CHILD		flutamide.....	46	FORA TN'G ADVANCE PRO..	185
MASK/SMALL.....	184	FLUTICASONE FUROATE-		FORFIVO XL.....	34
FLOLAN.....	220	VILANTEROL.....	222	formaldehyde.....	185
FLOLIPID.....	94	fluticasone propionate		formoterol fumarate.....	218
FLOMAX.....	139	.....	109, 110, 216	FORTEO.....	171
FLORATUMMYS KIDS.....	131	FLUTICASONE PROPIONATE		FORTESTA.....	145
FLOVENT DISKUS.....	216	DISKUS.....	216	FORTISCARE CONTROL.....	185
FLOVENT HFA.....	216	FLUTICASONE PROPIONATE		FORTISCARE G1 TEST	
floxuridine.....	47	HFA.....	216	STRIP.....	185
FLUAD.....	167	FLUTICASONE-		FORTISCARE T1 GLUCOSE	
FLUARIX.....	167	SALMETEROL.....	222	SYSTEM.....	185
FLUBLOK.....	167	fluvastatin sodium.....	95	FOSAMAX.....	171
FLUCELVAX.....	167	fluvastatin sodium er.....	94	FOSAMAX PLUS D.....	171
fluconazole.....	39	fluvoxamine maleate.....	36	fosamprenavir calcium.....	68
fluconazole in sodium chloride		fluvoxamine maleate er.....	36	fosaprepitant dimeglumine.....	38
.....	39, 41	FLUZONE.....	167	foscarnet sodium.....	65
flucytosine.....	39	FLUZONE HIGH-DOSE.....	167	FOSCAVIR.....	65
fludarabine phosphate.....	49	FML.....	212	fosfomycin tromethamine.....	21
fludrocortisone acetate.....	140	FML FORTE.....	211	fosinopril sodium.....	85
FLUDROCORTISONE		FML LIQUIFILM.....	212	fosinopril sodium-hctz.....	91
ACETATE.....	142	FOCALIN.....	98	fosphenytoin sodium.....	33
FLULAVAL.....	167	FOCALIN XR.....	98	FOSRENOL.....	123
flumazenil.....	100	FOCINVEZ.....	38	FOTIVDA.....	46
FLUMIST.....	167	FOLAFY ER.....	125	FRAGMIN.....	78
flunisolide.....	216	FOLBEE.....	125	FRAICHE 5000 DENTAL.....	104
fluocinolone acetonide....	109, 214	folbee plus.....	125	FRAICHE 5000 PREVI.....	104
FLUOCINOLONE		FOLBEE PLUS CZ.....	125	FRAICHE 5000 SENSITIVE...	104
ACETONIDE.....	142	FOLBIC.....	125	FREDS PHARMACY UNILET	
fluocinolone acetonide body...	109	FOLBIC RF.....	125	LANC 28G.....	185
fluocinolone acetonide scalp...	109	FOLGARD OS.....	125	FREDS PHARMACY UNILET	
fluocinonide.....	109	FOLGARD RX.....	125	LANC 30G.....	185
FLUOCINONIDE.....	142	folic acid.....	125	FREESTYLE FREEDOM LITE	185
fluocinonide emulsified base...	109	FOLIVANE-F.....	118	FREESTYLE INSULINX TEST	185
FLUORIDEX.....	104	FOLIVANE-PLUS.....	118	FREESTYLE LANCETS.....	185
FLUORIDEX DAILY		FOLOTYN.....	47	FREESTYLE LIBRE 14 DAY	
RENEWAL.....	104	folplex 2.2.....	125	READER.....	185
FLUORIDEX ENHANCED		FOLTANX.....	125	FREESTYLE LIBRE 14 DAY	
WHITENING.....	104	FOLTRATE.....	125	SENSOR.....	185

FREESTYLE LIBRE 2 PLUS SENSOR.....	185	GAMIFANT	158	GILOTRIF	53
FREESTYLE LIBRE 2 READER.....	185	GAMMAGARD.....	155	GIMOTI.....	131
FREESTYLE LIBRE 2 SENSOR.....	185	GAMMAGARD S/D LESS IGA	156	GIVLAARI.....	186
FREESTYLE LIBRE 3 PLUS SENSOR.....	185	GAMMAKED.....	156	GLASSIA.....	135
FREESTYLE LIBRE 3 READER.....	185	GAMMAPLEX.....	156	glatiramer acetate.....	102
FREESTYLE LIBRE 3 SENSOR.....	185	GAMUNEX-C.....	156	glatopa.....	102
FREESTYLE LIBRE READER	185	GANCICLOVIR.....	65	GLEEVEC.....	53
FREESTYLE LITE TEST.....	185	ganciclovir sodium.....	65	GLEOSTINE.....	45
FREESTYLE PRECISION NEO TEST.....	185	GARDASIL 9.....	167	glimepiride.....	71
FREESTYLE TEST.....	185	GASTROCROM.....	135	glipizide.....	71
FREESTYLE UNISTICK II LANCETS.....	185	gatifloxacin.....	210	glipizide er.....	71
FROTEK.....	9	GATTEX.....	131	glipizide xl.....	71
FROVA.....	43	GAUZE PADS.....	185	glipizide-metformin hcl.....	71
frovatriptan succinate.....	43	gavilax.....	129	GLOBAL EASY GLIDE INSULIN SYR.....	186
FRUZAQLA.....	53	gavilyte-c.....	131	GLOBAL INJECT EASE LANCETS 28G.....	186
ft clearlax.....	129	gavilyte-g.....	131	GLOBAL INJECT EASE LANCETS 30G.....	186
ft laxative.....	129	gavilyte-n with flavor pack.....	131	GLOPERBA.....	42
ft magnesium citrate.....	129	GAVRETO.....	49	GLUCAGEN HYPOKIT.....	73
ft nicotine.....	19	GAZYVA.....	56	glucagon emergency.....	73
ft nicotine mini.....	19	GEBAUERS PAIN EASE.....	15	GLUCAGON EMERGENCY.....	73
FULPHILA.....	79	GEBAUERS SPRAY AND STRETCH.....	15	GLUCOCARD 01 SENSOR PLUS.....	186
fulvestrant.....	46	gefitinib.....	53	GLUCOCARD EXPRESSION TEST.....	186
FUROSCIX.....	93	GELNIQUE.....	138	GLUCOCARD SHINE CONNEX.....	186
furosemide.....	93	GEL-ONE.....	185	GLUCOCARD SHINE EXPRESS.....	186
FUROSEMIDE.....	93	GELSYN-3.....	186	GLUCOCARD SHINE TEST... GLUCOCARD VITAL TEST... GLUCOCOM LANCETS 30G... GLUCOCOM LANCETS 33G... GLUCOPRO INSULIN SYRINGE.....	186 186 186 186 186 186
FUROSEMIDE IN SODIUM CHLORIDE.....	93	gemcitabine hcl.....	47	GLUCOTROL XL.....	71
FUSION PLUS.....	125	gemfibrozil.....	94	GLUMETZA.....	71
FUZEON.....	68	GEMFIBROZIL.....	94	GLUTAMINE.....	186
FYARRO.....	53	gemmily.....	148	glutaraldehyde.....	186
fyavolv.....	148	GEMTESA.....	138	GLUTATHIONE.....	186
FYCOMPA.....	29	GEN7T.....	15	GLUTATHIONE-L.....	186
FYLNETRA.....	79	GEN7T PLUS.....	15, 186	GLUTATHIONE-L REDUCED glyburide.....	186 71
gabapentin.....	31	generlac.....	129	GLYBURIDE.....	71
gabapentin (once-daily).....	100	gengraf.....	163	glyburide micronized.....	71
GABITRIL.....	31	GENOTROPIN.....	144	glyburide-metformin.....	71
GABLOFEN.....	64	GENOTROPIN MINIQUICK... GENTAK.....	144 210	GLYCATE.....	130
GALAFOLD.....	135	gentamicin in saline.....	19	GLYCINE.....	118, 139
galantamine hydrobromide.....	34	gentamicin sulfate.....	19, 210	glycine.....	139
galantamine hydrobromide er... GALAXTRA.....	34 185	GENTEEL BUTTERFLY TOUCH LANCET.....	186 186	glycine urologic.....	139
GALAXTRA.....	185	GENTEEL LANCING KIT (BLUE).....	186 186	glycolax.....	129
GALEN IQ 900.....	185	gentle laxative.....	129		
gallifrey.....	151	gentlelax.....	129		
GALZIN.....	118	GENTLE-LET LANCETS.....	186		
GAMASTAN.....	155	GENVISC 850.....	186		
		GENVOYA.....	66		
		GEODON.....	62		
		GHT BLOOD GLUCOSE MONITOR.....	186 186		
		GILENYA.....	102		

GLYCOPHOS.....	118	GUARDIAN 4 GLUCOSE		H-E-B INCONTROL UNIFINE	
glycopyrrolate.....	130	SENSOR.....	187	PENTIP.....	187
GLYCOPYRROLATE.....	130	GUARDIAN 4 TRANSMITTER	187	HECTOROL.....	171
glycopyrrolate pf.....	130	GUARDIAN LINK 3		HELIDAC THERAPY.....	132
GLYCOPYRROLATE PF.....	131	TRANSMITTER.....	187	HEMABATE.....	145
glydo.....	15	GUARDIAN SENSOR (3).....	187	HEMADY.....	142
GLYNASE.....	71	GUARDIAN SENSOR 3.....	187	HEMANGEOL.....	87
GLYRX-PF.....	130, 131	GVOKE HYPOPEN 1-PACK.....	73	hematinic plus vit/minerals.....	118
GLYXAMBI.....	71	GVOKE HYPOPEN 2-PACK.....	73	hematinic/folic acid.....	118
GNP LANCETS 21G.....	186	GVOKE KIT.....	73	HEMATOGEN FA.....	118
GNP LANCETS THIN 26G.....	186	GVOKE PFS.....	74	HEMATRON-AF (WITH	
GNP STERILE LANCETS 28G		GYNAZOLE-1.....	39	DOCUSATE).....	118
.....	186	habitrol.....	19	HEMLIBRA.....	82
GNP STERILE LANCETS 30G		HADLIMA.....	163	HEMOCYTE PLUS.....	118
.....	186	HADLIMA PUSHTOUCH.....	163	HEMOFIL M.....	82
GNP STERILE LANCETS 33G		HAEGARDA.....	155	HEMTARA.....	142
.....	186	HAEMOLANCE.....	187	HEPAGAM B.....	156
GOCOVRI.....	60	HAEMOLANCE PLUS.....	187	heparin (porcine) in nacl.....	78
GOHIBIC.....	186	hailey 1.5/30.....	148	heparin sod (porcine) in d5w.....	78
GOJJI BLOOD GLUCOSE		hailey 24 fe.....	148	heparin sodium (porcine).....	78
TEST.....	186	hailey fe 1.5/30.....	148	heparin sodium (porcine) pf.....	78
GOJJI BLOOD TEST		hailey fe 1/20.....	148	HEPLISAV-B.....	167
STRIP/LANCETS.....	187	HALAVEN.....	49	her style.....	151
GOJJI CONTROL.....	187	halcinonide.....	110	HERCEPTIN.....	56
GOJJI LANCING		HALCION.....	225	HERCEPTIN HYLECTA.....	56
DEVICE/CLEAR CAP.....	187	HALDOL DECANOATE.....	62	HERZUMA.....	56
GOJJI STERILE LANCETS.....	187	halobetasol propionate.....	110	HESMILLA.....	113
GOLYTELY.....	131	haloette.....	148	HESPAN.....	187
GONITRO.....	96	HALOG.....	110	hetastarch-nacl.....	187
GOODSENSE COLOR		haloperidol.....	62	HETLIOZ.....	225
LANCETS 33G.....	187	haloperidol decanoate.....	62	HETLIOZ LQ.....	225
GOODSENSE LANCETS 26G		haloperidol lactate.....	62	HEXATRIONE.....	142
UNIV.....	187	HARISIS.....	113	HEXTEND.....	187
GOODSENSE LANCETS 30G	187	HARVIVA.....	113	HIBERIX.....	167
GOODSENSE LANCETS 30G		HARVONI.....	65	HIDEX 6-DAY.....	142
UNIV.....	187	HAVRIX.....	167	HIPREX.....	21
GOODSENSE LANCETS 33G	187	HEALTHWISE INSULIN		HIZENTRA.....	156
GOODSENSE LANCETS 33G		SYR/NEEDLE.....	187	HORIZANT.....	100
UNIV.....	187	HEALTHWISE MICRON PEN		HRT BOTANICAL.....	187
goodsense nicotine.....	19	NEEDLES.....	187	HRT CREAM.....	187
GORDOFILM.....	112	HEALTHWISE SHORT PEN		HRT CREAM BASE.....	187
GRALISE.....	100	NEEDLES.....	187	HRT HEAVY.....	187
granisetron hcl.....	38	HEALTHY ACCENTS UNILET		HULIO (2 PEN).....	163
GRANIX.....	79	LANCETS.....	187	HULIO (2 SYRINGE).....	163
GRASTEK.....	187	heather.....	151	HUMALOG.....	74
griseofulvin microsize.....	39	H-E-B INCONTROL LANCETS		HUMALOG JUNIOR	
griseofulvin ultramicrosize.....	39	28G.....	187	KWIKPEN.....	74
guaiaatussin ac.....	222	H-E-B INCONTROL LANCETS		HUMALOG KWIKPEN.....	74
GUAIFENESIN.....	222	30G.....	187	HUMALOG MIX 50/50.....	74
guaifenesin ac.....	222	H-E-B INCONTROL LANCETS		HUMALOG MIX 50/50	
guaifenesin-codeine.....	222	33G.....	187	KWIKPEN.....	74
guanfacine hcl.....	84	H-E-B INCONTROL PEN		HUMALOG MIX 75/25.....	74
guanfacine hcl er.....	98	NEEDLES.....	187		

HUMALOG MIX 75/25	hydrocodone-ibuprofen.....	13	ibandronate sodium.....	171						
KWIKPEN.....	74	hydrocortisone.....	110, 140, 170	IBRANCE.....	49, 53					
HUMALOG TEMPO PEN.....	74	hydrocortisone (perianal).....	170	IBSRELA.....	129					
HUMAN ALBUMIN GRIFOLS.	187	hydrocortisone ace-pramoxine	113	ibu.....	9					
HUMATE-P.....	82	hydrocortisone butyr lipo base	110	ibuprofen.....	9					
HUMATIN.....	20	hydrocortisone butyrate.....	110	IBUPROFEN.....	9					
HUMATROPE.....	144	hydrocortisone sod suc (pf)....	142	ibuprofen lysine.....	9					
HUMATROPEN FOR 12MG... 187	hydrocortisone valerate.....	110	ibuprofen-famotidine.....	9						
HUMATROPEN FOR 24MG... 187	hydrocortisone-acetic acid.....	214	ibutilide fumarate.....	86						
HUMATROPEN FOR 6MG..... 187	hydrogen peroxide.....	21	ICAR-C PLUS.....	118						
HUMIRA (2 PEN).....	163	hydromet.....	222	icatibant acetate.....	155					
HUMIRA (2 SYRINGE).....	163	hydromorphone hcl.....	13	ICHTHAMMOL.....	113					
HUMIRA-CD/UC/HS	STARTER.....	163	HYDROMORPHONE HCL.....	13	iclevia.....	148				
HUMIRA-PED<40KG	HYDROMORPHONE HCL	(BULK).....	13	ICLUSIG.....	53					
CROHNS STARTER.....	163	hydromorphone hcl er.....	11	icosapent ethyl.....	95					
HUMIRA-PED>/=40KG	CROHNS START.....	163	hydromorphone hcl pf.....	13	IDACIO (2 PEN).....	158				
HUMIRA-PED>/=40KG UC	STARTER.....	163	HYDROMORPHONE HCL-	NACL.....	13	IDACIO (2 SYRINGE).....	158			
HUMIRA-PS/UV/ADOL HS	STARTER.....	163	HYDROQUINONE.....	113	IDACIO-CROHNS/UC	STARTER.....	158			
HUMIRA-PSORIASIS/UEVIT	STARTER.....	163	HYDROXATE.....	110	IDACIO-PSORIASIS	STARTER.....	158			
HUMULIN 70/30.....	75	hydroxocobalamin acetate.....	125	hydroxychloroquine sulfate.....	59	IDAMYCIN PFS.....	49			
HUMULIN 70/30 KWIKPEN.....	75	HYDROXYPROGESTERONE	CAPROATE.....	151	idarubicin hcl.....	49				
HUMULIN N.....	75	hydroxyurea.....	47	IDELVION.....	82	IDHIFA.....	49			
HUMULIN N KWIKPEN.....	75	hydroxyzine hcl.....	215	IDOSE TR.....	213	IFE-BIMIX 30/1.....	139			
HUMULIN R.....	75	hydroxyzine pamoate.....	215	ifex 150 forte.....	118	IFEX.....	45			
HUMULIN R U-500	(CONCENTRATED).....	75	HYDROXYZINE PAMOATE... 215	HYFTOR.....	110	ifosfamide.....	45			
HUMULIN R U-500 KWIKPEN..	75	HYLENEX.....	188	HYMOVIS.....	188	IGALMI.....	188			
HW EMBRACE PRO	GLUCOSE METER.....	188	HYOPHEN.....	138	hyoscyamine sulfate.....	130, 131	IHEALTH BLOOD GLUCOSE	TEST STR.....	188	
HW EMBRACE PRO	GLUCOSE TEST.....	188	HYPERHEP B.....	156	HYPERLYTE-CR.....	118	IHEALTH CONTROL	SOLUTION.....	188	
HW EMBRACE TALK BLOOD	GLUCOSE.....	188	HYPERRHO S/D.....	156	HYPERSAL.....	222	IHEALTH LANCING DEVICE.	188		
HW EMBRACE TALK	GLUCOSE TEST.....	188	HYPOCYN ANTIPRURITIC.....	21	HYQVIA.....	156	IHEEZO.....	208		
HYALGAN.....	188	HYRIMOZ.....	163	HYRIMOZ-CROHNS/UC	STARTER.....	163	ILARIS.....	158		
HYCAMTIN.....	52	HYRIMOZ-PED<40KG	CROHN STARTER.....	163	HYRIMOZ-PED>/=40KG	CROHN START.....	164	ILET CONTACT DETACH 23"	6MM.....	188
HYCODAN.....	222	HYRIMOZ-PLAQ	PSOR/UEVIT START.....	164	HYRIMOZ-PLAQUE	PSORIASIS START.....	164	ILET INFUSION-INSET 23"	6MM.....	188
hydralazine hcl.....	96	HYRIMOZ-PLAQUE	PSORIASIS START.....	164	HYSINGLA ER.....	11	ILET INFUSION-INSET 32"	6MM.....	188	
HYDREA.....	47	HYZAAR.....	92	ILEVRO.....	212	ILUMYA.....	158			
HYDRO 40.....	113									
hydrochlorothiazide.....	94									
HYDROCHLOROTHIAZIDE.....	94									
hydrocod poli-chlorphe poli er.	222									
hydrocodone bitartrate er.....	11									
hydrocodone bit-homatrop mbr	.....	222							
hydrocodone-acetaminophen...	13									

