



2026 Premium Standard Formulary

Effective July 1, 2026

For the most current list of covered medications or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card 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.

Optum Rx[®]



 **MEDICAL
ASSOCIATES**

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.



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.



Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-833-728-0538** and ask how you can have your prescriptions delivered right to your home or doctor's office.



Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes		Helpful tips
Tier 1	\$	Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$	Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$	Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Specialty	\$\$\$\$	Brand specialty	Generic specialty are covered at tier 1 cost share.
Tier E	⊗	Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

M	Authorized generic or cobranded product
PA	Prior authorization – Your doctor is required to give more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.
3P	Tier 3 preferred
++	Benefit design options – Coverage is determined by your prescription medication benefit plan.
HCR\$0	Due to Healthcare Reform, this drug may be available at a \$0 member share.

Medical Associates Health Plan

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Drug	Tier	Coverage Requirements and Limits
Analgesics - Drugs For Pain - Drugs For Pain And Fever		
<i>acetaminophen intravenous solution</i>	1	
<i>acetaminophen-codeine</i>	1	QL
<i>apap-caff-dihydrocodeine</i>	1	QL
<i>ascomp-codeine</i>	1	
<i>bac (butalbital-acetamin-caff)</i>	1	
BELBUCA	2	PA; QL
<i>buprenorphine</i>	1	PA; QL
<i>buprenorphine hcl injection</i>	1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	QL
<i>codeine sulfate</i>	1	QL
DEMEROL	3	
DILAUDID INJECTION	3	
<i>diskets</i>	1	
DURAMORPH	3	

Drug	Tier	Coverage Requirements and Limits
<i>endocet</i>	1	QL
<i>fentanyl</i>	1	PA; QL
<i>fentanyl citrate injection solution prefilled syringe 100 mcg/2ml</i>	1	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-%	3	
<i>hydrocodone bitartrate er</i>	1	PA; QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL
<i>hydromorphone hcl er</i>	1	PA; QL
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl oral</i>	1	QL
<i>hydromorphone hcl pf</i>	1	
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	3	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	1	

UPPERCASE BOLD = Brand name drugs; *lowercase italics* = Generic drugs
Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 2-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
HYSINGLA ER	2	PA; QL
INFUMORPH 200	3	
INFUMORPH 500	3	
JOURNAVX	3	QL
<i>meperidine hcl injection</i>	1	
<i>meperidine hcl oral</i>	1	QL
<i>methadone hcl injection</i>	1	
<i>methadone hcl intensol</i>	1	
<i>methadone hcl oral concentrate</i>	1	
<i>methadone hcl oral solution</i>	1	PA
<i>methadone hcl oral tablet</i>	1	PA
<i>methadone hcl oral tablet soluble</i>	1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	

Drug	Tier	Coverage Requirements and Limits
<i>methadose oral tablet soluble</i>	1	
METHADOSE SUGAR-FREE	3	
<i>mitigo</i>	1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL
<i>morphine sulfate (pf)</i>	1	
<i>morphine sulfate er</i>	1	PA; QL
<i>morphine sulfate er beads</i>	1	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
<i>morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate oral</i>	1	QL
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	3	
<i>nalbuphine hcl injection</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>oxycodone hcl oral capsule</i>	1	QL
<i>oxycodone hcl oral concentrate</i>	1	QL
<i>oxycodone hcl oral solution</i>	1	QL
<i>oxycodone hcl oral tablet</i>	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL
OXYCONTIN	2	PA; QL
<i>oxymorphone hcl</i>	1	QL
<i>oxymorphone hcl er</i>	1	PA; QL
<i>pentazocine-naloxone hcl</i>	1	QL
<i>remifentanil hcl</i>	1	
<i>tapentadol hcl</i>	1	QL
TENCON	3	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL
<i>tramadol hcl er</i>	1	PA; QL
<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	1	QL
<i>tramadol-acetaminophen</i>	1	QL
TREZIX	3	QL
ULTIVA	3	
XTAMPZA ER	2	PA; QL

Drug	Tier	Coverage Requirements and Limits
Analgesics - Drugs For Pain And Inflammation - Drugs For Pain And Fever		
CALDOLOR	3	
<i>celecoxib oral</i>	1	QL
COMBOGESIC INTRAVENOUS	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diflunisal oral</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flurbiprofen oral</i>	1	
<i>ibuprofen lysine</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin sodium</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketorolac tromethamine +rfd</i>	1	
<i>ketorolac tromethamine injection</i>	1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	
<i>ketorolac tromethamine oral</i>	1	QL
LODINE	3	

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Drug	Tier	Coverage Requirements and Limits
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NEOPROFEN	3	
<i>oxaprozin oral tablet</i>	1	
<i>piroxicam oral</i>	1	
<i>sulindac oral</i>	1	
ZYNRELEF	3	
Analgesics - Drugs For Pain And Inflammation - Drugs For The Skin		
<i>diclofenac sodium external solution 1.5 %</i>	1	PA
Anesthetics - Drugs For Pain And Fever		
ARTICADENT DENTAL	3	
<i>bupivacaine fisiopharma</i>	1	
<i>bupivacaine hcl (pf)</i>	1	
<i>bupivacaine hcl solution 0.25 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	3	
<i>bupivacaine hcl solution 0.5 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	3	
<i>bupivacaine-epinephrine</i>	1	
<i>bupivacaine-epinephrine (pf)</i>	1	
<i>chloroprocaine hcl (pf)</i>	1	
EXPAREL	3	