ILUVIEN.....	212	INFUVITE PEDIATRIC.....	125	INSUPEN PEN NEEDLES.....	189
imatinib mesylate.....	53	INGREZZA.....	100	INTEGRA F.....	119
IMBRUVICA.....	53	INJECTAFER.....	119	INTEGRA PLUS.....	119
IMCIVREE.....	188	INLYTA.....	53	INTELENCE.....	67
IMDELLTRA.....	49	INNOPRAN XL.....	87	INTRALIPID.....	172
IMFINZI.....	56	INOVA.....	106	INTRAROSA.....	140
imipenem-cilastatin.....	26	INOVA 4/1 ACNE CONTROL		introvale.....	148
imipramine hcl.....	37	THERAPY.....	113	INTUNIV.....	98
IMIPRAMINE HCL.....	37	INOVA 8/2 ACNE CONTROL		INVANZ.....	26
imipramine pamoate.....	37	THERAPY.....	113	INVEGA.....	62
imiquimod.....	113	INPEFA.....	71	INVEGA HAFYERA.....	62
imiquimod pump.....	113	INPEN 100-BLUE-LILLY-		INVEGA SUSTENNA.....	63
IMITREX.....	43	HUMALOG.....	188	INVEGA TRINZA.....	63
IMITREX STATDOSE REFILL..	43	INPEN 100-BLUE-NOVOLOG-		INVELTYS.....	212
IMITREX STATDOSE		FIASP.....	188	INVOKAMET.....	71
SYSTEM.....	43	INPEN 100-GREY-LILLY-		INVOKAMET XR.....	71
IMJUDO.....	56	HUMALOG.....	188	INVOKANA.....	71
IMMPHENTIV.....	84	INPEN 100-GREY-		iodine strong.....	189
IMOVAX RABIES.....	167	NOVOLOG-FIASP.....	188	IDOQUINOL.....	59
IMPAVIDO.....	21	INPEN 100-PINK-LILLY-		IONOSOL-MB IN D5W.....	119
IMPEKLO.....	110	HUMALOG.....	188	IOPIDINE.....	213
IMPOYZ.....	110	INPEN 100-PINK-NOVOLOG-		IPOL.....	167
IMURAN.....	164	FIASP.....	188	ipratropium bromide.....	217
IMVEXXY MAINTENANCE		INQOVI.....	53	ipratropium-albuterol.....	222
PACK.....	148	INREBIC.....	49	IQIRVO.....	132
IMVEXXY STARTER PACK...	148	INSPIREASE RESERVOIR		irbesartan.....	85
IN TOUCH STERILE		BAGS.....	188	irbesartan-hydrochlorothiazide..	92
LANCETS 30G.....	188	INSPIREASE RESERVOIR		IRESSA.....	53
INBRIJA.....	61	INSPIREASE RESERVOIR		irinotecan hcl.....	52
incassia.....	151	BAGS.....	188	IRON FOLATE PLUS.....	119
INCONTROL ULTICARE PEN		INSPIREASE RESERVOIR		IRON FOLATE-F.....	119
NEEDLES.....	188	INSPIREASE RESERVOIR		ISENTRESS.....	66
INCRELEX.....	143	INSPIREASE RESERVOIR		ISENTRESS HD.....	66
INCRUSE ELLIPTA.....	217	INSPIREASE RESERVOIR		isibloom.....	148
indapamide.....	94	INSPIREASE RESERVOIR		ISOLYTE-P IN D5W.....	119
INDERAL LA.....	87	INSPIREASE RESERVOIR		ISOLYTE-S.....	119
INDERAL XL.....	87	INSPIREASE RESERVOIR		ISOLYTE-S PH 7.4.....	119
INDOCIN.....	9	INSPIREASE RESERVOIR		isoniazid.....	44
indomethacin.....	9	INSPIREASE RESERVOIR		isoproterenol hcl.....	218
INDOMETHACIN.....	9	INSPIREASE RESERVOIR		ISOPTO ATROPINE.....	208
indomethacin er.....	9	INSPIREASE RESERVOIR		ISORDIL TITRADOSE.....	96
indomethacin sodium.....	9	INSPIREASE RESERVOIR		isosorb dinitrate-hydralazine....	92
INFANRIX.....	167	INSPIREASE RESERVOIR		isosorbide dinitrate.....	96
INFASURF.....	222	INSPIREASE RESERVOIR		isosorbide mononitrate.....	96
INFED.....	118	INSPIREASE RESERVOIR		isosorbide mononitrate er.....	96
INFINITY BLOOD GLUCOSE		INSPIREASE RESERVOIR		isotretinoin.....	106
TEST.....	188	INSPIREASE RESERVOIR		isradipine.....	88
INFLECTRA.....	164	INSPIREASE RESERVOIR		ISTALOL.....	212
INFLIXIMAB.....	164	INSPIREASE RESERVOIR		ISTODAX.....	49
INFUGEM.....	47	INSPIREASE RESERVOIR		ISTURISA.....	153
INFUMORPH 200.....	11	INSPIREASE RESERVOIR		itraconazole.....	39
INFUMORPH 500.....	11	INSPIREASE RESERVOIR		IV STABILIZER FOR	
INFUVITE ADULT.....	125	INSPIREASE RESERVOIR		LUMOXITI.....	189

ivabradine hcl.....	92	K.B.G.L IN TERODERM.....	9	KETOROLAC	
ivermectin.....	59, 115	KABIVEN.....	119	TROMETHAMINE.....	9
IWILFIN.....	49	KADCYLA.....	57	KETOSTIX.....	189
IXCHIQ.....	167	kaitlib fe.....	148	KEVEYIS.....	135
IXEMPRA KIT.....	49	KALBITOR.....	155	KEVZARA.....	158
IXIARO.....	167	KALETRA.....	68	KEYTRUDA.....	57
IXINITY.....	82	kalliga.....	148	KHAPZORY.....	58
IYUZEH.....	213	KALYDECO.....	219	KIMMTRAK.....	49
IZERVAY.....	208	KANJINTI.....	57	KIMYRSA.....	21
JADENU.....	123	KANUMA.....	136	KINERET.....	158
JADENU SPRINKLE.....	123	KAPSPARGO SPRINKLE.....	87	KINRIX.....	167
jaimiess.....	148	KAPVAY.....	98	KIONEX.....	124
JAKAFI.....	53	KARBINAL ER.....	215	KIPROFEN.....	9
JALYN.....	139	kariva.....	148	KISQALI (200 MG DOSE).....	53
jantoven.....	78	KATERZIA.....	88	KISQALI (400 MG DOSE).....	53
JANUMET.....	71	KAZANO.....	72	KISQALI (600 MG DOSE).....	53
JANUMET XR.....	71	KAZURI.....	113	KISQALI FEMARA (200 MG	
JANUVIA.....	71	KCENTRA.....	82	DOSE).....	49
JARDIANCE.....	71	kcl (0.149%) in nacl.....	119	KISQALI FEMARA (400 MG	
jasmiel.....	148	kcl (0.298%) in nacl.....	119	DOSE).....	49
JATENZO.....	145	kcl in dextrose-nacl.....	119	KISQALI FEMARA (600 MG	
JAVYGTOR.....	136	kcl-lactated ringers-d5w.....	119	DOSE).....	49
JAYPIRCA.....	53	KEDBUMIN.....	189	KITABIS PAK.....	219
JELENE.....	189	kelnor 1/35.....	148	KLARITY-A.....	210
JEMPERLI.....	56	kelnor 1/50.....	148	KLARON.....	28
jencycla.....	151	KEMOPLAT.....	45	klayesta.....	41
JENLIVA		KENALOG.....	110	KLISYRI.....	113
PRENATAL/POSTNATAL.....	125	KENALOG-10.....	142	KLONOPIN.....	31
JENTADUETO.....	71	KENALOG-40.....	142	klor-con.....	119
JENTADUETO XR.....	71	KENALOG-80.....	142	klor-con 10.....	119
JESDUVROQ.....	79	KENGREAL.....	83	klor-con m10.....	119
JEVTANA.....	49	KEPIVANCE.....	104	klor-con m15.....	119
jinteli.....	148	KEPPRA.....	29	klor-con m20.....	119
JIVI.....	82	KEPPRA XR.....	29	klor-con/ef.....	119
JOENJA.....	158	KERALYT.....	113	KLOXXADO.....	18
jolessa.....	148	KERAXA.....	113	KOATE.....	82
JORNAY PM.....	98	KERENDIA.....	92	KOATE-DVI.....	82
joyeaux.....	148	KERIDA.....	113	KOGENATE FS.....	82
J-TIP KIT W/VIAL ADAPTERS	189	KERLIX AMD		KOMBIGLYZE XR.....	72
JUBLIA.....	39	ANTIMICROBIAL.....	189	KONVOMEPEP.....	134
juleber.....	148	KERLIX AMD SUPER		KORLYM.....	145
JULUCA.....	66	SPONGES.....	189	KORSUVA.....	189
junel 1.5/30.....	148	KERYDIN.....	39	KOSELUGO.....	53
junel 1/20.....	148	KESIMPTA.....	102	KOURZEQ.....	104
junel fe 1.5/30.....	148	ketoconazole.....	40	KOVALTRY.....	82
junel fe 1/20.....	148	ketodan.....	41	K-PRIME.....	119
junel fe 24.....	148	KETO-DIASTIX.....	189	KRAZATI.....	49
JUST RIGHT 5000.....	104	KETONE TEST.....	189	KRINTAFEL.....	59
JUVAZIN.....	189	KETOPHENE RAPIDPAQ.....	9	KRISTALOSE.....	129
JUXTAPID.....	95	ketoprofen.....	9	KROGER HEALTHPRO	
JYLAMVO.....	164	ketoprofen er.....	9	GLUCOSE TEST.....	189
JYNARQUE.....	123	ketorolac tromethamine.....	9, 212	KROGER HEALTHPRO	
JYNNEOS.....	167			LANCET 26G.....	189

KROGER LANCETS 21G.....	189	LANCETS 33G.....	189	LEQVIO.....	95
KROGER LANCETS MICRO		LANCETS MICRO THIN 33G.	189	LESCOL XL.....	95
THIN 33G.....	189	LANCETS SUPER THIN.....	189	lessina.....	148
KROGER LANCETS THIN		LANCETS SUPER THIN 28G.	189	LETAIRIS.....	220
26G.....	189	LANCETS THIN.....	189	letrozole.....	52
KROGER LANCETS		LANCETS ULTRA THIN.....	189	LETS.....	15
ULTRATHIN 30G.....	189	LANCETS ULTRA THIN 30G.	189	leucovorin calcium.....	49
KROGER PEN NEEDLES.....	189	LANOXIN.....	86	LEUKERAN.....	45
KRYSTEXXA.....	42	LANOXIN PEDIATRIC.....	86	LEUKINE.....	79
K-TAB.....	119	lanreotide acetate.....	154	leuprolide acetate.....	153
k-tan plus.....	119	lansoprazole.....	134	LEUPROLIDE ACETATE (3	
kurvelo.....	148	lanthanum carbonate.....	123	MONTH).....	154
KUVAN.....	135, 136	LANTUS.....	76	LEUPROLIDE ACETATE-	
K-Y ME & YOU EXTRA		LANTUS SOLOSTAR.....	76	BUPIVACAINE.....	154
LUBRICATED.....	189	lapatinib ditosylate.....	54	levabuterol hcl.....	218
K-Y ME & YOU INTENSE.....	189	L-ARGININE.....	189	LEVALBUTEROL TARTRATE	218
KYLEENA.....	151	larin 1.5/30.....	148	LEVAMISOLE HCL.....	49
KYNARA.....	113	larin 1/20.....	148	LEVAMLODIPINE MALEATE..	88
KYNMOBI.....	60	larin 24 fe.....	148	LEVEMIR.....	76
KYNMOBI TITRATION KIT.....	60	larin fe 1.5/30.....	148	LEVEMIR FLEXPEN.....	76
KYPROLIS.....	52	larin fe 1/20.....	148	LEVEMIR FLEXTOUCH.....	76
KYZATREX.....	145	LASIX.....	93	levetiracetam.....	30
L.E.T.....	15	latanoprost.....	213	levetiracetam er.....	30
L.E.T. (RACEPINEPHRINE).....	15	LATUDA.....	63	levetiracetam in nacl.....	30
labetalol hcl.....	87	layolis fe.....	148	levobunolol hcl.....	213
LABETALOL HCL.....	87	LAZCLUZE.....	49	levocarnitine.....	172, 190
LABETALOL HCL-DEXTROSE	85	L-CYSTINE.....	189	LEVOCARNITINE.....	189
LABETALOL HCL-SODIUM		LDL CARE.....	189	levocarnitine sf.....	190
CHLORIDE.....	87	LEADER UNIFINE PENTIPS		levocetirizine dihydrochloride..	215
lacosamide.....	33	PLUS.....	189	levofloxacin.....	27, 210
LACRISERT.....	208	LECITHIN.....	189	levofloxacin in d5w.....	27
lactated ringers.....	119, 189	LEDIPASVIR-SOFOSBUVIR...	65	levoleucovorin calcium.....	50
lactic acid.....	110	leena.....	148	levoleucovorin calcium pf.....	50
lactic acid e.....	113	leflunomide.....	164	levonest.....	148
lactulose.....	129	LEMTRADA.....	158	levonorgest-eth est & eth est..	148
lactulose encephalopathy.....	129	lenalidomide.....	46	levonorgest-eth estrad 91-day	148
LAGEVRIO.....	189	LENTOCILIN.....	25	levonorgest-eth estradiol-iron.	148
L-ALANINE.....	189	LENVIMA (10 MG DAILY		levonorgestrel.....	151
LAMICTAL.....	30	DOSE).....	54	levonorgestrel-ethinyl estrad...	148
LAMICTAL ODT.....	30	LENVIMA (12 MG DAILY		levonorg-eth estrad triphasic...	148
LAMICTAL STARTER.....	30	DOSE).....	54	LEVOPHED.....	92
LAMICTAL XR.....	30	LENVIMA (14 MG DAILY		levora 0.15/30 (28).....	148
lamivudine.....	65, 67	DOSE).....	54	levorphanol tartrate.....	11
lamivudine-zidovudine.....	67	LENVIMA (18 MG DAILY		levo-t.....	152
lamotrigine.....	30	DOSE).....	54	levothyroxine sodium.....	152, 153
lamotrigine er.....	30	LENVIMA (20 MG DAILY		LEVOTHYROXINE SODIUM..	153
lamotrigine starter kit-blue.....	30	DOSE).....	54	levoxyl.....	152
lamotrigine starter kit-green.....	30	LENVIMA (24 MG DAILY		LEVSIN.....	131
lamotrigine starter kit-orange....	30	DOSE).....	54	LEVULAN KERASTICK.....	113
LAMPIT.....	59	LENVIMA (4 MG DAILY		LEXAPRO.....	36
LAMZEDE.....	136	DOSE).....	54	LEXETTE.....	110
LANCETS.....	189	LENVIMA (8 MG DAILY		LEXIVA.....	68
LANCETS 30G.....	189	DOSE).....	54	L-GLUTAMIC ACID.....	190

L-GLUTAMIC ACID HCL.....	132	LINCOCIN.....	21	LODINE.....	9
l-glutamine.....	136	lincomycin hcl.....	21	LODOCO.....	190
L-GLUTAMINE.....	190	linezolid.....	21	LODOSYN.....	61
L-HISTIDINE.....	190	linezolid in sodium chloride.....	21	LOESTRIN 1.5/30 (21).....	148
L-HISTIDINE		LINZESS.....	129	LOESTRIN 1/20 (21).....	148
MONOHYDROCHLORIDE.....	190	LIORESAL.....	64	LOESTRIN FE 1.5/30.....	148
LIALDA.....	170	liothyronine sodium.....	152, 153	LOESTRIN FE 1/20.....	148
LIBERTY MEDICAL LANCETS		LIPITOR.....	95	LOFENA.....	9
.....	190	LIPO.....	190	lofexidine hcl.....	18
LIBERVANT.....	32	LIPO-C.....	190	lojaimiess.....	148
LIBRAX.....	131	LIPOCREAM BASE.....	190	LOKELMA.....	124
LIBTAYO.....	57	LIPOFEN.....	94	LOMAIRA.....	100
LICART.....	9	LIPOSOMAL HEAVY.....	190	LOMOTIL.....	130
lidocaine.....	15	LIQREV.....	220	LONHALA MAGNAIR REFILL	
lidocaine hcl.....	16, 104	LIRAGLUTIDE.....	72	KIT.....	217
LIDOCAINE HCL.....	16	lisdexamphetamine dimesylate....	97	LONHALA MAGNAIR	
LIDOCAINE HCL		lisinopril.....	85	STARTER KIT.....	217
(BUFFERED).....	15	lisinopril-hydrochlorothiazide....	92	LONSURF.....	50
lidocaine hcl (cardiac).....	86	L-ISOLEUCINE.....	190	loperamide hcl.....	130
lidocaine hcl (cardiac) pf.....	86	LITETOUCH INSULIN		LOPERAMIDE HCL.....	130
lidocaine hcl (pf).....	16	SYRINGE.....	190	LOPID.....	94
lidocaine hcl urethral/mucosal...	16	LITETOUCH LANCETS.....	190	lopinavir-ritonavir.....	68
LIDOCAINE HCL-		LITETOUCH PEN NEEDLES.....	190	LOPRESSOR.....	87
BUPIVACAINE HCL.....	16	LITFULO.....	158	LOPROX.....	116
LIDOCAINE HCL-		lithium.....	70	LOQTORZI.....	57
OXYMETAZOLINE.....	103	lithium carbonate.....	70	lorazepam.....	70
lidocaine in d5w.....	86	lithium carbonate er.....	70	lorazepam intensol.....	70
lidocaine viscous hcl.....	103	LITHOBID.....	70	LORBRENA.....	54
LIDOCAINE(BUFFERD)-		LITHOSTAT.....	139	LOREEV XR.....	70
EPINEPHRINE.....	16	LIVALO.....	95	LORTAB.....	13
lidocaine-epinephrine.....	16	LIVDELZI.....	132	loryna.....	149
LIDOCAINE-EPINEPHRINE (3		LIVE BETTER LANCET		losartan potassium.....	85
ML).....	16	SUPER THIN.....	190	losartan potassium-hctz.....	92
lidocaine-epinephrine (pf).....	16	LIVE BETTER LANCET		LOSEASONIQUE.....	149
lidocaine-hydrocort (perianal).	113	ULTRA THIN.....	190	LOTEMAX.....	212
LIDOCAINE-		LIVITA CHILDREN.....	125	LOTEMAX SM.....	212
HYDROCORTISONE ACE.....	113	LIVMARLI.....	190	LOTENSIN.....	85
lidocaine-prilocaine.....	16	LIVTENCITY.....	65	LOTENSIN HCT.....	92
LIDOCAINE-SODIUM		L-LEUCINE.....	190	loteprednol etabonate.....	212
BICARBONATE.....	16	LMD IN D5W.....	190	LOTREL.....	92
LIDOCAN.....	16	LMD IN NACL.....	190	LOTRONEX.....	130
LIDODERM.....	16	L-MESITRAN SOFT WOUND.....	190	lovastatin.....	95
LIDOMAR.....	16	L-METHIONINE.....	190	LOVAZA.....	95
LIDOPIN.....	16	l-methylfolate.....	125	LOVENOX.....	78
LIDO-RACEPINEPHRINE-		l-methylfolate calcium.....	125	LOVO-ODF CUSTOM.....	190
TETRACAINE.....	16	l-methylfolate forte.....	190	low-ogestrel.....	149
LIDOTHOL.....	190	l-methylfolate-algae.....	190	loxapine succinate.....	62
LIDTOPIC MAX.....	16	l-methylfolate-algae-b12-b6....	125	lo-zumandimine.....	149
LIKMEZ.....	21	l-methylfolate-b6-b12.....	125	L-PHENYLALANINE.....	190
LILETTA (52 MG).....	151	l-methyl-mc.....	125	L-PROLINE.....	190
LIMBREL.....	190	LO LOESTRIN FE.....	148	L-THREONINE.....	190
LIMBREL250.....	190	LOCOID.....	110	L-TRYPTOPHAN.....	190
LIMBREL500.....	190	LOCOID LIPOCREAM.....	110	L-TYROSINE.....	190

lubiprostone.....	129	MACRODANTIN.....	21	MAYZENT STARTER PACK..	102
LUCEMYRA.....	18	mafenide acetate.....	116	MEBENDAZOLE.....	59
LUCENTIS.....	208	MAGNESIUM CARBONATE..	119	meclizine hcl.....	37
LUGOLS STRONG IODINE.....	21	MAGNESIUM CARBONATE		MECLIZINE HCL.....	37
LULICONAZOLE.....	40	HEAVY.....	119	meclofenamate sodium.....	9
LUMAKRAS.....	50	MAGNESIUM CHLORIDE.....	119	MECLOFENAMATE SODIUM..	10
LUMIGAN.....	213	magnesium citrate.....	129	MEDACTIV.....	191
LUMIZYME.....	136	magnesium sulfate.....	119	MEDI TAB.....	125
LUMOXITI.....	57	magnesium sulfate in d5w.....	119	MEDICINE SHOPPE PEN	
LUMRYZ.....	225	MAGNESIUM SULFATE-		NEEDLES.....	191
LUMRYZ STARTER PACK.....	225	NACL.....	119	MEDIHONEY WOUND	
LUNESTA.....	225	MALARONE.....	59	&BURN DRESSING.....	191
LUNSUMIO.....	50	malathion.....	115	MEDIHONEY WOUND/BURN	
LUPKYNIS.....	164	MANGANESE CHLORIDE.....	119	DRESSING.....	191
LUPRON DEPOT (1-MONTH)	153	mannitol.....	92	MEDLANCE EXTRA 21G.....	191
LUPRON DEPOT (3-MONTH)	153	maraviroc.....	68	MEDLANCE LITE 25G.....	191
LUPRON DEPOT (4-MONTH)	153	MARCAINE.....	16	MEDLANCE PLUS EXTRA	
LUPRON DEPOT (6-MONTH)	153	MARCAINE PRESERVATIVE		21G.....	191
LUPRON DEPOT-PED (1-		FREE.....	16	MEDLANCE PLUS LANCETS	191
MONTH).....	154	MARCAINE SPINAL.....	16	MEDLANCE PLUS LITE 25G.	191
LUPRON DEPOT-PED (3-		MARCAINE/EPINEPHRINE.....	16	MEDLANCE PLUS SPECIAL	
MONTH).....	154	MARCAINE/EPINEPHRINE		0.8MM.....	191
LUPRON DEPOT-PED (6-		PF.....	16	MEDLANCE PLUS	
MONTH).....	144	MARGENZA.....	57	SUPERLITE 30G.....	191
lurasidone hcl.....	63	MARINOL.....	38	MEDLANCE PLUS	
lutera.....	149	marlissa.....	149	UNIVERSAL 21G.....	191
LUXAMEND.....	191	MARPLAN.....	35	MEDLANCE UNIVERSAL 21G	
LUXIQ.....	110	MATULANE.....	45	.....	191
LUZU.....	40	matzim la.....	89	MEDROL.....	140
L-VALINE.....	191	MAVENCLAD (10 TABS).....	102	medroxyprogesterone acetate	
LYBALVI.....	63	MAVENCLAD (4 TABS).....	102	.....	151, 152
lyleq.....	151	MAVENCLAD (5 TABS).....	102	mefenamic acid.....	10
lyllana.....	149	MAVENCLAD (6 TABS).....	102	mefloquine hcl.....	59
LYMEPAK.....	28	MAVENCLAD (7 TABS).....	102	megestrol acetate.....	152
LYNPARZA.....	54	MAVENCLAD (8 TABS).....	102	MEGESTROL ACETATE.....	152
LYRICA.....	32	MAVENCLAD (9 TABS).....	102	MEIJER LANCETS	
LYRICA CR.....	101	MAVYRET.....	65, 66	UNIVERSAL 33G.....	191
LYSINE HCL.....	191	MAXALT.....	43	MEKINIST.....	54
LYSIPLEX PLUS.....	125	MAXALT-MLT.....	43	MEKTOVI.....	54
LYSODREN.....	153	MAXICOMFORT II PEN		meloxicam.....	10
LYSTEDA.....	82	NEEDLE.....	191	MELOXICAM.....	10
LYTGOBI (12 MG DAILY		MAXI-COMFORT INSULIN		melphalan.....	45
DOSE).....	50	SYRINGE.....	191	melphalan hcl.....	45
LYTGOBI (16 MG DAILY		MAXI-COMFORT SAFETY		memantine hcl.....	34
DOSE).....	50	PEN NEEDLE.....	191	memantine hcl er.....	34
LYTGOBI (20 MG DAILY		MAXICOMFORT SYR 27G X		MENACTRA.....	167
DOSE).....	50	1/2".....	191	MENEST.....	149
LYUMJEV.....	76	MAXIDEX.....	212	MENOSTAR.....	149
LYUMJEV KWIKPEN.....	76	MAXITROL.....	208	MENQUADFI.....	167
LYUMJEV TEMPO PEN.....	76	maxi-tuss ac.....	222	MENTAX.....	116
LYVISPAH.....	64	MAXZIDE.....	92	MENVEO.....	167, 168
lyza.....	151	MAXZIDE-25.....	92	MEPACRINE.....	59
MACROBID.....	21	MAYZENT.....	102	meperidine hcl.....	13

MEPERIDINE HCL.....	13	methylene blue.....	191	MICRHOGAM ULTRA-	
MEPHYTON.....	125	methylergonovine maleate.....	191	FILTERED PLUS.....	156
meprobamate.....	69	methylfol-algae-b12-acetylcyst	126	MICROCHAMBER.....	191
MEPRON.....	59	methyl-folate.....	126	MICROCYN.....	191
MEPSEVII.....	136	METHYLIN.....	98	MICRODOT PEN NEEDLE.....	191
mercaptapurine.....	47	methylphenidate.....	99	MICRODOT TEST.....	191
meropenem.....	26	methylphenidate hcl.....	99	microgestin 1.5/30.....	149
MEROPENEM-SODIUM		methylphenidate hcl er.....	99	microgestin 1/20.....	149
CHLORIDE.....	26	methylphenidate hcl er (cd).....	98	microgestin 24 fe.....	149
merzee.....	149	methylphenidate hcl er (la).....	98	microgestin fe 1.5/30.....	149
mesalamine.....	170	methylphenidate hcl er (osm)....	98	microgestin fe 1/20.....	149
mesalamine er.....	170	methylphenidate hcl er (xr).....	98	MICROLET LANCETS.....	191
mesalamine-cleanser.....	170	methylprednisolone.....	140	MICROLET NEXT LANCING	
mesna.....	58	methylprednisolone acetate....	142	DEVICE.....	191
MESNEX.....	58	METHYLPREDNISOLONE		midazolam hcl.....	70
MESTINON.....	44	ACETATE.....	142	midazolam hcl (pf).....	70
METADATE CD.....	98	methylprednisolone sodium		midodrine hcl.....	84
METAFOBIC.....	125	succ.....	142	MIEBO.....	208
METAFOBIC PLUS.....	126	METHYLPREDNISOLONE-		MIFEPREX.....	145
METANX FC.....	126	BUPIVACAINE.....	142	mifepristone.....	145
metaxalone.....	224	methyltestosterone.....	145	MIGERGOT.....	42
metformin hcl.....	72	METHYLTESTOSTERONE....	145	miglitol.....	72
metformin hcl er.....	72	metoclopramide hcl.....	132	miglustat.....	135
metformin hcl er (mod).....	72	METOCLOPRAMIDE HCL		MIGRANAL.....	42
metformin hcl er (osm).....	72	MONOHYDRATE.....	132	mili.....	149
methadone hcl.....	11, 18	metolazone.....	94	MILLIPRED.....	140
METHADONE HCL.....	11	METOPIRONE.....	191	milrinone lactate.....	92
methadone hcl intensol.....	11	metoprolol succinate er.....	88	milrinone lactate in dextrose....	92
METHADONE HCL-NACL.....	11	metoprolol tartrate.....	88	mimvey.....	149
METHADONE HCL-SODIUM		METOPROLOL TARTRATE....	88	MINASTRIN 24 FE.....	149
CHLORIDE.....	11	metoprolol-hydrochlorothiazide.	92	MINERAL OIL.....	129
METHADOSE.....	11	METROCREAM.....	107	MINERAL OIL HEAVY.....	129
methadose.....	18	METROGEL.....	107	mineral oil heavy.....	129
METHADOSE SUGAR-FREE...11		METROLOTION.....	107	MINERAL OIL LIGHT.....	129
methamphetamine hcl.....	97	metronidazole.....	21, 107	MINIMED 770G INSULIN	
methazolamide.....	213	METRONIDAZOLE		PUMP SYS.....	191
methenamine hippurate.....	21	BENZO+SYRSPEND.....	21	MINIMED 780G INSULIN	
methenamine mandelate.....	21	metyrosine.....	92	PUMP.....	191
METHERGINE.....	191	mexiletine hcl.....	86	MINIMED MIO ADVANCE	
methimazole.....	154	MI PASTE.....	104	INFUSE SET.....	191
METHIMAZOLE.....	154	MI PASTE PLUS.....	104	MINIMED PUMP RESERVOIR	
METHIONINE.....	191	MIACALCIN.....	171	3ML.....	192
METHITEST.....	145	mibelas 24 fe.....	149	MINIMED QUICK SET INF	
methocarbamol.....	224	micafungin sodium.....	41	SET 18".....	192
METHOTREXATE.....	164	MICAFUNGIN SODIUM-NACL.41		MINIMED QUICK SET INF	
methotrexate sodium.....	164	MICARDIS.....	85	SET 23".....	192
methotrexate sodium (pf).....	164	MICARDIS HCT.....	92	MINIMED QUICK SET INF	
METHOXSALEN.....	113	MICONAZOLE.....	41	SET 32".....	192
methoxsalen rapid.....	113	miconazole 3.....	40	MINIMED QUICK SET INF	
methscopolamine bromide.....	131	MICONAZOLE NITRATE.....	41	SET 43".....	192
methsuximide.....	31	MICONAZOLE-ZINC OXIDE-		MINIMED SILHOUETTE INF	
METHYLCOBALAMIN.....	126	PETROLAT.....	41	SET 32".....	192
METHYLDOPA.....	84				

MINIMED SILHOUETTE INF SET 43".....	192	MONOLET LANCETS.....	192	my way.....	152
MINIPRESS.....	85	MONOLET OPD LANCETS....	192	MYALEPT.....	132
MINIVELLE.....	149	MONOLETTOR SAFETY LANCETS.....	192	MYAMBUTOL.....	44
MINOCIN.....	28	mono-lynyah.....	149	MYCAMINE.....	40
minocycline hcl.....	28	MONOVISC.....	192	MYCAPSSA.....	154
MINOCYCLINE HCL.....	28	montelukast sodium.....	217	MYCOBUTIN.....	44
MINOCYCLINE HCL ER.....	28	morphine sulfate.....	13	mycophenolate mofetil.....	164
minocycline hcl er.....	28	MORPHINE SULFATE.....	13	mycophenolate mofetil hcl.....	164
MINOLIRA.....	29	MORPHINE SULFATE (BULK)..	13	mycophenolate sodium.....	164
minoxidil.....	96	morphine sulfate (concentrate)..	13	mycophenolic acid.....	164
MIOCHOL-E.....	208	morphine sulfate (pf).....	13	MYDAYIS.....	98
MIPLYFFA.....	137	morphine sulfate er.....	11	MYFEMBREE.....	154
mirabegron er.....	138	morphine sulfate er beads.....	11	MYFORTIC.....	164
MIRAPEX ER.....	60	MORPHINE SULFATE-NACL.....	13, 14	MYGLUCOHEALTH LANCETS 30G.....	192
MIRCERA.....	79	MOTTEGRITY.....	129	MYHIBBIN.....	164
MIRCETTE.....	149	MOTOFEN.....	130	MYLERAN.....	45
MIRENA (52 MG).....	152	MOTPOLY XR.....	33	MYLOTARG.....	57
mirtazapine.....	34	MOUNJARO.....	72	MYNEPHRON.....	126
MIRVASO.....	107	MOVANTIK.....	129	MYOBLOC.....	64
misoprostol.....	133	MOVIPREP.....	132	myorisan.....	107
MITIGARE.....	42	MOXIFLOXACIN HCL.....	27, 210	MYRBETRIQ.....	138
mitigo.....	11	moxifloxacin hcl.....	27, 210	MYSOLINE.....	32
mitomycin.....	50	moxifloxacin hcl (2x day).....	210	MYTESI.....	130
MITOSOL.....	210	moxifloxacin hcl in nacl.....	27	MYXREDLIN.....	76
mitoxantrone hcl.....	102	MOXIFLOXACIN HCL-BSS....	210	na ferric gluc cplx in sucrose...	120
MM BLOOD GLUCOSE SYSTEM.....	192	MOZOBIL.....	79	na sulfate-k sulfate-mg sulf.....	132
MM BLOOD GLUCOSE SYSTEM REFILL.....	192	MPD SAFETY LANCET 21G..	192	NABI-HB.....	156
MM BLULINK GLUCOSE MONIT SYS.....	192	MPD SAFETY LANCET 23G..	192	nabumetone.....	10
MM BLULINK GLUCOSE TEST.....	192	MPD SAFETY LANCET 28G..	192	nadolol.....	88
mm clearlax.....	129	MPD SAFETY LANCET 30G..	192	nafcillin sodium.....	25
MM PEN NEEDLES.....	192	MRESVIA.....	168	NAFCILLIN SODIUM IN DEXTROSE.....	25
MM TWIST LANCETS.....	192	MS CONTIN.....	11	NAFRINSE.....	120
M-M-R II.....	168	MULPLETA.....	79	NAFRINSE DAILY ACIDULATED.....	104
M-NATAL PLUS.....	126	MULTAQ.....	86	NAFRINSE DAILY/NEUTRAL.....	104
MOBI 2ML CARTRIDGE.....	192	MULTIBASE.....	192	nafrinse drops.....	120
modafinil.....	225	MULTIGEN.....	120	NAFRINSE WEEKLY.....	104
MODERNA COVID-19 VAC 6M-11Y.....	168	MULTIGEN FOLIC.....	120	naftifine hcl.....	40, 41
moexipril hcl.....	85	MULTIGEN PLUS.....	120	NAFTIN.....	40
molindone hcl.....	62	MULTI-MAC.....	126	NAGLAZYME.....	137
mometasone furoate.....	110, 216	MULTI-PHASIC PENETRATING CMPD.....	192	nalbuphine hcl.....	14
MONDOXYNE NL.....	29	multiple electro type 1 ph 5.5..	120	NALFON.....	10
MONJUVI.....	57	multiple electro type 1 ph 7.4..	120	NALMEFENE HCL.....	18
MONOFERRIC.....	120	MULTRYIS.....	120	NALOCET.....	14
MONOJECT HYPODERMIC NEEDLE.....	192	mupirocin.....	116	naloxone hcl.....	18
MONOJECT INSULIN SYRINGE.....	192	mupirocin calcium.....	116	naltrexone hcl.....	18
		MURI-LUBE.....	129	NAMENDA.....	34
		MUSE.....	139	NAMENDA TITRATION PAK....	34
		MUTAMYCIN.....	50	NAMENDA XR.....	34
		MVASI.....	57	NAMZARIC.....	33
		my choice.....	152	NAPRELAN.....	10