Drug	Tier	Coverage Requirements and Limits
<i>lidocaine hcl (pf)</i>	1	
<i>lidocaine hcl injection solution 0.5 %, 2 %</i>	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML	3	
<i>lidocaine hcl solution 1 % injection</i>	1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
<i>lidocaine hcl solution prefilled syringe 100 mg/5ml injection</i>	1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	3	
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000</i>	1	
LIDOCAINE-SODIUM BICARBONATE	3	
MARCAINE	3	
MARCAINE PRESERVATIVE FREE	3	
MARCAINE/EPINEPHRINE	3	
MARCAINE/EPINEPHRINE PF	3	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	3	
NESACAINE	3	
NESACAINE-MPF	3	

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Drug	Tier	Coverage Requirements and Limits
ORABLOC	3	
POLOCAINE	3	
POLOCAINE-MPF	3	
<i>ropivacaine hcl injection</i>	1	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
SENSORCAINE	3	
SENSORCAINE/EPINEPHRINE	3	
SENSORCAINE-MPF	3	
SENSORCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE	3	
XYLOCAINE MPF +RFID	3	
XYLOCAINE/EPINEPHRINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF +RFID	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
Anesthetics - Drugs For The Heart		
<i>lidocaine hcl (cardiac) pf</i>	1	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	1	
Anesthetics - Drugs For The Nose		
COCAINE HCL NASAL	3	
Anesthetics - Drugs For The Skin		
<i>ethyl chloride</i>	1	
<i>glydo</i>	1	
<i>lidocaine external ointment 5 %</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine hcl external solution</i>	1	
<i>lidocaine hcl urethral/mucosal</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
VENIPUNCTURE PX1 PHLEBOTOMY	3	
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Overdose Or Poisoning		
<i>ft naloxone hcl</i>	1	
KLOXXADO	2	
NALMEFENE HCL	3	
<i>naloxone hcl injection</i>	1	
<i>naloxone hcl nasal</i>	1	
<i>naltrexone hcl oral</i>	1	
NARCAN	2	
OPVEE	2	
REXTOVY	2	
VIVITROL	Specialty	
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Pain And Fever		
BRIXADI	Specialty	
BRIXADI (WEEKLY)	Specialty	
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
SUBLOCADE	Specialty	
ZUBSOLV	2	

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Drug	Tier	Coverage Requirements and Limits
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For The Nervous System		
<i>acamprosate calcium</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	QL; HCR\$0
<i>disulfiram oral</i>	1	
<i>lofexidine hcl</i>	1	QL
NICOTROL NS	3	QL; HCR\$0
<i>varenicline tartrate</i>	1	QL; HCR\$0
<i>varenicline tartrate (starter)</i>	1	QL; HCR\$0
<i>varenicline tartrate(continue)</i>	1	QL; HCR\$0
Antibacterials - Antiseptics And Disinfectants		
<i>benzalkonium chloride external solution</i>	1	
<i>hydrogen peroxide</i>	1	
LUGOLS STRONG IODINE	3	
Antibacterials - Drugs For Infections		
<i>amikacin sulfate injection</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin-potassium clavulanate</i>	1	
<i>amoxicillin-potassium clavulanate er</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam sodium</i>	1	
ARIKAYCE	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
AUGMENTIN	3	
AUGMENTIN ES-600	3	
AVIDOXY	3	ST
AVYCAZ	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral</i>	1	
<i>aztreonam</i>	1	
BACTRIM	3	
BACTRIM DS	3	
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BLUJEP	3	ST; QL
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%	3	
<i>cefazolin sodium injection</i>	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	3	
<i>cefazolin sodium intravenous solution reconstituted</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	1	
<i>cefazolin sodium-dextrose intravenous solution reconstituted</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefepime hcl intravenous solution</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefepime-dextrose</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted</i>	1	
CEFOTAN	3	
CEFOTAXIME SODIUM	3	
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	3	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftaroline fosamil</i>	1	
<i>ceftazidime injection</i>	1	
<i>ceftazidime intravenous</i>	1	
<i>ceftriaxone sodium in dextrose</i>	1	
<i>ceftriaxone sodium injection</i>	1	
<i>ceftriaxone sodium intravenous</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>ceftriaxone sodium-dextrose</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet</i>	1	
<i>chloramphenicol sod succinate</i>	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN ORAL	3	
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
CLINDAMYCIN PHOSPHATE IN NA CL	3	
<i>clindamycin phosphate injection</i>	1	
<i>colistimethate sodium (cba)</i>	1	
COLY-MYCIN M	3	
<i>dalbavancin hcl</i>	1	
DALVANCE	3	
<i>daptomycin</i>	1	
DAPTOMYCIN-SODIUM CHLORIDE	3	