NAPRO	10	NEORAL	164	nicotine step 2	19
NAPROSYN	10	neostigmine methylsulfate	44	nicotine step 3	19
naproxen	10	NEO-SYNALAR	113	NICOTROL	19
NAPROXEN	10	NEOTUSS PLUS	222	NICOTROL NS	19
naproxen dr	10	NEOVITE	126	nifedipine	88
naproxen sodium	10	NEPHPLEX RX	126	nifedipine er	88
NAPROXEN SODIUM	10	NEPHRON FA	120	nifedipine er osmotic release	88
naproxen sodium er	10	nephronex	126	nikki	149
naproxen-esomeprazole mg	10	NERLYNX	54	NILANDRON	46
naratriptan hcl	43	NESACAINE	17	nilutamide	46
NARCAN	18	NESACAINE-MPF	17	NIMBEX	192, 224
NARDIL	35	NESINA	72	nimodipine	88
NAROPIN	17	NESTABS	126	NINLARO	50
NASCOBAL	126	NESTABS ONE	126	NIPENT	47
NAT BITTERNESS	192	neuac	107	nisoldipine er	88
NATACYN	211	NEULASTA	79	nitazoxanide	59
NATAL PNV	126	NEULASTA ONPRO	79	NITHIODOLE	192
NATAZIA	149	NEUPOGEN	80	nitisinone	137
nateglinide	72	NEUPRO	60	NITRO-BID	96
NATESTO	145	NEURAPTINE	113	NITRO-DUR	96
NATROBA	115	NEURIN-SL	126	nitrofurantoin	22
NAYZILAM	30	NEURONTIN	32	nitrofurantoin macrocrystal	21
nebivolol hcl	88	NEVANAC	212	nitrofurantoin monohyd macro	22
NEBUPENT	59	nevirapine	67	nitroglycerin	96, 97, 132
NEBUSAL	222	nevirapine er	67	nitroglycerin in d5w	96
necon 0.5/35 (28)	149	new day	152	NITROLINGUAL	97
nefazodone hcl	36	NEXAVAR	54	NITROMIST	97
NEFFY	92	NEXAVIR	192	nitroprusside sodium	97
nelarabine	47	NEXICLON XR	84	NITROSTAT	97
NEMBUTAL	225	NEXIUM	134	NITYR	135
NEMLUVIO	158	NEXIUM I.V.	134	NIVA THYROID	153
NEOKE ALCAR	192	NEXLETOL	95	NIVA-FOL	126
NEOKE BCAA4	192	NEXLIZET	95	NIVESTYM	80
NEOKE BHB	192	NEXPLANON	152	nizatidine	133
NEOKE RA LIPOIC	192	NEXTERONE	86	NOCDURNA	143
neomycin sulfate	20	NEXTOL SF	192	NON GELATIN CAPSULES	
neomycin-bacitracin zn-		NEXTSTELLIS	149	(EMPTY)	193
polymyx	208	NEXVIAZYME	137	nora-be	152
neomycin-polymyxin b gu	20	NGENLA	144	NORDIPEN 5 INJECTION	
neomycin-polymyxin-dexameth	208	NIACIN	126	DEVICE	193
neomycin-polymyxin-		niacin (antihyperlipidemic)	95	NORDITROPIN FLEXPRO	144
gramicidin	208	niacin er (antihyperlipidemic)	95	norelgestromin-eth estradiol	149
neomycin-polymyxin-hc	208, 214	niacor	95	norepinephrine bitartrate	92
NEONATAL + DHA	126	NICAPRIN	120	NOREPINEPHRINE-	
NEONATAL 19	126	nicardipine hcl	88	DEXTROSE	92
NEONATAL COMPLETE	126	NICARDIPINE HCL IN NAACL	88	NOREPINEPHRINE-SODIUM	
NEONATAL FE	126	NICORETTE	19	CHLORIDE	84
NEONATAL PLUS	126	NICORETTE MINI	19	norethin ace-eth estrad-fe	149
NEOPHE	120, 192	nicotine	19	norethindrone	152
NEO-POLYCIN	208	nicotine mini	19	norethindrone acetate	152
NEO-POLYCIN HC	208	nicotine polacrilex	19	norethindrone acet-ethinyl est	149
NEOPROFEN	10	nicotine polacrilex mini	19	norethindrone-eth estradiol	149
		nicotine step 1	19	norethindron-ethinyl estrad-fe	149

norethin-eth estradiol-fe.....	149	NOVOLIN R FLEXPEN.....	76	nystop.....	40
NORGESIC.....	224	NOVOLIN R FLEXPEN		NYVEPRIA.....	80
NORGESIC FORTE.....	224	RELION.....	76	OBIZUR.....	82
norgestimate-eth estradiol.....	149	NOVOLIN R RELION.....	77	OCALIVA.....	132
norgestim-eth estrad triphasic.....	149	NOVOLOG.....	77	ocella.....	150
NORITATE.....	107	NOVOLOG 70/30 FLEXPEN		OCREVUS.....	102
NORLIQVA.....	88	RELION.....	77	OCREVUS ZUNOVO.....	102
norlyroc.....	152	NOVOLOG FLEXPEN.....	77	OCTAGAM.....	156
NORM-JECT LUER SLIP		NOVOLOG FLEXPEN		OCTAPLAS BLOOD GROUP	
SYRINGE.....	193	RELION.....	77	A.....	193
NORMOSOL-M IN D5W.....	120	NOVOLOG MIX 70/30.....	77	OCTAPLAS BLOOD GROUP	
NORMOSOL-R.....	120	NOVOLOG MIX 70/30		AB.....	193
NORMOSOL-R IN D5W.....	120	FLEXPEN.....	77	OCTAPLAS BLOOD GROUP	
NORMOSOL-R PH 7.4.....	120	NOVOLOG MIX 70/30		B.....	193
NORPACE.....	86	RELION.....	77	OCTAPLAS BLOOD GROUP	
NORPACE CR.....	86	NOVOLOG PENFILL.....	77	O.....	193
NORPRAMIN.....	37	NOVOLOG RELION.....	77	octreotide acetate.....	153, 154
NORTHERA.....	84	NOVOPEN ECHO.....	193	OCUFLOX.....	211
nortrel 0.5/35 (28).....	149	NOVOSEVEN RT.....	82	ODACTRA.....	193
nortrel 1/35 (21).....	149	NOXAFIL.....	40, 41	ODEFSEY.....	67
nortrel 1/35 (28).....	149	np thyroid.....	153	ODOMZO.....	54
nortrel 7/7/7.....	149	NPLATE.....	80	OFEV.....	221
nortriptyline hcl.....	37	NUBEQA.....	46	ofloxacin.....	27, 211, 214
NORTRIPTYLINE HCL.....	37	NUCALA.....	222	OGIVRI.....	57
NORVASC.....	88	NUCYNTA.....	14	OGSIVEO.....	50
NORVIR.....	68	NUCYNTA ER.....	11	OHTUVAYRE.....	219
NOURIANZ.....	60	NUDEXTA.....	100	OJEMDA.....	54
NOVA SAFETY LANCETS		NUFOL.....	126	OJJAARA.....	54
23G.....	193	NUFOLA.....	126	olanzapine.....	63
NOVA SAFETY LANCETS		NULIBRY.....	137	olanzapine-fluoxetine hcl.....	34
28G.....	193	NULOJIX.....	164	olmesartan medoxomil.....	85
NOVA SUREFLEX LANCETS	193	NUPLAZID.....	63	olmesartan medoxomil-hctz.....	92
NOVAFILM.....	193	NURTEC.....	42	olmesartan-amlodipine-hctz.....	92
NOVAREL.....	144	NUTRASEB.....	113	olopatadine hcl.....	210, 215
NOVAVAX COVID-19		NUTRICAP.....	126	OLPRUVA (2 GM DOSE).....	137
VACCINE.....	168	NUTRIFAC ZX.....	126	OLPRUVA (3 GM DOSE).....	137
NOVOEIGHT.....	82	NUTRILIPID.....	172	OLPRUVA (4 GM DOSE).....	137
NOVOFINE AUTOCOVER		NUTRIVIT.....	126	OLPRUVA (5 GM DOSE).....	137
PEN NEEDLE.....	193	NUTROPIN AQ NUSPIN 10... ..	144	OLPRUVA (6 GM DOSE).....	137
NOVOFINE PEN NEEDLE.....	193	NUTROPIN AQ NUSPIN 20... ..	144	OLPRUVA (6.67 GM DOSE).. ..	137
NOVOFINE PLUS PEN		NUTROPIN AQ NUSPIN 5.....	144	OLUMIANT.....	158
NEEDLE.....	193	NUVARING.....	149	OLUX.....	110
NOVOLIN 70/30.....	76	NUVESSA.....	22	OLUX-E.....	110
NOVOLIN 70/30 FLEXPEN.....	76	NUVIGIL.....	225	OMECLAMOX-PAK.....	132
NOVOLIN 70/30 FLEXPEN		NUWIQ.....	82	omega-3-acid ethyl esters.....	95
RELION.....	76	NUZYRA.....	29	OMEGAVEN.....	193
NOVOLIN 70/30 RELION.....	76	nyamyc.....	40	omeprazole.....	134
NOVOLIN N.....	76	nylia 1/35.....	149	OMEPRAZOLE+SYRSPEND	
NOVOLIN N FLEXPEN.....	76	nylia 7/7/7.....	149	SF ALKA.....	134
NOVOLIN N FLEXPEN		NYMALIZE.....	89	omeprazole-sodium	
RELION.....	76	nymyo.....	150	bicarbonate.....	134
NOVOLIN N RELION.....	76	nystatin.....	40	OMNARIS.....	216
NOVOLIN R.....	77	nystatin-triamcinolone.....	113	OMNIBASE.....	193

OMNI-BIOTIC AB 10.....	132	ONETOUCH FINEPOINT		ORAPENN SD ANHYD	
OMNI-BIOTIC BALANCE.....	132	LANCETS.....	194	SWEETENED.....	194
OMNI-BIOTIC HETOX.....	132	ONETOUCH ULTRA.....	194	ORAPRED ODT.....	141
OMNI-BIOTIC PANDA.....	132	ONETOUCH ULTRA 2.....	194	ORAVIG.....	40
OMNI-BIOTIC STRESS		ONETOUCH ULTRA TEST	194	ORBACTIV.....	22
RELEASE.....	132	ONETOUCH ULTRASOFT 2		ORENCIA.....	159, 164
OMNIPOD 5 DEXG7G6		LANCETS.....	194	ORENCIA CLICKJECT.....	159
INTRO GEN 5.....	193	ONETOUCH VERIO.....	194	ORENITRAM.....	220
OMNIPOD 5 DEXG7G6 PODS		ONETOUCH VERIO FLEX		ORENITRAM MONTH 1.....	220
GEN 5.....	193	SYSTEM.....	194	ORENITRAM MONTH 2.....	220
OMNIPOD 5 G7 INTRO (GEN		ONETOUCH VERIO IQ		ORENITRAM MONTH 3.....	220
5).....	193	SYSTEM.....	194	ORFADIN.....	135
OMNIPOD 5 G7 PODS (GEN		ONETOUCH VERIO		ORGOVYX.....	154
5).....	193	REFLECT.....	194	ORIAHNN.....	154
OMNIPOD 5 LIBRE2 PLUS G6		ONEXTON.....	107	ORILISSA.....	153
.....	193	ONFI.....	32	ORKAMBI.....	219
OMNIPOD 5 LIBRE2 PLUS G6		ONGENTYS.....	60	ORLADEYO.....	194
PODS.....	193	ONGLYZA.....	72	ORLISTAT.....	194
OMNIPOD CLASSIC PDM		ONIVYDE.....	52	ORMALVI.....	137
(GEN 3).....	193	ONPATTRO.....	137	orphenadrine citrate.....	224
OMNIPOD CLASSIC PODS		ONTRUZANT.....	57	ORPHENADRINE CITRATE...224	
(GEN 3).....	193	ONUREG.....	50	orphenadrine citrate er.....	224
OMNIPOD DASH INTRO		ONYDA XR.....	99	orphenadrine-aspirin-caffeine. 224	
(GEN 4).....	193	ONZETRA XSAIL.....	43	ORPHENGESIC FORTE.....	224
OMNIPOD DASH PDM (GEN		opcicon one-step.....	152	ORSERDU.....	50
4).....	193	OPDIVO.....	57	ORTHOVISC.....	194
OMNIPOD DASH PODS (GEN		OPDUALAG.....	58	ORTIKOS.....	170
4).....	193	OPFOLDA.....	137	oseltamivir phosphate.....	69
OMNIPOD GO.....	193	OPILL.....	152	OSENI.....	72
OMNIPOD POD PALS.....	193	opium.....	132	OSMITROL.....	92
OMNITROPE.....	143, 144	OPSUMIT.....	220	OSMOLEX ER.....	60
OMVOH.....	158, 159	OPSYNVI.....	220	OSMOPREP.....	129
ONCASPAR.....	50	OPTICHAMBER DIAMOND... 194		OSPHENA.....	152
ondansetron.....	38	OPTICHAMBER DIAMOND-		OTEZLA.....	113, 159
ondansetron hcl.....	38	LG MASK.....	194	OTIPRIO.....	214
ONE DROP BLOOD		OPTICHAMBER DIAMOND-		OTOVEL.....	214
GLUCOSE MONITOR.....	193	MD MASK.....	194	OTREXUP.....	164
ONE DROP TEST.....	193	OPTICHAMBER DIAMOND-		OVACE PLUS.....	107
ONE VITE WOMENS PLUS... 126		SM MASK.....	194	OVIDE.....	115
ONETOUCH DELICA		option 2.....	152	oxacillin sodium.....	25
LANCETS 30G.....	193	OPTIONS GYNOL II		OXACILLIN SODIUM IN	
ONETOUCH DELICA		CONTRACEPTIVE.....	139	DEXTROSE.....	25
LANCETS 33G.....	193	OPVEE.....	18	oxaliplatin.....	45
ONETOUCH DELICA		OPZELURA.....	110	OXAPROZIN.....	10
LANCING DEV.....	194	ORABLOC.....	17	oxaprozin.....	10
ONETOUCH DELICA PLUS		ORACEA.....	29	OXAYDO.....	14
LANCET30G.....	194	ORALAIR.....	172	oxazepam.....	70
ONETOUCH DELICA PLUS		ORALAIR ADULT STARTER		OXBRYTA.....	80
LANCET33G.....	194	PACK.....	194	oxcarbazepine.....	33
ONETOUCH DELICA PLUS		ORALAIR CHILDRENS		oxcarbazepine er.....	33
LANCING.....	194	STARTER PACK.....	194	OXERVATE.....	208
ONETOUCH DELICA SAFETY		ORALONE.....	105	oxiconazole nitrate.....	40
LANCING.....	194			OXISTAT.....	40

OXLUMO.....	194	PALFORZIA (80 MG DAILY DOSE).....	195	peg-3350/electrolytes/ascorbat.....	132
OXTELLAR XR.....	33	PALFORZIA INITIAL ESCALATION.....	195	PEGASYS.....	161, 165
oxybutynin chloride.....	138	paliperidone er.....	63	peg-kcl-nacl-nasulf-na asc-c... ..	132
oxybutynin chloride er.....	138	palonosetron hcl.....	38	PEG-PREP.....	132
oxycodone hcl.....	14	PALYNZIQ.....	135	PEMAZYRE.....	50
OXYCODONE HCL.....	14	PAMELOR.....	37	PEMETREXED.....	47
OXYCODONE HCL ER.....	11	pamidronate disodium.....	171	PEMETREXED DISODIUM.....	47, 50
OXYCODONE-ACETAMINOPHEN.....	14	PANCREAZE.....	135, 137	pemetrexed disodium.....	47
oxycodone-acetaminophen.....	14	PANDA MASK LARGE.....	195	PEMETREXED DITROMETHAMINE.....	47
OXYCONTIN.....	12	PANDA MASK MEDIUM.....	195	PEMFEXY.....	47
oxymorphone hcl.....	14	PANDA MASK SMALL.....	195	PEMGARDA.....	159
oxymorphone hcl er.....	12	PANDEL.....	110	PEMRYDI RTU.....	47
oxytocin.....	194	PANRETIN.....	58	PEN NEEDLES.....	195
OXYTOCIN-LACTATED RINGERS.....	194	pantoprazole sodium.....	134	PENBRAYA.....	168
OXYTOCIN-SODIUM CHLORIDE.....	194	PANTOPRAZOLE SODIUM-NACL.....	134	penciclovir.....	116
OXYTROL.....	138	PANZYGA.....	156	penicillamine.....	123
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	72	PAPAVERINE HCL.....	96	PENICILLIN G POT IN DEXTROSE.....	25
OZEMPIC (1 MG/DOSE).....	72	PARAGARD INTRAUTERINE COPPER.....	195	penicillin g potassium.....	25
OZEMPIC (2 MG/DOSE).....	72	paraplatin.....	45	penicillin g procaine.....	25
OZOBAX.....	65	PARI VORTEX ADULT MASK.....	195	penicillin g sodium.....	25
OZOBAX DS.....	65	paricalcitol.....	171, 172	penicillin v potassium.....	25
OZURDEX.....	212	PARLODEL.....	61	PENNSAID.....	10
PACERONE.....	86	PARNATE.....	35	PENTACEL.....	168
paclitaxel.....	50	paroxetine hcl.....	36	PENTAM.....	59
PACLITAXEL PROTEIN-BOUND PART.....	50	paroxetine hcl er.....	36	pentamidine isethionate.....	59
PADCEV.....	57	paroxetine mesylate.....	36	PENTASA.....	170
PALFORZIA (12 MG DAILY DOSE).....	194	PARSABIV.....	172	pentazocine-naloxone hcl.....	14
PALFORZIA (120 MG DAILY DOSE).....	195	PASSION FRUIT FLAVOR.....	195	PENTETATE CALCIUM TRISODIUM.....	195
PALFORZIA (160 MG DAILY DOSE).....	195	PATANASE.....	215	PENTETATE ZINC TRISODIUM.....	195
PALFORZIA (20 MG DAILY DOSE).....	195	PAXIL.....	36	PENTIPS.....	195
PALFORZIA (200 MG DAILY DOSE).....	195	PAXIL CR.....	36	pentobarbital sodium.....	225
PALFORZIA (240 MG DAILY DOSE).....	195	PAXLOVID (150/100).....	195	pentoxifylline er.....	92
PALFORZIA (3 MG DAILY DOSE).....	195	PAXLOVID (300/100).....	195	PEPCID.....	133
PALFORZIA (300 MG MAINTENANCE).....	195	pazopanib hcl.....	54	PERCOCET.....	14
PALFORZIA (300 MG TITRATION).....	195	PC UNIFINE PENTIPS.....	195	PERFECT POINT SAFETY LANCETS.....	195
PALFORZIA (40 MG DAILY DOSE).....	195	PCCA CUSTOM TROCHE BASE (LS).....	195	PERFECT POINT SAFETY NEEDLE.....	195
PALFORZIA (6 MG DAILY DOSE).....	195	PCCA ELLAGE VAGINAL.....	195	PERFOROMIST.....	218
		PCCA HYDRABASE SB CUSTOM BASE.....	195	PERIDEX.....	105
		PEDIAPRED.....	142	PERIKABIVEN.....	120
		PEDIARIX.....	168	perindopril erbumine.....	85
		PEDIATRIC PANDA MASK.....	195	periogard.....	105
		PEDMARK.....	195	PERJETA.....	57
		PEDVAX HIB.....	168	permethrin.....	115
		peg 3350-kcl-na bicarb-nacl....	132	perphenazine.....	62
		peg-3350/electrolytes.....	132	perphenazine-amitriptyline.....	34
				PERSERIS.....	63

PERTZYE.....	135, 137	pilocarpine hcl.....	103, 213	POGO AUTOMATIC BLOOD	
PETROLEUM GAUZE NON-		pimecrolimus.....	110	GLUCOSE.....	196
WOVEN 3X9".....	195	pimozide.....	62	POGO AUTOMATIC TEST	
PEXEVA.....	36	pimtrea.....	150	CARTRIDGES.....	196
PFIZER COVID-19 VAC-TRIS		pindolol.....	88	POKONZA.....	120
5-11Y.....	69	pioglitazone hcl.....	72	POLIVY.....	57
PFIZER COVID-19 VAC-TRIS		pioglitazone hcl-glimepiride.....	72	POLOCAINE.....	17
6M-4Y.....	69	pioglitazone hcl-metformin hcl..	72	POLOCAINE-MPF.....	17
PFIZERPEN.....	25	PIP BLOOD GLUCOSE		POLOXAMER 407.....	196
PHEBURANE.....	137	MONITORING.....	196	POLYGIN.....	208
phenazo.....	140	PIP BLOOD GLUCOSE TEST		POLYETHYLENE GLYCOL	
phenazopyridine hcl.....	140	STRIP.....	196	1450.....	129
PHENAZOPYRIDINE HCL.....	140	PIP GLUCOSE CONTROL		POLYETHYLENE GLYCOL	
phendimetrazine tartrate.....	195	SOLUTION.....	196	200.....	129
phendimetrazine tartrate er.....	100	PIP PEN NEEDLES 32G X		POLYETHYLENE GLYCOL	
phenelzine sulfate.....	35	4MM.....	196	300.....	129
PHENERGAN.....	37	piperacillin sod-tazobactam so..	26	polyethylene glycol 3350.....	129
phenobarbital.....	32	PIQRAY (200 MG DAILY		POLYETHYLENE GLYCOL	
PHENOBARBITAL.....	32	DOSE).....	54	3350.....	129
phenobarbital sodium.....	32	PIQRAY (250 MG DAILY		POLYETHYLENE GLYCOL	
PHENOL.....	22	DOSE).....	54	4500.....	129
phenoxybenzamine hcl.....	85	PIQRAY (300 MG DAILY		poly-iron 150 forte.....	120
phentermine hcl.....	100	DOSE).....	54	POLYMAC PROGEL.....	196
phentolamine mesylate.....	85	pirfenidone.....	221	polymyxin b sulfate.....	22
PHENYLBUTAZONE.....	10	piroxicam.....	10	polymyxin b-trimethoprim.....	208
PHENYLEPHRINE HCL... 84, 223		PIROXICAM.....	10	POLYOXYL 40 STEARATE....	196
phenylephrine hcl.....	208	pitavastatin calcium.....	95	polysaccharide iron forte.....	120
phenylephrine hcl (pressors).....	84	PITOCIN.....	196	POMALYST.....	46
PHENYLEPHRINE HCL		PLAQUENIL.....	59	POMBILITI.....	137
(PRESSORS).....	84	PLASMA-LYTE 148.....	120	PONVORY.....	102
PHENYLEPHRINE HCL-NACL. 84		PLASMA-LYTE A.....	120	PONVORY STARTER PACK. 102	
phenytek.....	33	PLAVIX.....	83	portia-28.....	150
phenytoin.....	33	PLEGRIDY.....	102	PORTRAZZA.....	57
phenytoin infatabs.....	33	PLEGRIDY STARTER PACK. 102		posaconazole.....	40, 41
phenytoin sodium.....	33	PLENAMINE.....	120	POSFREA.....	38
phenytoin sodium extended.....	33	PLENVU.....	132	pot & sod cit-cit ac.....	120
PHESGO.....	50	plerixafor.....	80	potassium acetate.....	120
PHEXXI.....	140	PLEXION.....	113	POTASSIUM CHLORIDE.....	121
philith.....	150	PLEXION CLEANSER.....	113	potassium chloride.....	121
PHOSLYRA.....	123	PLIAGLIS.....	17	potassium chloride crys er.....	120
PHOSPHASAL.....	138	PLO GEL - MEDIFLO 30.....	196	potassium chloride er.....	120
PHOSPHOLINE IODIDE.....	213	PLO GEL - MEDIFLO 30 PRE-		potassium chloride in nacl.....	121
phosphorous.....	120	MIXED.....	196	potassium citrate er.....	121
phospho-trin 250 neutral.....	120	PLO20 FLOWABLE.....	196	potassium citrate-citric acid.....	121
PHOSPHO-TRIN K500.....	120	PLO20 NON-FLOWABLE.....	196	potassium cl in dextrose 5%	
PHOTOFRIN.....	50	PLURONIC.....	196	.....	74, 121
PHOTREXA-PHOTREXA		PNEUMOVAX 23.....	168	potassium phosphates.....	121
VISCOUS KIT.....	196	PNV TABS 20-1.....	126	potassium phosphates(66 meq	
PHYSIOLYTE.....	196	POCKET SPACER.....	196	k).....	121
PHYSIOSOL IRRIGATION.....	196	PODIAPN.....	126	potassium phosphates(71 meq	
phytonadione.....	126	podofilox.....	113	k).....	121
PIASKY.....	159	PODOPHYLLUM RESIN.....	113	POTASSIUM PHOSPHATES-	
PIFELTRO.....	67			NACL.....	121

POTELIGEO.....	57	PREMASOL.....	121	PRIMACARE.....	127
POVIDONE-IODINE.....	211	PREMESISRX.....	126	primaquine phosphate.....	59
PR BENZOYL PEROXIDE.....	116	PREMPHASE.....	150	PRIMAXIN IV.....	26
PR BENZOYL PEROXIDE		PREMPRO.....	150	primidone.....	32
WASH.....	116	PRENAISSANCE.....	126	PRIORIX.....	168
PRADAXA.....	78	prenatal.....	126	PRISMASOL B22GK 4/0.....	121
PRALATREXATE.....	47	prenatal plus vitamin/mineral..	126	PRISMASOL BGK 0/2.5.....	121
PRALUENT.....	96	PRENATE.....	127	PRISMASOL BGK 2/0.....	121
pramipexole dihydrochloride.....	61	PRENATE DHA.....	127	PRISMASOL BGK 2/3.5.....	121
pramipexole dihydrochloride er.	61	PRENATE ELITE.....	127	PRISMASOL BGK 4/2.5.....	121
PRAMOTIC.....	214	PRENATE ENHANCE.....	127	PRISMASOL BK 0/0/1.2.....	121
prasugrel hcl.....	83	PRENATE ESSENTIAL.....	127	PRISTIQ.....	36
pravastatin sodium.....	95	PRENATE MINI.....	127	PRIVIGEN.....	156
praziquantel.....	59	PRENATE PIXIE.....	127	PRO COMFORT INSULIN	
prazosin hcl.....	85	PRENATE RESTORE.....	127	SYRINGE.....	196
PRAZOSIN HCL.....	85	PRENATOL-M.....	127	PRO COMFORT SAFETY	
PRECEDEX.....	225	PRENATRIX.....	127	LANCETS 30G.....	196
PRECISION XTRA BLOOD		PRENATRYL.....	127	PRO COMFORT SPACER	
GLUCOSE.....	196	PRENATVITE COMPLETE.....	127	ADULT.....	196
PRED FORTE.....	212	PRENATVITE PLUS.....	127	PRO COMFORT SPACER	
PRED MILD.....	212	PRENATVITE RX.....	127	CHILD.....	196
PRED-G S.O.P.....	208	PREPIDIL.....	145	PRO COMFORT SPACER	
prednicarbate.....	110	PREPIV SUPPLY.....	17	INFANT.....	196
prednisolone.....	141, 142	PRESTALIA.....	92	PRO HERS RX.....	127
PREDNISOLONE.....	142	PRETOMANID.....	44	PRO HIS RX.....	127
PREDNISOLONE ACETATE..	142	PREVACID.....	134	PRO PCOS RX.....	127
prednisolone acetate.....	212	PREVACID SOLUTAB.....	134	PROAIR DIGIHALER.....	218
PREDNISOLONE ACETATE		prevalite.....	96	PROAIR RESPICLICK.....	218
P-F.....	212	PREVDUO.....	196	probenecid.....	42
prednisolone sodium		PREVENT DROPSAFE PEN		PROBIOMAX 350 DF.....	132
phosphate.....	141, 142, 212	NEEDLES.....	196	PROBIOMAX PLUS DF.....	132
PREDNISOLONE SODIUM		PREVENT SAFETY PEN		procainamide hcl.....	86
PHOSPHATE.....	143	NEEDLES.....	196	PROCAINE HCL.....	17
PREDNISOLONE-		PREVIDENT.....	105	PROCARDIA XL.....	89
MOXIFLOXACIN.....	208	PREVIDENT 5000 BOOSTER		PROCARE SPACER/ADULT	
PREDNISOLON-MOXIFLOX-		PLUS.....	105	MASK.....	196
KETOROLAC.....	208	PREVIDENT 5000 DRY		PROCARE SPACER/CHILD	
prednisone.....	141	MOUTH.....	105	MASK.....	197
PREDNISON.....	143	PREVIDENT 5000 ENAMEL		PROCENTRA.....	98
prednisone intensol.....	141	PROTECT.....	105	prochlorperazine.....	37
PREFERRED PLUS INSULIN		PREVIDENT 5000 KIDS.....	105	prochlorperazine edisylate.....	37
SYRINGE.....	172	PREVIDENT 5000 ORTHO		prochlorperazine maleate.....	37
PREFERRED PLUS UNIFINE		DEFENSE.....	105	PROCHLORPERAZINE	
PENTIPS.....	196	PREVIDENT 5000 PLUS.....	105	MALEATE.....	37
PREFEST.....	150	PREVIDENT 5000 SENSITIVE		PROCRIT.....	80
pregabalin.....	32	.....	105	PROCTOCORT.....	170
pregabalin er.....	101	PREVNAR 20.....	168	PROCTOFOAM HC.....	114
PREGEN DHA.....	126	PREVYMIS.....	65	procto-med hc.....	170
PREGENNA.....	126	PREZCOBIX.....	68	PROCTOSOL HC.....	170
pregnenolone.....	196	PREZISTA.....	68	PROCTOZONE-HC.....	170
PREGNYL.....	144	PRIALT.....	100	PROCYSBI.....	137
PREHEVBRIO.....	168	PRIFTIN.....	44	PRODIGY NO CODING	
PREMARIN.....	150	PRILOSEC.....	134	BLOOD GLUC.....	197

PROFILNINE.....	82	PULMICORT FLEXHALER.....	216	quinidine gluconate er.....	86
progesterone.....	152	PULMOSAL.....	223	quinidine sulfate.....	86
PROGESTERONE		PULMOZYME.....	219	quinine sulfate.....	60
MICRONIZED.....	152	PURE COMFORT ALCOHOL		QULIPTA.....	42
PROGLYCEM.....	74	PREP.....	197	QUTENZA.....	17
PROGRAF.....	165	PURE COMFORT PEN		QUTENZA (2 PATCH).....	17
PROLASTIN-C.....	137	NEEDLE.....	197	QUTENZA (4 PATCH).....	17
PROLATE.....	14	PURE COMFORT SAFETY		QUVIVIQ.....	101
PROLEEVA.....	121	PEN NEEDLE.....	197	QVAR REDHALER.....	216
PROLENSA.....	212	PURE COMFORT SPACER		RABAVERT.....	168
PROLEUKIN.....	50	CHAMBER.....	197	RABEPRAZOLE SODIUM.....	135
PROLEVA.....	121	purevit dualfe plus.....	121	rabeprazole sodium.....	135
PROLIA.....	171	PURIFIED WATER.....	197	RADIAPLEXRX.....	197
PROMACTA.....	80	PURIXAN.....	47	RADICAVA.....	101
promethazine hcl.....	37	PYLERA.....	132	RADICAVA ORS.....	101
promethazine vc.....	223	pyrazinamide.....	44	RADICAVA ORS STARTER	
promethazine vc/codeine.....	223	PYRIDIUM.....	140	KIT.....	101
promethazine-codeine.....	223	pyridostigmine bromide.....	44	RADIOGARDASE.....	197
promethazine-dm.....	223	pyridostigmine bromide er.....	44	RAGWITEK.....	197
promethazine-phenyleph-		pyridoxine hcl.....	127	raloxifene hcl.....	152
codeine.....	223	PYRIDOXINE HCL.....	127	ramelteon.....	225
promethazine-phenylephrine..	223	pyrimethamine.....	59	ramipril.....	85
PROMETHEGAN.....	37	PYRIMETHAMINE-		RANEXA.....	92
PROMETRIUM.....	152	LEUCOVORIN.....	60	ranolazine er.....	92
PROMISEB.....	114	PYROGALLIC ACID.....	114	RAPAFLO.....	139
propafenone hcl.....	86	PYRUKYND.....	80	RAPAMUNE.....	165
propafenone hcl er.....	86	PYRUKYND TAPER PACK.....	80	RAPIVAB.....	69
PROPANTHELINE BROMIDE	131	QALSODY.....	100	RAPPORT RLS.....	197
proparacaine hcl.....	208	QBRELIS.....	85	RAPPORT VTD.....	197
propranolol hcl.....	88	QBREXZA.....	114	rasagiline mesylate.....	61
propranolol hcl er.....	88	qc magnesium citrate.....	129	RASUVO.....	165
propylthiouracil.....	154	QDOLO.....	14	RAVICTI.....	135
PROQUAD.....	168	QELBREE.....	99	RAYA SURE PEN NEEDLE...	197
PROSCAR.....	139	QINLOCK.....	46	RAYALDEE.....	171
PROSOL.....	121	QNASL.....	216	RAYOS.....	141
PROSTIN VR.....	145	QNASL CHILDRENS.....	216	RAZADYNE ER.....	34
protamine sulfate.....	82	QSYMIA.....	101	react.....	152
PROTEOLIN.....	121	QTERN.....	72	REBIF.....	103
PROTONIX.....	134, 135	QUADRACEL.....	168	REBIF REBIDOSE.....	102
PROTOPAM CHLORIDE.....	197	QUALAQUIN.....	60	REBIF REBIDOSE	
protriptyline hcl.....	37	QUARTETTE.....	150	TITRATION PACK.....	103
PROVAYBLUE.....	197	quazepam.....	225	REBIF TITRATION PACK.....	103
PROVENGE.....	159	QUDEXY XR.....	30	REBINYN.....	82
PROVENTIL HFA.....	218	QUELICIN.....	197	REBLOZYL.....	80
PROVERA.....	152	QUESTRAN.....	96	REBYOTA.....	132
PROVIGIL.....	225	QUESTRAN LIGHT.....	96	RECARBRIO.....	26
PROZAC.....	36	quetiapine fumarate.....	34, 63	RECEDO.....	197
PRUDOXIN.....	110	quetiapine fumarate er.....	63	RECLAST.....	172
pseudoeph-bromphen-dm.....	223	QUILLICHEW ER.....	99	reclipsen.....	150
PSEUDOEPHEDRINE HCL....	223	QUILLIVANT XR.....	99	RECOMBINATE.....	82
PTS PANELS EGLU TEST....	197	QUINACRINE HCL.....	60	RECOMBIVAX HB.....	168
PULMICORT.....	216	quinapril hcl.....	85	RECORLEV.....	153
		quinapril-hydrochlorothiazide....	92	RECOTHROM.....	82