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Drug	Tier	Coverage Requirements and Limits
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
<i>doxy 100</i>	1	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
E.E.S. 400	3	
E.E.S. GRANULES	3	
EMBLAVEO	3	
<i>ertapenem sodium</i>	1	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin oral</i>	1	
FETROJA	3	
<i>fidaxomicin</i>	1	
FIRVANQ	3	
<i>fosfomycin tromethamine</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate injection</i>	1	
HIPREX	3	
HUMATIN	2	
<i>imipenem-cilastatin</i>	1	
KIMYRSA	3	
LENTOCILIN	3	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral</i>	1	
LINCOCIN	3	
<i>lincomycin hcl injection</i>	1	
<i>linezolid in sodium chloride</i>	1	
<i>linezolid intravenous</i>	1	
<i>linezolid oral</i>	1	QL
MACRODANTIN	3	
<i>meropenem</i>	1	
MEROPENEM-SODIUM CHLORIDE	3	
<i>methenamine hippurate</i>	1	
METHENAMINE MANDELATE ORAL SOLUTION	3	
<i>metronidazole intravenous</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MINOCIN	3	
<i>minocycline hcl oral capsule</i>	1	
MONDOXYNE NL	3	ST
<i>moxifloxacin hcl in nacl</i>	1	
MOXIFLOXACIN HCL INTRAVENOUS	3	
<i>moxifloxacin hcl oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM IN DEXTROSE	3	
<i>neomycin sulfate oral</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macrocrystals</i>	1	
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	QL
<i>ofloxacin oral</i>	1	
ORBACTIV	3	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	3	
PENICILLIN G POT IN DEXTROSE	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
PFIZERPEN	3	
<i>piperacillin sodium-tazobactam so</i>	1	
PIPERACILLIN-TAZOBACTAM-NACL	3	
<i>polymyxin b sulfate injection</i>	1	
PRIMAXIN IV	3	
RECARBRIO	3	
SEYSARA	3	ST
SIVEXTRO INTRAVENOUS	3	QL
SOLOSEC	3	ST
<i>streptomycin sulfate intramuscular</i>	1	
<i>sulfadiazine oral</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim pediatric</i>	1	
<i>tazicef injection</i>	1	
TAZICEF INTRAVENOUS SOLUTION	3	
<i>tazicef intravenous solution reconstituted</i>	1	
TEFLARO	3	
<i>tetracycline hcl oral capsule</i>	1	
<i>tigecycline</i>	1	
<i>tinidazole oral</i>	1	
<i>tobramycin sulfate injection</i>	1	
<i>trimethoprim oral</i>	1	
TYGACIL	3	
TYZAVAN	3	
UNASYN	3	
VABOMERE	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	3	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	1	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	1	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	3	

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Drug	Tier	Coverage Requirements and Limits
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.75-0.9 GM/250ML-%	3	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	1	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	1	
<i>vancomycin hcl intravenous</i>	1	
<i>vancomycin hcl oral</i>	1	
VIBATIV	3	
XERAVA	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI	3	
ZERBAXA	3	
ZEVTERA	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN	3	
ZYVOX INTRAVENOUS	3	
ZYVOX ORAL	3	QL
Antibacterials - Drugs For The Skin		
<i>gentamicin sulfate external</i>	1	
<i>mupirocin external</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>silver sulfadiazine external</i>	1	
<i>ssd</i>	1	
XEPI	3	
Antibacterials - Drugs For The Urinary System		
<i>neomycin-polymyxin b gu</i>	1	
Antibacterials - Drugs For Women		
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>metronidazole vaginal</i>	1	
VANDAZOLE	3	ST
XACIATO	3	
Anticoagulants - Drugs For The Blood		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANTICOAGULANT SODIUM CITRATE	3	
ARIXTRA	3	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	1	
<i>dabigatran etexilate mesylate</i>	1	QL
DEFENCATH	3	
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL

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Drug	Tier	Coverage Requirements and Limits
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	1	
FRAGMIN	3	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w</i>	1	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) +rfid</i>	1	
<i>heparin sodium (porcine) pf</i>	1	
LOVENOX INJECTION SOLUTION	3	
PRADAXA ORAL PACKET	3	QL
<i>rivaroxaban</i>	1	QL
SAVAYSA	3	QL
SODIUM CITRATE IN VITRO	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	

Drug	Tier	Coverage Requirements and Limits
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	3	
TRICITRASOL	3	
<i>warfarin sodium oral</i>	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs For Seizures - Drugs For The Nervous System		
<i>brivaracetam</i>	1	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
<i>carbamazepine er</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CEREBYX	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet</i>	1	PA
DIACOMIT	Specialty	PA
<i>diazepam rectal</i>	1	QL
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral</i>	1	
EPIDIOLEX	Specialty	PA
<i>eslicarbazepine acetate</i>	1	
<i>ethosuximide oral</i>	1	
<i>felbamate</i>	1	

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Drug	Tier	Coverage Requirements and Limits
FINTEPLA	Specialty	PA
<i>fosphenytoin sodium</i>	1	
FYCOMPA	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KEPPRA INTRAVENOUS	3	
<i>lacosamide intravenous</i>	1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	
<i>lacosamide oral tablet</i>	1	
LAMICTAL XR ORAL KIT	3	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam in nacl</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>methsuximide</i>	1	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
<i>oxcarbazepine</i>	1	
<i>oxcarbazepine er</i>	1	ST
<i>pentobarbital sodium injection</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>perampanel</i>	1	
<i>phenobarbital oral</i>	1	
<i>phenobarbital sodium injection</i>	1	
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium injection</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet</i>	1	PA
SEZABY	3	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter kit-blue</i>	1	
<i>subvenite starter kit-green</i>	1	
<i>subvenite starter kit-orange</i>	1	
SYMPAZAN	3	PA
<i>tiagabine hcl</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	1	
<i>topiramate er oral capsule extended release 24 hour</i>	1	ST
<i>topiramate oral</i>	1	
<i>valproate sodium intravenous</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>valproic acid oral</i>	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
<i>vigabatrin</i>	Generic Specialty	PA
VIGAFYDE	Specialty	PA
XCOPRI	3	ST
ZARONTIN	3	
<i>zonisamide oral</i>	1	
ZTALMY	Specialty	PA
Antidementia Agents - Drugs For Alzheimer's Disease And Dementia - Drugs For The Nervous System		
<i>donepezil hcl</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl</i>	1	
<i>memantine hcl er</i>	1	QL
<i>memantine hcl-donepezil hcl er</i>	1	QL
<i>rivastigmine tartrate</i>	1	
Antidepressants - Drugs For The Nervous System		
<i>amitriptyline hcl oral</i>	1	
<i>amoxapine</i>	1	
AUVELITY	3	QL
<i>bupropion hcl er (sr)</i>	1	QL