RECOTHROM SPRAY KIT.....82	RESTORE.....132	RIOMET.....72
RECTIV.....132	RESTORIL.....225	risedronate sodium.....171
REDITREX.....165	RETACRIT.....80	RISPERDAL.....63
REGENECARE.....114	RETAVASE.....78	RISPERDAL CONSTA.....63
REGLAN.....132	RETAVASE HALF-KIT.....78	risperidone.....63
REGONOL.....44	RETEVMO.....50	risperidone microspheres er.....63
REGRANEX.....114	RETIN-A.....107	RITALIN.....99
RELAFEN DS.....10	RETIN-A MICRO.....107	RITALIN LA.....99
RELENZA DISKHALER.....69	RETIN-A MICRO PUMP.....107	ritonavir.....69
RELEUKO.....80	RETISERT.....212	RITUXAN.....57
RELEXXII.....99	RETROVIR.....67	RITUXAN HYCELA.....57
RELION GLUCOSE TEST	REVATIO.....220	rivastigmine.....34
STRIPS.....197	REVCovi.....137	rivastigmine tartrate.....34
RELION INSULIN SYRINGE..197	REVLIMID.....46	rivelsa.....150
RELION LANCET DEVICES	revonto.....65	RIVFLOZA.....198
30G.....197	REXALL LANCETS ULTRA	RIXUBIS.....83
RELION LANCETS THIN 26G 197	THIN 30G.....197	rizatriptan benzoate.....43
RELION LANCETS ULTRA-	REXTOVY.....18	ROBAXIN.....224
THIN 30G.....197	REXULTI.....63	ROBINUL.....131
RELION PEN NEEDLES.....197	REYATAZ.....68, 69	ROBINUL-FORTE.....131
RELION PREMIER CLASSIC.197	REYVOW.....43	ROCALTROL.....171
RELION PREMIER TEST.....197	REZDIFFRA.....153	ROCKLATAN.....209
RELION ULTRA THIN	REZIPRES.....92	rocuronium bromide.....198
LANCETS 30G.....197	REZLIDHIA.....54	ROCURONIUM BROMIDE....198
RELION ULTRA THIN PLUS	REZUROCK.....165	roflumilast.....219
LANCETS.....197	REZVOGLAR KWIKPEN.....77	ROLVEDON.....80
RELISTOR.....130	REZZAYO.....41	romidepsin.....50
RELNATE DHA.....127	RHOFADE.....107	ropinirole hcl.....61
RELPAK.....43	RHOGAM ULTRA-FILTERED	ropinirole hcl er.....61
RELTONE.....132	PLUS.....156	ROPIVACAINE HCL.....17
RELYVRIO.....101	RHOPHYLAC.....156	ropivacaine hcl.....17
REMERON.....34	RHOPRESSA.....213	ROPIVACAINE HCL-NACL....17
REMERON SOLTAB.....35	RIABNI.....57	rosadan.....107
REMESENSE.....105	RIASTAP.....83	rosuvastatin calcium.....95
REMICADE.....165	ribavirin.....66, 223	ROSZET.....96
remifentanil hcl.....14	RIDAURA.....159	ROTARIX.....168
REMODULIN.....220	rifabutin.....44	ROTATEQ.....168
RENACIDIN.....140	RIFADIN.....44	ROWASA.....170
RENAGEL.....123	rifampin.....44	roweepra.....30
RENAL.....127	RIFAMPIN+SYRSPEND SF....44	ROXICODONE.....14
RENATABS.....127	RIGHTEST GL300 LANCETS 197	ROXYBOND.....14
RENATABS WITH IRON.....127	RIGHTEST GT333 BLOOD	ROZEREM.....225
RENEWCREAM HRT.....197	GLUCOSE.....197	ROZLYTREK.....54
RENFLEXIS.....165	RIGHTEST GT333 GLUCOSE	RUBRACA.....54
REVELA.....123	TEST.....197	RUCONEST.....155
repaglinide.....72	RILUTEK.....101	rufinamide.....33
REPATHA.....96	riluzole.....101	RUKOBIA.....68
REPATHA PUSHTRONEX	rimantadine hcl.....69	RUXIENCE.....57
SYSTEM.....96	RIMSO-50.....140	RYALTRIS.....215
REPATHA SURECLICK.....96	ringers.....121	RYANODEX.....65
RESTASIS.....209	ringers irrigation.....197	RYBELSUS.....72
RESTASIS MULTIDOSE.....209	RINVOQ.....159	RYBREVANT.....57
RESTORA RX.....132	RINVOQ LQ.....159	RYCLORA.....215

RYDAPT.....	54	SCENESSE.....	103	sildenafil citrate.....	140, 220
RYKINDO.....	63	SCLEROSOL		SILENOR.....	225
RYLAZE.....	50	INTRAPLEURAL.....	223	SILHOUETTE 23" INFUSION	
RYPLAZIM.....	198	scopolamine.....	38	SET.....	198
RYSTIGGO.....	159	SEASONIQUE.....	150	SILHOUETTE 43" INFUSION	
RYTARY.....	61	SECUADO.....	63	SET.....	198
RYTELO.....	55	SECURESAFE HYPODERMIC		SILHOUETTE INFUSION SET	
RYTHMOL SR.....	86	NEEDLE.....	198	18".....	198
ryvent.....	215	SECURESAFE INSULIN		SILIGENTLE FOAM	
SABRIL.....	32	SYRINGE.....	198	DRESSING.....	198
SACCHARIN.....	198	SECURESAFE SAFETY PEN		SILIQ.....	159
SAFE-T-LANCE.....	198	NEEDLES.....	198	silodosin.....	139
SAFETY LANCET		SECURESAFE		SILVADENE.....	114
30G/PRESSURE ACT.....	198	SYRINGE/NEEDLE.....	198	silver sulfadiazine.....	114
SAFETY LANCETS 21G.....	198	SEGLENTIS.....	14	SIMBRINZA.....	209
SAFETY LANCETS 23G.....	198	SEGLUROMET.....	72	SIMILAC PROBIOTIC TRI-	
SAFETY LANCETS 28G.....	198	SELECT-OB.....	127	BLEND.....	133
SAFETY PEN NEEDLES.....	198	selegiline hcl.....	61	SIMLANDI (1 PEN).....	165
SAFYRAL.....	150	SELEGILINE HCL.....	61	SIMLANDI (2 PEN).....	165
SAIZEN.....	143	selenium sulfide.....	107, 111	simliya.....	150
SAIZENPREP.....	143	SELZENTRY.....	68	simpesse.....	150
SAJAZIR.....	155	SEMGLEE (YFGN).....	77	SIMPONI.....	165
SALAGEN.....	103	SENSIPAR.....	171	SIMPONI ARIA.....	165
SALIMEZ.....	114	SENSORCAINE.....	17	SIMULECT.....	159
SALIMEZ FORTE.....	114	SENSORCAINE/EPINEPHRIN		simvastatin.....	95
saline bacteriostatic.....	121	E.....	17	SINEMET.....	61
SALINE-PHENOL.....	121	SENSORCAINE-MPF.....	17	SINGULAIR.....	217
salsalate.....	10	SENSORCAINE-		sirolimus.....	165
SALT STABLE LS		MPF/EPINEPHRINE.....	17	SIRTURO.....	44
ADVANCED.....	198	SENTRY SENIOR MENS 50+.....	127	SITAGLIPTIN.....	72
SALTSTABLE LO.....	198	SEREVENT DISKUS.....	218	SITAGLIPTIN BASE-	
SAMSCA.....	123	SERNIVO.....	111	METFORMIN HCL.....	72
SANCUSO.....	39	SEROQUEL.....	63	SITAVIG.....	66
SANDIMMUNE.....	165	SEROQUEL XR.....	63	SIVEXTRO.....	22
SANDOSTATIN.....	153	SEROSTIM.....	143	SKYCLARYS.....	198
SANDOSTATIN LAR DEPOT.....	154	SERTRALINE HCL.....	36	SKYLA.....	152
SANTYL.....	114	sertraline hcl.....	36	SKYRIZI.....	159
SAPHNELO.....	159	se-tan plus.....	121	SKYRIZI PEN.....	159
SAPHRIS.....	63	setlakin.....	150	SKYTROFA.....	144
sapropterin dihydrochloride.....	137	sevelamer carbonate.....	124	SLYND.....	152
SAPS HEALTH CARE		sevelamer hcl.....	124	SMOFLIPID.....	198
ALCOHOL PREP.....	198	SEVENFACT.....	83	SOANZ.....	93
SAPS HEALTH PLUS		SEYSARA.....	29	sod benz-sod phenylacet.....	198
LANCETS.....	198	SEZABY.....	30	sod citrate-citric acid.....	122
SARCLISA.....	57	sf.....	105	sod fluoride-potassium nitrate.....	105
SAVAYSA.....	78	sf 5000 plus.....	105	sodium acetate.....	122
SAVELLA.....	101	SFROWASA.....	170	SODIUM ASCORBATE.....	127
SAVELLA TITRATION PACK.....	101	sharobel.....	152	sodium bicarbonate.....	122, 133
saxagliptin hcl.....	72	SHINGRIX.....	169	SODIUM BICARBONATE-	
saxagliptin-metformin er.....	72	SIDEROL.....	127	DEXTROSE.....	122
SAXENDA.....	198	SIGNIFOR.....	154	sodium chloride.....	122, 172, 223
SCARSILK.....	198	SIGNIFOR LAR.....	154	sodium chloride (pf).....	122
SCSEMBLIX.....	50	SIKLOS.....	47	sodium chloride bacteriostatic.....	122

SODIUM CITRATE.....	122, 198	SOTYLIZE.....	87	STRATTERA.....	99
SODIUM CITRATE LOCK FLUSH.....	198	SOVALDI.....	66	STRENSIQ.....	137
SODIUM CITRATE- GENTAMICIN SULF.....	78	SOVUNA.....	60	streptomycin sulfate.....	20
SODIUM DIURIL.....	94	SPEVIGO.....	111	STRIBILD.....	66
SODIUM EDECRIN.....	93	SPIKEVAX.....	169	STRIVERDI RESPIMAT.....	218
sodium fluoride.....	105, 122	spinosad.....	115	STROMECTOL.....	59
sodium fluoride 5000 enamel..	105	SPINRAZA.....	137	STROVITE FORTE.....	127
sodium fluoride 5000 plus.....	105	SPIRIVA HANDIHALER.....	217	SUBLOCADE.....	18
sodium fluoride 5000 ppm.....	105	SPIRIVA RESPIMAT.....	217	SUBOXONE.....	18
sodium fluoride 5000 sensitive	105	spironolactone.....	94	subvenite.....	30
SODIUM IODIDE I-131.....	155	SPIRONOLACTONE.....	94	subvenite starter kit-blue.....	30
SODIUM LAURYL SULFATE.....	198	spironolactone-hctz.....	92	subvenite starter kit-green.....	30
sodium nitrite.....	199	SPORANOX.....	40	subvenite starter kit-orange.....	30
sodium nitroprusside.....	97	SPRAVATO (56 MG DOSE).....	35	succinylcholine chloride.....	199
SODIUM OXYBATE.....	225	SPRAVATO (84 MG DOSE).....	35	SUCCINYLCHOLINE CHLORIDE.....	199
sodium phenylbutyrate.....	135	sprintec 28.....	150	SUCRAID.....	135
sodium phosphates.....	122	SPRITAM.....	30	sucralfate.....	133
sodium polystyrene sulfonate..	124	SPRIX.....	10	SUCRALFATE.....	133
sodium saccharin.....	199	SPRYCEL.....	55	SUFENTANIL CITRATE (BULK).....	14
sodium sulfacetamide wash....	107	SPS (SODIUM POLYSTYRENE SULF).....	124	SUFLAVE.....	133
sodium tetradecyl sulfate.....	92	sronyx.....	150	SULAR.....	89
sodium thiosulfate.....	199	ssd.....	114	SULCONAZOLE NITRATE.....	41
SOFDRA.....	114	SSS 10-5.....	114	SULFACETAMIDE SODIUM....	28
SOFOSBUVIR-VELPATASVIR.....	66	STALEVO 100.....	60	sulfacetamide sodium.....	107, 211
SOGROYA.....	144	STALEVO 125.....	60	sulfacetamide sodium (acne)....	28
SOHONOS.....	65	STALEVO 150.....	60	sulfacetamide sodium-sulfur...	114
solifenacin succinate.....	138	STALEVO 200.....	60	sulfacetamide-prednisolone....	209
SOLIQUA.....	72	STALEVO 50.....	60	sulfadiazine.....	28
SOLIRIS.....	159	STALEVO 75.....	60	SULFADIAZINE SODIUM.....	28
SOLODYN.....	29	STAMARIL.....	169	SULFAMETHOXAZOLE.....	28
SOLOSEC.....	22	stavudine.....	67	sulfamethoxazole-trimethoprim.	28
SOLTAMOX.....	46	STEARIC ACID.....	199	sulfamez wash.....	114
SOLU-CORTEF.....	143	STEGLATRO.....	72	SULFAMYLON.....	116
SOLU-MEDROL.....	143	STEGLUJAN.....	73	sulfasalazine.....	170
SOLU-MEDROL (PF).....	143	STELARA.....	159	SULFASALAZINE.....	170
SOMA.....	224	STENDRA.....	140	sulfatrim pediatric.....	28
SOMATULINE DEPOT.....	154	STERILANCE TL.....	199	sulfurated lime.....	115
SOMAVERT.....	154	STERILE DILUENT FLOLAN PH 12.....	199	sulindac.....	10
SOOLANTRA.....	115	STERILE DILUENT FOR REMODULIN.....	199	SULINDAC.....	10
sorafenib tosylate.....	55	sterile diluent/epoprostenol....	199	sumatriptan.....	43
SORBIC ACID.....	199	STERILE TALC POWDER.....	223	sumatriptan succinate.....	43
SORBITOL.....	199	STERILE TOPICAL L.E.T. GEL.....	17	sumatriptan succinate refill.....	43
SORBITOL CANDY BASE.....	199	sterile water for injection.....	199	sumatriptan-naproxen sodium..	43
sorbitol-mannitol.....	199	sterile water for irrigation.....	199	sunitinib malate.....	55
SORILUX.....	114	STERITALC.....	223	SUNLENCA.....	68
sorine.....	86	STIMUFEND.....	80	SUNOSI.....	225
SOTALOL HCL.....	87	STIOLTO RESPIMAT.....	223	SUPARTZ FX.....	199
sotalol hcl.....	87	STIVARGA.....	55	SUPERVITE.....	127
sotalol hcl (af).....	86	STRATA TRIZ.....	199	SUPPORT.....	127
SOTRADECOL.....	92			SUPPRELIN LA.....	154
SOTYKTU.....	114			SUPREP BOWEL PREP KIT..	133

SURE COMFORT ALCOHOL PREP.....	199	SYMLINPEN 120.....	73	TALTZ.....	159, 160
SURE COMFORT LANCETS 18G.....	199	SYMLINPEN 60.....	73	TALVEY.....	50
SURE COMFORT LANCETS 21G.....	199	SYMPAZAN.....	32	TALZENNA.....	55
SURE COMFORT LANCETS 23G.....	199	SYMPROIC.....	130	TAMIFLU.....	69
SURE COMFORT LANCETS 28G.....	199	SYMITUZA.....	69	tamoxifen citrate.....	47
SURE COMFORT LANCETS 30G.....	199	SYNAGIS.....	156	tamsulosin hcl.....	139
SURE COMFORT PEN NEEDLES.....	199	SYNALAR.....	111	TANDEM MOBI AUTOSOFT 30 KIT.....	200
SURE T INFUSION SET 18"/6MM.....	199	SYNAPRYN FUSEPAQ.....	14	TANDEM MOBI AUTOSOFT XC KIT.....	200
SURE T INFUSION SET 23"/10MM.....	199	SYNAREL.....	154	TANDEM MOBI CARTRIDGE 2ML.....	200
SURE T INFUSION SET 23"/6MM.....	199	SYNDROS.....	39	TANDEM MOBI SYSTEM STARTER.....	200
SURE T INFUSION SET 23"/8MM.....	199	SYNERA.....	17	TANDEM MOBI TRUSTEEL SUPP KIT.....	200
SURE T INFUSION SET 32"/10MM.....	199	SYNJARDY.....	73	TANDEM PLUS.....	122
SURE T INFUSION SET 32"/6MM.....	199	SYNJARDY XR.....	73	TANGERINE FLAVOR.....	200
SURE T INFUSION SET 32"/8MM.....	200	SYNOJOYNT.....	200	TANLOR.....	224
SUREBIOTIC PROBIOTIC SUPPORT.....	133	SYNRIBO.....	50	TAPERDEX 12-DAY.....	141
SURELITE LANCETS.....	200	SYNTHROID.....	152	TAPERDEX 6-DAY.....	141, 143
SURVANTA.....	223	SYNVISC.....	200	TAPERDEX 7-DAY.....	141
SUSPENDRX W/BITTERBLOC SWEET.....	200	SYNVISC ONE.....	200	TARCEVA.....	55
SUSPENDRX W/BITTERBLOC UNSWEET..	200	SYPRINE.....	123	TARGADOX.....	29
SUSTIVA.....	67	SYRINGE LUER LOCK.....	200	TARGRETIN.....	58
SUSTOL.....	39	SYRINGE LUER SLIP.....	200	tarina 24 fe.....	150
SUSVIMO (IMPLANT 1ST FILL).....	209	T: SLIM X2 INS PMP/CONTROL 7.4.....	200	tarina fe 1/20.....	150
SUSVIMO (IMPLANT REFILL).....	209	T:SLIM X2 3ML CARTRIDGE.....	200	tarina fe 1/20 eq.....	150
SUTAB.....	133	T:SLIM X2 BASAL-IQ PUMP..	200	TARON FORTE.....	122
SUTENT.....	55	T:SLIM X2 CONTROL-IQ 7.7 PUMP.....	200	TARPEYO.....	170
SWEETENING ENHANCER... ..	200	T:SLIM X2 CONTROL-IQ 7.8 PUMP.....	200	TASCENSO ODT.....	103
syeda.....	150	T:SLIM X2 CONTROL-IQ PUMP.....	200	TASIGNA.....	55
SYFOVRE.....	209	T:SLIM X2 CONTROL-IQ PUMP.....	200	tasimelteon.....	225
SYLVANT.....	159	T:SLIM X2 CONTROL-IQ PUMP.....	200	TASMAR.....	60
SYMBICORT.....	223	T:SLIM X2 CONTROL-IQ PUMP.....	200	TAURINE.....	200
SYMBYAX.....	35	T:SLIM X2 INSULIN PMP BASAL6.4.....	200	tavaborole.....	41
SYMDEKO.....	219	T:SLIM X2/BASAL-IQ/ACC/INSTR.....	200	TAVALISSE.....	84
SYMFI.....	67	T:SLIM X2/CONTROL-IQ/ACC/INSTR.....	200	TAVNEOS.....	200
SYMFI LO.....	67	TABLOID.....	48	taysofy.....	150
SYMJEPI.....	218	TABRADOL FUSEPAQ.....	224	TAYTULLA.....	150
		TABRADOL RAPIDPAQ.....	224	tazarotene.....	107
		TABRECTA.....	46	TAZAROTENE.....	107
		TACHOSIL.....	200	tazicef.....	24
		TACLONEX.....	114	TAZICEF.....	24
		tacrolimus.....	111, 165	TAZORAC.....	107
		tadalafil.....	139	taztia xt.....	89
		tadalafil (pah).....	220	TAZVERIK.....	51
		TADLIQ.....	220	TDVAX.....	169
		TAFINLAR.....	55	TECENTRIQ.....	58
		tafluprost (pf).....	214	TECENTRIQ HYBREZA.....	57
		TAGRISSO.....	55	TECFIDERA.....	103
		take action.....	152	TECHLITE LANCETS.....	200
		TAKHZYRO.....	155	TECHLITE LANCETS 26G.....	200
		TALICIA.....	133		