Drug	Tier	Coverage Requirements and Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral</i>	1	
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>citalopram hydrobromide oral solution</i>	1	
<i>citalopram hydrobromide oral tablet</i>	1	
<i>clomipramine hcl oral</i>	1	
<i>desipramine hcl oral</i>	1	
DESVENLAFAXINE ER	3	ST; QL
<i>desvenlafaxine succinate er</i>	1	QL
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral concentrate</i>	1	
<i>duloxetine hcl oral</i>	1	QL
EMSAM	3	QL
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	1	QL
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 60 mg</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL
<i>imipramine hcl oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>imipramine pamoate</i>	1	
MARPLAN	3	
<i>mirtazapine oral</i>	1	
<i>nefazodone hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl oral</i>	1	
<i>olanzapine-fluoxetine hcl</i>	1	QL
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine sulfate oral</i>	1	
<i>protriptyline hcl</i>	1	
RALDESY	3	PA
REMERON SOLTAB	3	
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
SPRAVATO (56 MG DOSE)	Specialty	PA
SPRAVATO (84 MG DOSE)	Specialty	PA
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl oral</i>	1	
<i>trimipramine maleate oral</i>	1	
TRINTELLIX	3	ST; QL
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	QL
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	
<i>vilazodone hcl</i>	1	QL
ZURZUVAE	3	PA; QL

Drug	Tier	Coverage Requirements and Limits
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Lungs		
PHENERGAN	3	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	3	
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Nervous System		
COMPRO	3	
<i>droperidol injection</i>	1	
<i>perphenazine oral</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection</i>	1	
<i>prochlorperazine maleate oral</i>	1	
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Stomach		
AKYNZEO (READY-TO-USE)	3	
AKYNZEO (TO-BE-DILUTED)	3	
AKYNZEO INTRAVENOUS	3	
AKYNZEO ORAL	3	QL

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Drug	Tier	Coverage Requirements and Limits
ANZEMET	3	QL
APONVIE	3	
<i>aprepitant</i>	1	QL
BARHEMSYS	3	
BONJESTA	3	PA; QL
CINVANTI	3	
DICLEGIS	3	PA; QL
<i>dimenhydrinate injection</i>	1	
<i>doxylamine-pyridoxine</i>	1	PA; QL
<i>dronabinol</i>	1	PA; QL
EMEND INTRAVENOUS	3	
EMEND ORAL	3	QL
FOCINVEZ	3	
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl intravenous</i>	1	
<i>granisetron hcl oral</i>	1	QL
<i>meclizine hcl oral</i>	1	
<i>metoclopramide hcl +rfid</i>	1	
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>ondansetron hcl +rfid</i>	1	
<i>ondansetron hcl injection</i>	1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	1	
<i>palonosetron hcl</i>	1	
<i>scopolamine</i>	1	
SUSTOL	3	QL

Drug	Tier	Coverage Requirements and Limits
SYNDROS	3	PA; QL
TIGAN	3	
TRANSDERM SCOP	3	
<i>trimethobenzamide hcl oral</i>	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals - Drugs For Infections		
AMBISOME	3	
<i>amphotericin b intravenous</i>	1	
<i>amphotericin b liposome</i>	1	
ANCOBON	3	
<i>caspofungin acetate</i>	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
DIFLUCAN	3	
ERAXIS	3	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral</i>	1	PA
<i>ketoconazole oral</i>	1	
<i>micalfungin sodium</i>	1	
MICAFUNGIN SODIUM-NACL	3	
NOXAFIL INTRAVENOUS	3	
NOXAFIL ORAL	3	PA

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Drug	Tier	Coverage Requirements and Limits
<i>nystatin oral</i>	1	
<i>posaconazole intravenous</i>	1	
<i>posaconazole oral</i>	1	PA
SPORANOX	3	PA
<i>terbinafine hcl oral</i>	1	QL
VFEND	3	PA
VFEND IV	3	
<i>voriconazole intravenous solution reconstituted</i>	1	
<i>voriconazole oral</i>	1	PA
Antifungals - Drugs For The Mouth And Throat		
<i>clotrimazole mouth/throat</i>	1	
<i>nystatin mouth/throat</i>	1	
Antifungals - Drugs For The Skin		
<i>ciclodan</i>	1	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole nitrate external cream</i>	1	
EXODERM EXTERNAL LOTION	3	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo</i>	1	
<i>klayesta</i>	1	
<i>nystatin external</i>	1	
<i>nystatin-triamcinolone</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>nystop</i>	1	
<i>tavaborole</i>	1	PA
Antifungals - Drugs For Women		
GYNAZOLE-1	3	
<i>miconazole 3 vaginal suppository</i>	1	
<i>terconazole</i>	1	
Antigout Agents - Drugs For Pain And Fever		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine oral</i>	1	
<i>colchicine-probenecid</i>	1	
<i>febuxostat</i>	1	ST
<i>probenecid</i>	1	
Antimigraine Agents - Drugs For The Nervous System		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
<i>dihydroergotamine mesylate injection</i>	1	PA; QL
<i>dihydroergotamine mesylate nasal</i>	1	PA; QL
<i>eletriptan hydrobromide</i>	1	QL
EMGALITY	2	PA; QL
ERGOMAR	3	PA; QL
<i>ergotamine-caffeine</i>	1	PA; QL
MIGERGOT	3	PA; QL
<i>naratriptan hcl</i>	1	QL
NURTEC	2	PA; QL