TECHNA 20 SF TROCHE		TEVIMBRA.....	58	TIMOPTIC OCUDOSE.....	213
BASE.....	200	TEXACORT.....	111	TIMOPTIC-XE.....	213
TECHNA 20 TROCHE BASE.....	200	TEZSPIRE.....	223	tinidazole.....	22
TECVAYLI.....	51	TGT LANCET MICRO THIN		tiopronin.....	140
TEFLARO.....	24	33G.....	201	tiotropium bromide	
TEGLUTIK.....	101	TGT LANCET THIN 26G.....	201	monohydrate.....	217
TEGRETOL.....	33	TGT LANCET ULTRA THIN		tirofiban hcl in nacl.....	84
TEGRETOL-XR.....	33	30G.....	201	TIROSINT.....	152, 153
TEGSEDI.....	135	THALITONE.....	94	TIROSINT-SOL.....	152, 153
TEKURNA.....	93	THALOMID.....	46	TISSEEL.....	78
TEKURNA HCT.....	92	THAM.....	122	TIS-U-SOL.....	201
TELFA AMD ISLAND		THE LIQUILIFT TRACE.....	201	TIVDAK.....	58
DRESSING.....	200	THEO-24.....	219	TIVICAY.....	66
TELFA AMD NON-		theophylline.....	219	TIVICAY PD.....	66
ADHERENT.....	200	theophylline er.....	219	tizanidine hcl.....	64
telmisartan.....	85	THEOPHYLLINE-		TLANDO.....	146
telmisartan-amlodipine.....	93	ETHYLENEDIAMINE.....	219	TNKASE.....	79
telmisartan-hctz.....	93	THIABENDAZOLE.....	59	TOBI.....	219
temazepam.....	225	thiamine hcl.....	127	TOBI PODHALER.....	219
TEMBEXA.....	69	THIAMINE HCL.....	127	TOBRADEX.....	209
TEMODAR.....	45	THIAMINE MONONITRATE...	127	TOBRADEX ST.....	209
temozolomide.....	45	THIMEROSAL.....	22	tobramycin.....	211, 219
TEMPO REFILL.....	201	THIOLA.....	140	tobramycin sulfate.....	20
TEMPO SMART BUTTON.....	201	THIOLA EC.....	140	TOBRAMYCIN SULFATE.....	20
TEMPO WELCOME.....	201	thioridazine hcl.....	62	tobramycin-dexamethasone...	209
temsirolimus.....	55	thiotepa.....	46	TOBREX.....	211
TENCON.....	101	thiothixene.....	62	TODAY SPONGE.....	140
TENIVAC.....	169	THREONINE.....	201	TODAYS HEALTH THIN	
tenofovir disoproxil fumarate....	67	THROMBIN-JMI.....	83	LANCETS 28G.....	201
TENORETIC 100.....	93	THROMBIN-JMI EPISTAXIS...	83	TODAYS HEALTH THIN	
TENORETIC 50.....	93	THROMBOGEN.....	83	LANCETS 30G.....	201
TENORMIN.....	88	THYMOGLOBULIN.....	156	TOFIDENCE.....	160
TEPADINA.....	46	THYQUIDITY.....	153	TOLAK.....	114
TEPEZZA.....	160	THYROGEN.....	201	tolcapone.....	60
TEPMETKO.....	55	thyroid.....	153	TOLECTIN 600.....	10
terazosin hcl.....	139	THYROID.....	153	tolmetin sodium.....	10
terbinafine hcl.....	40	tiadylt er.....	89	TOLNAFTATE.....	41
terbutaline sulfate.....	218	tiagabine hcl.....	32	TOLSURA.....	40
terconazole.....	40	TIAZAC.....	89	tolterodine tartrate.....	138
teriflunomide.....	103	TIBSOVO.....	55	tolterodine tartrate er.....	138
TERIPARATIDE.....	172	TICE BCG.....	51	tolvaptan.....	123
TESTIM.....	145	TICOVAC.....	169	TOPAMAX.....	30
TESTOPEL.....	146	TIGAN.....	38	TOPAMAX SPRINKLE.....	30
TESTOSTERONE.....	146	tigecycline.....	22	TOPCARE LANCETS MICRO-	
testosterone.....	146	TIGLUTIK.....	101	THIN 33G.....	201
testosterone cypionate.....	146	TIKOSYN.....	87	TOPICAL L.E.T.....	17
testosterone enanthate.....	146	tilia fe.....	150	TOPICORT.....	111
TETANUS-DIPHThERIA		timolol maleate.....	43, 213	TOPICORT SPRAY.....	111
TOXOIDS TD.....	169	TIMOLOL MALEATE.....	88	topiramate.....	30
tetrabenazine.....	101	timolol maleate (once-daily)....	213	topiramate er.....	30
tetracaine hcl.....	17, 209	timolol maleate ocudose.....	213	toposar.....	52
tetracycline hcl.....	29	timolol maleate pf.....	213	topotecan hcl.....	52
TETRACYCLINE HCL.....	29	TIMOPTIC.....	213	TOPROL XL.....	88

toremifene citrate.....	47	triamcinolone acetonide		triphrocaps.....	127
TORISEL.....	55	.....	104, 111, 143	TRIPLE COMPLEX FORMULA	
torpenz.....	55	TRIAMCINOLONE		3 KIT.....	10
torse mide.....	93	ACETONIDE.....	143	TRIPLE PMB.....	209
TOSYMRA.....	43	TRIAMCINOLONE DIACET		TRIPLE PMK.....	209
TOUJEO MAX SOLOSTAR.....	77	MICRONIZE.....	143	TRIPTODUR.....	154
TOUJEO SOLOSTAR.....	77	TRIAMCINOLONE		TRISENOX.....	51
tovet.....	111	DIACETATE.....	143	TRISODIUM CITRATE/CRRT	122
TOVIAZ.....	138	triamcinolone in absorbase.....	111	tri-sprintec.....	150
TPN ELECTROLYTES.....	122	TRIAMCINOLONE-		TRISTART DHA.....	127
TPOXX.....	69	BUPIVACAINE.....	143	TRISTART FREE.....	127
TRACLEER.....	220	TRI-AMINO.....	122	TRISTART ONE.....	128
TRADJENTA.....	73	triamterene.....	94	tritocin.....	111
TRALEMENT.....	122	triamterene-hctz.....	93	TRIUMEQ.....	67
TRAMADOL HCL.....	14	TRIANEX.....	111	TRIUMEQ PD.....	67
tramadol hcl.....	14	triazolam.....	225	TRIVISC.....	201
TRAMADOL HCL (ER		TRIBENZOR.....	93	trivora (28).....	150
BIPHASIC).....	12	TRICHOSOL.....	201	tri-vylibra.....	150
tramadol hcl (er biphasic).....	12	TRICITRASOL.....	79	tri-vylibra lo.....	150
tramadol hcl er.....	12	TRICON.....	122	TRIZIVIR.....	67
tramadol-acetaminophen.....	14	TRICOR.....	94	TROCHE BASE.....	201
trandolapril.....	85	TRIDACAINE II.....	17	TROCHE BASE SF	
trandolapril-verapamil hcl er.....	93	TRIDACAINE III.....	17	W/BITTER-BLOC.....	201
tranexamic acid.....	83	triderm.....	111	TRODELVY.....	58
tranexamic acid-nacl.....	83	TRIDESILON.....	111	TROGARZO.....	68
TRANSDERM-SCOP.....	38	trientine hcl.....	123	TROKENDI XR.....	30
TRANXENE-T.....	70	TRIESENCE.....	212	TROPHAMINE.....	122
tranylcypramine sulfate.....	35	tri-estarylla.....	150	TROPICAMIDE.....	209
TRAVASOL.....	122	trifluoperazine hcl.....	62	TROPICAMIDE-	
TRAVATAN Z.....	214	trifluridine.....	211	PHENYLEPHRINE.....	209
TRAVEL LANCETS.....	201	trigels-f forte.....	122	TROPIC-CYCLOPENT-PE-	
TRAVEL LANCETS		trihexyphenidyl hcl.....	60	KETOROLAC.....	209
ADVANCED 28G.....	201	TRIJARDY XR.....	73	tropium chloride.....	138
travoprost (bak free).....	214	TRIKAFTA.....	219	tropium chloride er.....	138
TRAZIMERA.....	58	tri-legest fe.....	150	TRUDHESA.....	42
trazodone hcl.....	36	TRILEPTAL.....	33	TRUE COMFORT ALCOHOL	
TREANDA.....	46	tri-linyah.....	150	PREP PADS.....	201
TRECTOR.....	44	TRILIPIX.....	94	TRUE COMFORT INSULIN	
TRELEGY ELLIPTA.....	223	tri-lo-estarylla.....	150	SYRINGE.....	201
TRELSTAR MIXJECT.....	154	tri-lo-marzia.....	150	TRUE COMFORT PEN	
TREMFYA.....	160	tri-lo-mili.....	150	NEEDLES.....	201
treprostinil.....	220	tri-lo-sprintec.....	150	TRUE COMFORT PRO	
TRESIBA.....	77	TRILURON.....	201	ALCOHOL PREP.....	201
TRESIBA FLEXTOUCH.....	77	trimethobenzamide hcl.....	38	TRUE COMFORT PRO	
tretinoin.....	58, 107	trimethoprim.....	22	INSULIN SYR.....	201
TRETINOIN.....	107	TRIMETHOPRIM.....	22	TRUE COMFORT PRO PEN	
tretinoin microsphere.....	107	tri-mili.....	150	NEEDLES.....	201
tretinoin microsphere pump....	107	trimipramine maleate.....	37	TRUE COMFORT SAFETY	
TRETTEN.....	83	TRINATE.....	127	LANCETS.....	201
TREXALL.....	165	TRINTELLIX.....	36	TRUE COMFORT TWIST TOP	
TREXIMET.....	43	tri-nymyo.....	150	LANCETS.....	201
TREZIX.....	14	TRIOSTAT.....	153	TRUE COVER.....	201
		TRIPLENNAMINE HCL.....	215		

TRUE FOCUS BLOOD		ULTRA FLO INSULIN PEN	
GLUCOSE METER.....	201	NEEDLES.....	202
true laxative.....	130	ULTRA FLO INSULIN	
TRUE METRIX BLOOD		SYRINGE.....	202
GLUCOSE TEST.....	201	ULTRA THIN LANCETS 31G.	202
TRUE METRIX LEVEL 1.....	201	ULTRACARE INSULIN	
TRUE METRIX LEVEL 2.....	201	SYRINGE.....	202
TRUE METRIX LEVEL 3.....	201	ULTRA-CARE LANCETS 30G	202
TRUE METRIX METER.....	201	ULTRACARE PEN NEEDLES	202
TRUE METRIX PRO BLOOD		ULTRA-THIN II AUTO	
GLUCOSE.....	202	LANCET.....	203
TRUEPLUS 5-BEVEL PEN		ULTRA-THIN II INS SYR	
NEEDLES.....	202	SHORT.....	203
TRUEPLUS INSULIN		ULTRA-THIN II INSULIN	
SYRINGE.....	202	SYRINGE.....	203
TRUEPLUS LANCETS 26G...	202	ULTRA-THIN II LANCETS.....	203
TRUEPLUS LANCETS 28G...	202	ULTRA-THIN II MINI PEN	
TRUEPLUS LANCETS 30G...	202	NEEDLE.....	203
TRUEPLUS LANCETS 33G...	202	ULTRA-THIN II PEN NEEDLE	
TRUEPLUS PEN NEEDLES...	202	SHORT.....	203
TRUEPLUS SAFETY		ULTRA-THIN II PEN	
LANCETS 28G.....	202	NEEDLES.....	203
TRUETRACK TEST.....	202	ULTRAVATE.....	111
TRULANCE.....	130	UNASYN.....	26
TRULICITY.....	73	UNDECATREX.....	146
TRUMENBA.....	169	UNIFINE PENTIPS.....	203
TRUQAP.....	55	UNIFINE PENTIPS PLUS.....	203
TRUSELTIQ (100MG DAILY		UNIFINE PROTECT PEN	
DOSE).....	51	NEEDLE.....	203
TRUSELTIQ (125MG DAILY		UNIFINE SAFECONTROL	
DOSE).....	51	PEN NEEDLE.....	203
TRUSELTIQ (50MG DAILY		UNIFINE ULTRA PEN	
DOSE).....	51	NEEDLE.....	203
TRUSELTIQ (75MG DAILY		UNILET COMFORTOUCH	
DOSE).....	51	LANCET.....	203
TRUSOPT.....	213	UNILET EXCELITE II.....	203
TRUSTEEL INFUSION SET...	202	UNILET G.P. LANCET.....	203
TRUVADA.....	68	UNILET G.P. SUPERLITE	
TRUXIMA.....	58	LANCET.....	203
TRYPTOPHAN.....	202	UNILET LANCET.....	203
TRYVIO.....	223	UNILET MICRO-THIN 33G.....	203
TUDORZA PRESSAIR.....	217	UNILET SUPERLITE LANCET	
TUKYSA.....	51	.....	203
TURALIO.....	55	UNILET SUPER-THIN 30G....	203
turqoz.....	150	UNILET ULTRA-THIN 28G.....	203
TUXARIN ER.....	215	UNISPEND ANHYDROUS	
TUZISTRA XR.....	215	SWEETENED.....	203
TWIIST REFILL KIT.....	202	UNISTIK 1.....	203
TWIIST REFILL		UNISTIK 2.....	203
KIT/INFUSION SET.....	202	UNISTIK 2 EXTRA.....	203
TWIIST STARTER KIT.....	202	UNISTIK 2 SUPER.....	203
TWINRIX.....	169	UNISTIK 3.....	203
TWIRLA.....	150	UNISTIK 3 GENTLE.....	203
TWIST TOP LANCETS 30G...	202		
TWYNEO.....	107		
TYBLUME.....	150		
TYBOST.....	68		
tydemy.....	150		
TYENNE.....	160		
TYGACIL.....	22		
TYKERB.....	55		
TYMLOS.....	171		
TYPHIM VI.....	169		
TYR SPHERE 20.....	202		
TYRVAYA.....	202		
TYSABRI.....	103		
TYVASO.....	220		
TYVASO DPI INSTITUTIONAL			
KIT.....	220		
TYVASO DPI MAINTENANCE			
KIT.....	220		
TYVASO DPI TITRATION KIT			
220			
TYVASO REFILL KIT.....	220		
TYVASO STARTER KIT.....	220		
TZIELD.....	160		
UBRELVY.....	43		
UCERIS.....	170		
UDAMIN SP.....	128		
UDENYCA.....	80		
UDENYCA ONBODY.....	80		
UDSX MEDICATED SYSTEM			
202			
UDSXMP MEDICATED			
SYSTEM.....	202		
ULORIC.....	42		
ULTICARE INSULIN SAFETY			
SYR.....	202		
ULTICARE INSULIN			
SYRINGE.....	202		
ULTICARE MICRO PEN			
NEEDLES.....	202		
ULTICARE MINI PEN			
NEEDLES.....	202		
ULTICARE PEN NEEDLES...	202		
ULTICARE SHORT PEN			
NEEDLES.....	202		
ULTIGUARD SAFEPACK PEN			
NEEDLE.....	202		
ULTIGUARD SAFEPACK			
SYR/NEEDLE.....	202		
ULTILET CLASSIC LANCETS			
202			
ULTILET LANCETS.....	202		
ULTILET SAFETY LANCETS.			
202			
ULTILET SAFETY LANCETS			
23G.....	202		
ULTIVA.....	14		
ULTOMIRIS.....	160		