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Drug	Tier	Coverage Requirements and Limits
QULIPTA	2	PA; QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan nasal</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous</i>	1	QL
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
<i>zolmitriptan nasal solution 5 mg</i>	1	QL
<i>zolmitriptan oral</i>	1	QL
Antimyasthenic Agents - Drugs For Nerves And Muscles		
BLOXIVERZ	3	
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 5 MG/5ML	3	
<i>neostigmine methylsulfate rfid intravenous solution</i>	1	
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral</i>	1	
REGONOL	3	

Drug	Tier	Coverage Requirements and Limits
Antimyasthenic Agents - Vitamins And Minerals		
VYVGART	Specialty	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	Specialty	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Specialty	PA; QL
Antimycobacterials - Drugs For Infections		
<i>cycloserine oral</i>	1	
<i>dapsone oral</i>	1	
<i>ethambutol hcl oral</i>	1	
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	
PRETOMANID	3	
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
RIFADIN	3	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	3	
Antineoplastics - Drugs For Cancer - Drugs For Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	Generic Specialty	PA
<i>abirtega</i>	Generic Specialty	PA
ABRAXANE	Specialty	
ADCETRIS	Specialty	PA
<i>adriamycin</i>	Generic Specialty	
ALECENSA	Specialty	PA

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Drug	Tier	Coverage Requirement s and Limits
ALUNBRIG	Specialty	PA; QL
<i>anastrozole oral</i>	1	HCR\$0
ANKTIVA	Specialty	PA
ARRANON	Specialty	
<i>arsenic trioxide intravenous</i>	Generic Specialty	
ASPARLAS	Specialty	
AUGTYRO	Specialty	PA
AVASTIN	Specialty	PA
AVMAPKI FAKZYNJA CO-PACK	Specialty	PA
AXTLE	Specialty	
AYVAKIT	Specialty	PA; QL
<i>azacitidine</i>	Generic Specialty	
BALVERSA	Specialty	PA
BAVENCIO	Specialty	PA
BELEODAQ	Specialty	PA
<i>bendamustine hcl intravenous solution reconstituted</i>	Generic Specialty	PA
BENDEKA	Specialty	PA
BESPONSA	Specialty	PA
BESREMI	Specialty	PA
<i>bexarotene</i>	Generic Specialty	PA
<i>bicalutamide</i>	1	
BIZENGRI (750 MG DOSE)	Specialty	PA
<i>bleomycin sulfate</i>	Generic Specialty	
BLINCYTO	Specialty	PA
<i>bortezomib</i>	Generic Specialty	PA
BORUZU	Specialty	PA
BOSULIF	Specialty	PA
BRAFTOVI	Specialty	PA

Drug	Tier	Coverage Requirement s and Limits
BRUKINSA	Specialty	PA
<i>busulfan</i>	Generic Specialty	
BUSULFEX	Specialty	
CABOMETYX ORAL TABLET 20 MG	Specialty	PA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	Specialty	PA
CALQUENCE	Specialty	PA
CAMPTOSAR	Specialty	
<i>capecitabine</i>	Generic Specialty	
CAPRELSA ORAL TABLET 100 MG	Specialty	PA; QL
CAPRELSA ORAL TABLET 300 MG	Specialty	PA
<i>carboplatin</i>	Generic Specialty	
<i>carmustine</i>	Generic Specialty	
CASODEX	3	
<i>cisplatin intravenous solution</i>	Generic Specialty	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	Specialty	
<i>cladribine</i>	Generic Specialty	
<i>clofarabine</i>	Generic Specialty	
COLUMVI	Specialty	PA
COMETRIQ	Specialty	PA
COPIKTRA	Specialty	PA
COTELLIC	Specialty	PA
<i>cyclophosphamide injection</i>	Generic Specialty	

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Drug	Tier	Coverage Requirements and Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	Specialty	
<i>cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml</i>	Generic Specialty	
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	2	
CYRAMZA	Specialty	PA
<i>cytarabine</i>	Generic Specialty	
<i>cytarabine (pf)</i>	Generic Specialty	
<i>dacarbazine</i>	Generic Specialty	
<i>dactinomycin</i>	Generic Specialty	
DANYELZA	Specialty	PA
DANZITEN	Specialty	PA
DARZALEX	Specialty	PA
<i>dasatinib</i>	Generic Specialty	PA
DATROWAY	Specialty	PA
<i>daunorubicin hcl</i>	Generic Specialty	
DAURISMO	Specialty	PA
<i>decitabine</i>	Generic Specialty	
<i>dexrazoxane hcl</i>	Generic Specialty	
<i>docetaxel</i>	Generic Specialty	
DOCIVYX	Specialty	
DOXIL	Specialty	

Drug	Tier	Coverage Requirements and Limits
<i>doxorubicin hcl</i>	Generic Specialty	
<i>doxorubicin hcl liposomal</i>	Generic Specialty	
ELITEK	Specialty	
ELLENC	Specialty	
ELREXFIO	Specialty	PA
EMPLICITI	Specialty	PA
EMRELIS	Specialty	PA
ENHERTU	Specialty	PA
ENSACOVE	Specialty	PA
EPKINLY	Specialty	PA
ERBITUX	Specialty	PA
<i>eribulin mesylate</i>	Generic Specialty	PA
ERIVEDGE	Specialty	PA
ERLEADA	Specialty	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Generic Specialty	PA
<i>erlotinib hcl oral tablet 25 mg</i>	Generic Specialty	PA; QL
ETOPOPHOS	Specialty	
<i>etoposide intravenous</i>	Generic Specialty	
<i>etoposide oral</i>	Generic Specialty	
EULEXIN	3	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Generic Specialty	PA; QL
<i>everolimus oral tablet soluble</i>	Generic Specialty	PA
EVOMELA	Specialty	
<i>exemestane</i>	1	HCR\$0
<i>floxuridine</i>	Generic Specialty	
<i>fludarabine phosphate</i>	Generic Specialty	

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Drug	Tier	Coverage Requirements and Limits
<i>fluorouracil intravenous</i>	Generic Specialty	
FOLOTYN	Specialty	PA
FRINDOVYX	Specialty	
FRUZAQLA	Specialty	PA
<i>fulvestrant</i>	Generic Specialty	
FYARRO	Specialty	PA
GAVRETO	Specialty	PA
GAZYVA	Specialty	PA
<i>gefitinib</i>	Generic Specialty	PA
<i>gemcitabine hcl</i>	Generic Specialty	
GILOTRIF	Specialty	PA; QL
GLEOSTINE	Specialty	
GOMEKLI	Specialty	PA
GRAFAPEX	Specialty	
HALAVEN	Specialty	PA
HERCEPTIN	Specialty	PA
HERCEPTIN HYLECTA	Specialty	PA
HERNEXEOS	Specialty	PA
HYCANTIN	Specialty	
<i>hydroxyurea oral</i>	1	
HYRNUO	Specialty	PA
IBRANCE	Specialty	PA
IBTROZI	Specialty	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	Specialty	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	Specialty	PA
IDAMYCIN PFS	Specialty	
<i>idarubicin hcl</i>	Generic Specialty	
IDHIFA	Specialty	PA; QL
IFEX	Specialty	

Drug	Tier	Coverage Requirements and Limits
<i>ifosfamide</i>	Generic Specialty	
<i>imatinib mesylate oral</i>	Generic Specialty	PA
IMBRUVICA ORAL CAPSULE	Specialty	PA; QL
IMBRUVICA ORAL SUSPENSION	Specialty	PA
IMBRUVICA ORAL TABLET 420 MG	Specialty	PA; QL
IMDELLTRA	Specialty	PA
IMFINZI	Specialty	PA
IMJUDO	Specialty	PA
IMKELDI	Specialty	PA
INLURIYO	Specialty	PA
INLYTA	Specialty	PA
INREBIC	Specialty	PA
<i>irinotecan hcl</i>	Generic Specialty	
ISTODAX	Specialty	PA
ITOVEBI ORAL TABLET 3 MG	Specialty	PA; QL
ITOVEBI ORAL TABLET 9 MG	Specialty	PA
IXEMPRA KIT	Specialty	
JAKAFI ORAL TABLET 10 MG, 5 MG	Specialty	PA; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	Specialty	PA
JAKAFI XR	3	
JAYPIRCA ORAL TABLET 100 MG	Specialty	PA
JAYPIRCA ORAL TABLET 50 MG	Specialty	PA; QL
JEMPERLI	Specialty	PA
JEVTANA	Specialty	PA
KADCYLA	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
KANJINTI	Specialty	PA
KEYTRUDA	Specialty	PA
KEYTRUDA QLEX	Specialty	PA
KHAPZORY	Specialty	
KIMMTRAK	Specialty	PA
KISQALI (200 MG DOSE)	Specialty	PA
KISQALI (400 MG DOSE)	Specialty	PA
KISQALI (600 MG DOSE)	Specialty	PA
KOMZIFTI	Specialty	PA
KOSELUGO	Specialty	PA
KRAZATI	Specialty	PA
KYPROLIS	Specialty	PA
<i>lapatinib ditosylate</i>	Generic Specialty	PA
LAZCLUZE ORAL TABLET 240 MG	Specialty	PA
LAZCLUZE ORAL TABLET 80 MG	Specialty	PA; QL
<i>lederle leucovorin</i>	1	
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	Specialty	PA
<i>letrozole oral</i>	1	
<i>leucovorin calcium injection</i>	1	
<i>leucovorin calcium oral</i>	1	
LEUKERAN	Specialty	
<i>levoleucovorin calcium</i>	Generic Specialty	
<i>levoleucovorin calcium pf</i>	Generic Specialty	
LIBTAYO	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
<i>lomustine</i>	Generic Specialty	
LONSURF	Specialty	PA
LOQTORZI	Specialty	PA
LORBRENA	Specialty	PA
LUMAKRAS	Specialty	PA
LUNSUMIO	Specialty	PA
LYNOZYFIC	Specialty	PA
LYNPARZA	Specialty	PA
LYSODREN	2	
LYTGOBI (12 MG DAILY DOSE)	Specialty	PA
LYTGOBI (16 MG DAILY DOSE)	Specialty	PA
LYTGOBI (20 MG DAILY DOSE)	Specialty	PA
MARGENZA	Specialty	PA
MATULANE	Specialty	
MEKINIST	Specialty	PA
MEKTOVI	Specialty	PA
<i>melphalan hcl</i>	Generic Specialty	
<i>mercaptopurine oral suspension</i>	Generic Specialty	
<i>mercaptopurine oral tablet</i>	1	
<i>mesna</i>	Generic Specialty	
MESNEX	Specialty	
<i>mitomycin intravenous</i>	Generic Specialty	
<i>mitoxantrone hcl</i>	Generic Specialty	PA
MODEYSO	Specialty	PA
MONJUVI	Specialty	PA
MUTAMYCIN	Specialty	
MVASI	Specialty	PA
MYLERAN	2	