UNISTIK PRO SAFETY		VABYSMO.....	209	VARIZIG.....	156
LANCET.....	203	VAFSEO.....	80	VARUBI (180 MG DOSE).....	39
UNISTIK SAFETY LANCETS		VAGIFEM.....	150	VASCAZEN.....	204
28G.....	203	valacyclovir hcl.....	66	VASCEPA.....	96
UNISTIK SAFETY LANCETS		VALCHLOR.....	46	VASERETIC.....	93
30G.....	203	VALCYTE.....	65	vasopressin.....	144
UNISTIK TOUCH SAFETY		valganciclovir hcl.....	65	vasopressin +rfid.....	144
LANC 21G.....	203	VALINE.....	203	VASOPRESSIN-DEXTROSE.....	145
UNISTIK TOUCH SAFETY		VALIUM.....	70	VASOPRESSIN-SODIUM	
LANC 23G.....	203	valproate sodium.....	31	CHLORIDE.....	145
UNISTIK TOUCH SAFETY		valproic acid.....	31	VASOSTRICT.....	145
LANC 28G.....	203	valrubicin.....	51	VASOTEC.....	86
UNISTIK TOUCH SAFETY		VALSARTAN.....	85	VAXCHORA.....	169
LANC 30G.....	203	valsartan.....	85	VAXELIS.....	169
UNISTRIP CONTROL.....	203	valsartan-hydrochlorothiazide... 93		VAXNEUVANCE.....	169
unithroid.....	152, 153	VALSTAR.....	51	VAZCULEP.....	84
UNITUXIN.....	58	VALTOCO 10 MG DOSE.....	32	VB6 P5P.....	204
UNIVERSAL 1 LANCETS		VALTOCO 15 MG DOSE.....	32	v-c forte.....	128
THIN 26G.....	203	VALTOCO 20 MG DOSE.....	32	VCF VAGINAL	
UNIVERSAL 1 LANCETS		VALTOCO 5 MG DOSE.....	32	CONTRACEPTIVE.....	140
THIN 33G.....	203	VALTrex.....	66	VECAMYL.....	93
UNIVERSAL 1 LANCETS		VALUE PLUS LANCET		VECTIBIX.....	58
ULTRA THIN.....	203	STANDARD 21G.....	204	VECTICAL.....	114
UNIVERSAL WATER.....	203	VALUE PLUS LANCETS THIN		VECURONIUM BROMIDE.....	204
UPLIZNA.....	160	26G.....	204	vecuronium bromide.....	204
UPNEEQ.....	209	VALUMARK LANCET SUPER		VEGZELMA.....	58
UPTRAVI.....	220, 221	THIN 30G.....	204	VEKLURY.....	204
UPTRAVI TITRATION.....	221	VALUMARK LANCET ULTRA		VELCADE.....	51
URAMAXIN.....	114	THIN 28G.....	204	VELETRI.....	221
urea.....	114	VALUMARK PEN NEEDLES..	204	velivet.....	150
UREA.....	114	VANADOM.....	224	VELPHORO.....	124
UREAPRO.....	203	VANCOCIN.....	22	VELSIPITY.....	160
uredeb.....	114	vancomycin hcl.....	22	VELTASSA.....	124
UREMEZ-40.....	114	vancomycin hcl in dextrose.....	22	VELTIN.....	107
URESOL.....	114	vancomycin hcl in nacl.....	22	VEMLIDY.....	65
URESTA STARTER KIT.....	203	VANCOMYCIN+SYRSPEND		VENCLEXTA.....	55
URIMAR-T.....	138	SF.....	22	VENCLEXTA STARTING	
URO-458.....	139	VANDAZOLE.....	22	PACK.....	55
UROCIT-K 10.....	122	VANFLYTA.....	55	VENELEX.....	204
UROCIT-K 15.....	122	VANISH.....	105	VENIPUNCTURE PX1	
UROCIT-K 5.....	122	VANISHING.....	204	PHLEBOTOMY.....	17
urosex.....	128	VANISHPOINT SAFETY		VENLAFAXINE BESYLATE	
URO-SP.....	139	SYRINGE.....	204	ER.....	36
UROXATRAL.....	139	VANOS.....	111	venlafaxine hcl.....	36
URSO 250.....	133	VAPRISOL.....	144	venlafaxine hcl er.....	36
URSO FORTE.....	133	VAQTA.....	169	VENOFER.....	122
ursodiol.....	133	vardenafil hcl.....	140	VENTAVIS.....	221
URSODIOL+SYRSPEND SF..	133	varenicline tartrate.....	19	VENTOLIN HFA.....	218
USTELL.....	139	varenicline tartrate (starter).....	19	VEOPOZ.....	160
UTIRA-C.....	139	varenicline tartrate(continue)....	19	VEOZAH.....	101
UVADEX.....	114	VARISOFT INFUSION SET ...	204	verapamil hcl.....	89
UZEDY.....	63	VARITHENA.....	93	VERAPAMIL HCL.....	89
VABOMERE.....	26	VARIVAX.....	169	verapamil hcl er.....	89

VERDESO.....	111	VIEKIRA PAK.....	66	VITRASE.....	205
VEREGEN.....	114	vienva.....	150	VIVAGUARD INO CONTROL	
VERELAN.....	89	vigabatrin.....	32	SOLUTION.....	205
VERELAN PM.....	90	VIGADRONE.....	32	VIVAGUARD INO GLUCOSE	
VERIFINE INSULIN PEN		VIGAFYDE.....	32	METER.....	205
NEEDLE.....	204	VIGAMOX.....	211	VIVAGUARD INO SMART	
VERIFINE INSULIN SYRINGE		vigpoder.....	32	GLUC METER.....	205
.....	204	VIIBRYD.....	36	VIVAGUARD INO TEST	
VERIFINE PLUS PEN		VIIBRYD STARTER PACK.....	36	STRIPS.....	205
NEEDLE.....	204	VIJOICE.....	204	VIVAGUARD LANCETS.....	205
VERIFINE SAFE LANCET		vilazodone hcl.....	36	VIVAGUARD LANCETS 30G.....	205
MINI 21G.....	204	VILTEPSO.....	137	VIVAGUARD LANCING	
VERIFINE SAFE LANCET		VIMIZIM.....	137	DEVICE.....	205
MINI 23G.....	204	VIMOVO.....	10	VIVAGUARD SAFETY	
VERIFINE SAFE LANCET		VIMPAT.....	33	LANCETS 28G.....	205
MINI 28G.....	204	vinblastine sulfate.....	51	VIVELLE-DOT.....	150
VERIFINE SAFE LANCET		vincasar pfs.....	51	VIVIMUSTA.....	46
MINI 30G.....	204	vincristine sulfate.....	51	VIVITROL.....	18
VERIFINE UNIVERSAL		vinorelbine tartrate.....	51	VIVJOA.....	41
LANCETS 28G.....	204	VIOKACE.....	136	VIVOTIF.....	169
VERIFINE UNIVERSAL		viorele.....	150	VIZIMPRO.....	55
LANCETS 30G.....	204	VIRACEPT.....	69	VOCABRIA.....	66
VERIFINE UNIVERSAL		VIRAZOLE.....	223	VOGELXO.....	146
LANCETS 33G.....	204	VIREAD.....	68	VOGELXO PUMP.....	146
VERKAZIA.....	209	virt-caps.....	128	volnea.....	150
VERQUVO.....	97	virt-gard.....	128	VONJO.....	51
VERSABASE.....	204	VISCO-3.....	205	VONVENDI.....	83
VERSACLOZ.....	64	VISIONBLUE.....	209	VOQUEZNA.....	133
VERSAPENN (AL) ANHYD		VISTARIL.....	215	VOQUEZNA DUAL PAK.....	22
LIPID.....	204	VISTOGARD.....	205	VOQUEZNA TRIPLE PAK.....	22
VERSAPRO ANHYDROUS		VISUDYNE.....	210	VORANIGO.....	55
BASE.....	204	VIT B12-METHIONINE-INOS-		VORAXAZE.....	59
VERZENIO.....	55	CHOL.....	128	voriconazole.....	40
VESICARE.....	139	VITA S FORTE.....	128	VORTEX VALVED HOLDING	
VESICARE LS.....	139	VITACEL.....	128	CHAMBER.....	205
vestura.....	150	VITAFOL FE+.....	128	VOSEVI.....	66
VEVYE.....	209	VITAFOL STRIPS.....	128	VOTRIENT.....	55
VFEND.....	40	VITAFOL-NANO.....	128	VOWST.....	133
VFEND IV.....	40	VITAFOL-OB+DHA.....	128	VOXZOGO.....	205
V-GO 20.....	204	VITAL-D RX.....	128	VOYDEYA.....	80
V-GO 30.....	204	VITALIPID N INFANT.....	128	VP FC KIT.....	10
V-GO 40.....	204	VITAMEDMD ONE		VP GKL KIT.....	10
VIAGRA.....	140	RX/QUATREFOLIC.....	128	VPRIV.....	137
VIBATIV.....	22	vitamin d (ergocalciferol).....	128	vp-vite rx.....	128
VIBERZI.....	130	vitamin k1.....	128	VRAYLAR.....	63
VIBRAMYCIN.....	29	VITAPEARL.....	128	VSL#3.....	133
vic-forte.....	128	VITAROCA PLUS.....	128	VSL#3 DS.....	133
VICTOZA.....	73	VITATHELY WITH GINGER... ..	128	VTAMA.....	114
VIDA MIA UNILET LANCETS		VITATROCHE PLUS BASE SF		VUITY.....	213
28G.....	204	.....	205	VUMERITY.....	103
VIDA MIA UNILET LANCETS		VITLIPID N ADULT.....	128	VUSION.....	41
30G.....	204	VITLIPID N INFANT.....	128	VYALEV.....	61
VIDAZA.....	51	VITRAKVI.....	55	VYEPTI.....	43

vyfemla.....	150	WINRHO SDF.....	156	XEROFORM PETROLAT	
VYJUVEK.....	205	WITEPSOL.....	206	PATCH 4"X4".....	206
vylibra.....	150	wixela inhub.....	223	XEROFORM PETROLATUM	
VYNDAMAX.....	93	wymzya fe.....	151	DRES 4"X4".....	206
VYNDAQEL.....	136	WYNZORA.....	114	XEROFORM PETROLATUM	
VYONDYS 53.....	138	XACDURO.....	22	DRES 5"X9".....	206
VYTORIN.....	96	XACIATO.....	22	XEROFORM PETROLATUM	
VYVANSE.....	98	XADAGO.....	61	ROLL 4"X9'.....	206
VYVGART.....	160	XALATAN.....	214	XGEVA.....	171
VYVGART HYTRULO.....	160	XALKORI.....	55	XHANCE.....	217
VYXEOS.....	48	XANAX.....	70	XIAFLEX.....	138
VYZULTA.....	214	XANAX XR.....	70	XIFAXAN.....	133
WAINUA.....	138	XAQUIL XR.....	128	XIGDUO XR.....	73
WAKIX.....	225	XARELTO.....	79	XIIDRA.....	210
WALGREENS ADV TRAVEL		XARELTO STARTER PACK.....	79	XIMINO.....	29
LANCETS.....	205	XATMEP.....	165	XIPERE.....	212
WALGREENS LANCETS		XCOPRI.....	31	XOFIGO.....	51
MICRO THIN.....	205	XCOPRI (250 MG DAILY		XOFLUZA (40 MG DOSE).....	69
WALGREENS LANCETS		DOSE).....	31	XOFLUZA (80 MG DOSE).....	69
SUPER THIN.....	205	XCOPRI (350 MG DAILY		XOLAIR.....	160
warfarin sodium.....	79	DOSE).....	31	XOLEGEL.....	41
water for irrigation, sterile.....	205	XDEMVIY.....	211	XOLEGEL COREPAK.....	41
WEGMANS UNIFINE		XELJANZ.....	160	XOLEGEL DUO/HEAD &	
PENTIPS PLUS.....	205	XELJANZ XR.....	160	SHOULDERS.....	41
WEGOVIY.....	205	XELODA.....	48	XOLEGEL DUO/XOLEX.....	41
WELCHOL.....	96	XELPROS.....	214	XOLREMDI.....	80
WELIREG.....	55	XELSTRYM.....	98	XOPENEX.....	218
WELLBUTRIN SR.....	35	XEMBIFY.....	156	XOPENEX CONCENTRATE..	218
WELLBUTRIN XL.....	35	XENAZINE.....	101	XOPENEX HFA.....	218
wera.....	151	XENICAL.....	206	XOSPATA.....	55
WESCAP-C DHA.....	128	XENLETA.....	22	XPHOZAH.....	123
WESCAP-PN DHA.....	128	XENPOZYME.....	122	XPOVIO (100 MG ONCE	
wescaps.....	128	XEOMIN.....	65	WEEKLY).....	51
WESNATAL DHA COMPLETE		XEPI.....	116	XPOVIO (40 MG ONCE	
.....	128	XERAVA.....	29	WEEKLY).....	51
WESNATE DHA.....	128	XERESE.....	114	XPOVIO (40 MG TWICE	
wes-phos 250 neutral.....	122	XERMELO.....	130	WEEKLY).....	51
WESTAB MAX.....	128	XEROFORM OCCLUSIVE		XPOVIO (60 MG ONCE	
westab mini.....	128	GAUZE PATCH.....	206	WEEKLY).....	51
WESTAB PLUS.....	128	XEROFORM OIL EMULSION		XPOVIO (60 MG TWICE	
WESTGEL DHA.....	128	2"X2".....	206	WEEKLY).....	51
WIDE-SEAL DIAPHRAGM 60	205	XEROFORM OIL EMULSION		XPOVIO (80 MG ONCE	
WIDE-SEAL DIAPHRAGM 65	205	GAUZE.....	206	WEEKLY).....	51
WIDE-SEAL DIAPHRAGM 70	205	XEROFORM OIL EMULSION		XPOVIO (80 MG TWICE	
WIDE-SEAL DIAPHRAGM 75	205	STRIP.....	206	WEEKLY).....	51
WIDE-SEAL DIAPHRAGM 80	205	XEROFORM OIL ROLL 4"X9'.	206	XTAMPZA ER.....	12
WIDE-SEAL DIAPHRAGM 85	205	XEROFORM PETROLAT		XTANDI.....	46
WIDE-SEAL DIAPHRAGM 90	206	GAUZE 1"X8".....	206	xulane.....	151
WIDE-SEAL DIAPHRAGM 95	206	XEROFORM PETROLAT		XULTOPHY.....	73
WILATE.....	83	GAUZE 5"X9".....	206	XURIDEN.....	136
WILD CHERRY SD FLAVOR.	206	XEROFORM PETROLAT		XYLOCAINE.....	17
WINLEVI.....	114	PATCH 2"X2".....	206	XYLOCAINE/EPINEPHRINE....	17
WINREVAIR.....	221			XYLOCAINE-MPF.....	17

XYLOCAINE- MPF/EPINEPHRINE.....	17	ZEPATIER.....	66	ZOKINVY.....	206
XYNTHA.....	83	ZEPBOUND.....	206	ZOLADEX.....	154
XYNTHA SOLOFUSE.....	83	ZEPOSIA.....	103	zoledronic acid.....	172
XYOSTED.....	146	ZEPOSIA 7-DAY STARTER PACK.....	103	ZOLINZA.....	52
XYREM.....	226	ZEPOSIA STARTER KIT.....	103	zolmitriptan.....	43
XYWAV.....	226	ZEPZELCA.....	46	ZOLOFT.....	36
yargesa.....	138	ZERBAXA.....	24	ZOLPIDEM TARTRATE.....	225
YASMIN 28.....	151	ZERUVIA.....	206	zolpidem tartrate er.....	225
YAZ.....	151	ZERVIATE.....	210	ZOLPIMIST.....	225
YCANTH.....	114	ZESTORETIC.....	93	ZOMACTON.....	143
YERVOY.....	58	ZESTRIL.....	86	ZOMIG.....	43, 44
YESCARTA.....	52	ZETIA.....	96	ZONALON.....	111
YF-VAX.....	169	ZETONNA.....	217	ZONEGRAN.....	33
YONDELIS.....	46	ZEVALIN Y-90.....	58	ZONISADE.....	33
YONSA.....	46	ZEVRX INSULIN SYRINGE.....	206	zonisamide.....	33
YORVIPATH.....	153	ZEVRX PEN NEEDLES.....	206	ZONTIVITY.....	79
YOSPRALA.....	84	ZEVRX STERILE ALCOHOL PREP PAD.....	206	ZORBTIVE.....	133
YUFLYMA (1 PEN).....	165	ZEVRX TWIST TOP LANCETS 30G.....	206	ZORTRESS.....	166
YUFLYMA (2 PEN).....	165	ZIAC.....	93	ZORVOLEX.....	10
YUFLYMA (2 SYRINGE).....	165	ZIAGEN.....	68	ZORYVE.....	115
YUFLYMA-CD/UC/HS STARTER.....	165	ZIANA.....	107	ZOSYN.....	26
YUPELRI.....	217	zidovudine.....	68	zovia 1/35 (28).....	151
YUSIMRY.....	166	ZIEXTENZO.....	81	ZOVIRAX.....	66, 116
YUTIQ.....	212	ZILBRYSQ.....	160	ZTALMY.....	101
yuvafem.....	151	zileuton er.....	217	ZTLIDO.....	18
ZACARE.....	107	ZILRETTA.....	143	ZUBSOLV.....	18
ZACLIR CLEANSING.....	116	ZILXI.....	44	ZULRESSO.....	35
zafemy.....	151	ZIMHI.....	18	zumandimine.....	151
zafirlukast.....	217	ZINC ACETATE.....	122	ZURZUVAE.....	35
zaleplon.....	225	zinc chloride.....	122	ZYCLARA.....	115
ZALTRAP.....	52	zinc sulfate.....	123	ZYCLARA PUMP.....	115
ZALVIT.....	128	ZINC SULFATE HEPTAHYDRATE.....	123	ZYDELIG.....	55
ZANAFLEX.....	64	ZINC SULFATE MONOHYDRATE.....	123	ZYFLO.....	217
ZANOSAR.....	46	ZINPLAVA.....	133	ZYKADIA.....	56
ZARONTIN.....	31	ZIOPTAN.....	214	ZYLET.....	210
ZARXIO.....	81	ZIPHEX.....	128	ZYLOPRIM.....	42
ZAVESCA.....	136	ziprasidone hcl.....	63	ZYMAXID.....	211
ZAVZPRET.....	43	ziprasidone mesylate.....	64	ZYMFENTRA (1 PEN).....	166
ZEBUTAL.....	101	ZIPSOR.....	10	ZYMFENTRA (2 PEN).....	166
ZEGALOGUE.....	73	ZIRABEV.....	58	ZYMFENTRA (2 SYRINGE)...	166
ZEGERID.....	135	ZIRGAN.....	211	ZYNLONTA.....	58
ZEJULA.....	55	ZITHROMAX.....	27	ZYNYZ.....	58
ZELAPAR.....	61	ZITHROMAX TRI-PAK.....	27	ZYPITAMAG.....	95
ZELBORAF.....	55	ZITHROMAX Z-PAK.....	27	ZYPREXA.....	64
ZEMAIRA.....	136, 138	ZITUVIMET.....	73	ZYPREXA RELPREVV.....	64
ZEMBRACE SYMTOUCH.....	43	ZITUVIMET XR.....	73	ZYPREXA ZYDIS.....	64
ZEMDRI.....	20	ZITUVIO.....	73	ZYTIGA.....	46
ZEMPLAR.....	171, 172	ZOCOR.....	95	ZYVEXOL.....	123
zenatane.....	107			ZYVOX.....	22, 23
ZENPEP.....	136, 138				
ZENZEDI.....	98				

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية الخاص بك.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nit'i'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

For a complete listing or other questions, please contact: Optum Rx Member Services



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