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Drug	Tier	Coverage Requirements and Limits
MYLOTARG	Specialty	PA
<i>nelarabine</i>	Generic Specialty	
NERLYNX	Specialty	PA; QL
<i>nilotinib hcl</i>	Generic Specialty	PA
<i>nilutamide</i>	Generic Specialty	
NINLARO	Specialty	PA
NIPENT	Specialty	
NUBEQA	Specialty	PA
ODOMZO	Specialty	PA
OGSIVEO	Specialty	PA
OJEMDA	Specialty	PA
ONCASPAR	Specialty	
ONIVYDE	Specialty	
ONUREG	Specialty	PA
OPDIVO	Specialty	PA
OPDIVO QVANTIG	Specialty	PA
OPDUALAG	Specialty	PA
ORGOVYX	Specialty	PA
ORSERDU	Specialty	PA
<i>oxaliplatin</i>	Generic Specialty	
<i>paclitaxel</i>	Generic Specialty	
<i>paclitaxel protein-bound part</i>	Generic Specialty	
PADCEV	Specialty	PA
<i>pazopanib hcl</i>	Generic Specialty	PA; QL
PEMETREXED	Specialty	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	Specialty	

Drug	Tier	Coverage Requirements and Limits
<i>pemetrexed disodium intravenous solution reconstituted</i>	Generic Specialty	
PEMFEXY	Specialty	
PEMRYDI RTU	Specialty	
PERJETA	Specialty	PA
PHESGO	Specialty	PA
PHOTOFRIN	Specialty	
PIQRAY	Specialty	PA
POLIVY	Specialty	PA
<i>pomalidomide oral capsule 1 mg, 2 mg</i>	Generic Specialty	PA; QL
<i>pomalidomide oral capsule 3 mg, 4 mg</i>	Generic Specialty	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG	Specialty	PA; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	Specialty	PA
PORTRAZZA	Specialty	PA
POTELIGEO	Specialty	PA
<i>pralatrexate</i>	Generic Specialty	PA
PROLEUKIN	Specialty	
QINLOCK	Specialty	PA
RETEVMO ORAL TABLET 120 MG, 160 MG	Specialty	PA
RETEVMO ORAL TABLET 40 MG, 80 MG	Specialty	PA; QL
REVUFORJ	Specialty	PA
RITUXAN	Specialty	PA
RITUXAN HYCELA	Specialty	PA
<i>romidepsin</i>	Generic Specialty	PA
ROMVIMZA	Specialty	PA
ROZLYTREK	Specialty	PA
RUXIENCE	Specialty	PA
RYBREVA	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
RYDAPT	Specialty	PA
RYTELO	Specialty	PA
SARCLISA	Specialty	PA
SCEMBLIX ORAL TABLET 100 MG	Specialty	PA
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Specialty	PA; QL
SOLTAMOX	3	HCR\$0
<i>sorafenib tosylate</i>	Generic Specialty	PA
STIVARGA	Specialty	PA
<i>sunitinib malate</i>	Generic Specialty	PA
TABLOID	Specialty	
TABRECTA	Specialty	PA
TAFINLAR	Specialty	PA
TAGRISSE ORAL TABLET 40 MG	Specialty	PA; QL
TAGRISSE ORAL TABLET 80 MG	Specialty	PA
TALVEY	Specialty	PA
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR\$0
TECENTRIQ	Specialty	PA
TECENTRIQ HYBREZA	Specialty	PA
TECVAYLI	Specialty	PA
TEMODAR	Specialty	
<i>temozolomide</i>	Generic Specialty	PA
TEPMETKO	Specialty	PA
TEVIMBRA	Specialty	PA
<i>thiotepa injection</i>	Generic Specialty	
TIBSOVO	Specialty	PA
TICE BCG	Specialty	

Drug	Tier	Coverage Requirements and Limits
TIVDAK	Specialty	PA
<i>topotecan hcl</i>	Generic Specialty	
<i>toremifene citrate</i>	1	
<i>torpenz</i>	Generic Specialty	PA; QL
TRAZIMERA	Specialty	PA
<i>tretinoin oral</i>	Generic Specialty	
TRISENOX	Specialty	
TRODELVY	Specialty	PA
TRUQAP	Specialty	PA
TUKYSA	Specialty	PA
TURALIO	Specialty	PA
UNITUXIN	Specialty	PA
UVADEX	3	
<i>valrubicin</i>	Generic Specialty	
VALSTAR	Specialty	
VANFLYTA	Specialty	PA
VECTIBIX	Specialty	
VELCADE	Specialty	PA
VENCLEXTA	Specialty	PA
VENCLEXTA STARTING PACK	Specialty	PA
VERZENIO	Specialty	PA
VIDAZA	Specialty	
<i>vinblastine sulfate</i>	Generic Specialty	
<i>vincristine sulfate</i>	Generic Specialty	
<i>vinorelbine tartrate</i>	Generic Specialty	
VITRAKVI	Specialty	PA
VIZIMPRO ORAL TABLET 15 MG	Specialty	PA; QL
VIZIMPRO ORAL TABLET 30 MG, 45 MG	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
VONJO	Specialty	PA
VORANIGO ORAL TABLET 10 MG	Specialty	PA; QL
VORANIGO ORAL TABLET 40 MG	Specialty	PA
VORAXAZE	3	
VYLOY	Specialty	PA
VYXEOS	Specialty	PA
WELIREG	Specialty	PA
XOFIGO	2	
XOSPATA	Specialty	PA
XPOVIO (100 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (40 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (40 MG TWICE WEEKLY)	Specialty	PA
XPOVIO (60 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (60 MG TWICE WEEKLY)	Specialty	PA
XPOVIO (80 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (80 MG TWICE WEEKLY)	Specialty	PA
XTANDI	Specialty	PA
YERVOY	Specialty	PA
YONDELIS	Specialty	
<i>yulithira</i>	Generic Specialty	PA; QL
ZALTRAP	Specialty	PA
ZEJULA ORAL TABLET 100 MG	Specialty	PA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	Specialty	PA
ZELBORAF	Specialty	PA
ZEPZELCA	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
ZEVALIN Y-90	Specialty	
ZIIHERA	Specialty	PA
ZIRABEV	Specialty	PA
ZOLINZA	Specialty	PA
ZUSDURI	Specialty	PA
ZYDELIG	Specialty	PA
ZYKADIA	Specialty	PA
ZYNLONTA	Specialty	PA
ZYNYZ	Specialty	PA
Antineoplastics - Drugs For Cancer - Drugs For Nutrition		
DROXIA	3	
XROMI	3	PA
Antineoplastics - Drugs For Cancer - Drugs For The Skin		
<i>bexarotene</i>	Generic Specialty	PA
PANRETIN	3	
VALCHLOR	Specialty	PA
Antineoplastics - Drugs For Cancer - Vitamins And Minerals		
<i>lenalidomide</i>	Generic Specialty	PA
REVLIMID	Specialty	PA
SYLVANT	Specialty	PA
THALOMID	Specialty	PA
VIJOICE	Specialty	PA; QL
Antiparasitics - Drugs For Infections		
<i>albendazole oral</i>	1	PA; QL
ARAKODA	3	
ARTESUNATE	3	
<i>atovaquone</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>atovaquone-proguanil hcl</i>	1	
BENZNIDAZOLE	3	
BILTRICIDE	2	QL
<i>chloroquine phosphate oral</i>	1	
COARTEM	3	
EGATEN	3	
EMVERM	2	QL
<i>hydroxychloroquine sulfate oral</i>	1	
IMPAVIDO	3	
<i>ivermectin oral tablet 3 mg</i>	1	QL
KRINTAFEL	3	
LAMPIT	3	
MALARONE	3	
<i>mefloquine hcl</i>	1	
MEPRON	3	
NEBUPENT	3	
<i>nitazoxanide oral</i>	1	
PENTAM	3	
<i>pentamidine isethionate</i>	1	
<i>praziquantel oral</i>	1	QL
<i>primaquine phosphate</i>	1	
<i>pyrimethamine oral</i>	Generic Specialty	PA
<i>quinine sulfate</i>	1	PA
STROMEKTOL	3	QL
Antiparasitics - Drugs For The Skin		
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin external</i>	1	
<i>spinosad</i>	1	
<i>sulfurated lime</i>	1	

Drug	Tier	Coverage Requirements and Limits
Antiparkinson Agents - Drugs For The Nervous System		
<i>amantadine hcl oral</i>	1	
<i>apomorphine hcl subcutaneous</i>	Generic Specialty	PA; QL
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate oral</i>	1	
<i>carbidopa oral</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er oral tablet extended release</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	3	ST
DUOPA	3	PA
<i>entacapone</i>	1	
INBRIJA	Specialty	PA
NEUPRO	3	
NOURIANZ	3	PA
ONAPGO	Specialty	PA; QL
ONGENTYS	3	ST
PARLODEL	3	
<i>pramipexole dihydrochloride</i>	1	
<i>rasagiline mesylate oral</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	
<i>selegiline hcl oral</i>	1	
TASMAR	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl hcl</i>	1	
Antiplatelets - Drugs For The Blood		
AGGRASTAT	3	

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Drug	Tier	Coverage Requirements and Limits
<i>aspirin-dipyridamole er</i>	1	
CABLVI	Specialty	PA; QL
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate oral</i>	1	
<i>dipyridamole oral</i>	1	
<i>eptifibatide</i>	1	
KENGREAL	3	
<i>prasugrel hcl</i>	1	
<i>ticagrelor</i>	1	
<i>tirofiban hcl in nacl</i>	1	
ZONTIVITY	3	
Antipsychotics - Drugs For Mood Disorders - Drugs For The Nervous System		
ABILIFY ASIMTUFII	3	
ABILIFY MAINTENA	3	
<i>aripiprazole</i>	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
<i>asenapine maleate</i>	1	QL
CAPLYTA	3	ST; QL
<i>chlorpromazine hcl injection</i>	1	
<i>chlorpromazine hcl oral</i>	1	
<i>clozapine</i>	1	QL
COBENFY	3	ST; QL
COBENFY STARTER PACK	3	ST; QL
ERZOFRI	3	
FANAPT	3	ST; QL
FANAPT TITRATION PACK A	3	ST; QL
FANAPT TITRATION PACK B	3	ST; QL

Drug	Tier	Coverage Requirements and Limits
FANAPT TITRATION PACK C	3	ST; QL
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON INTRAMUSCULAR	3	
<i>haloperidol decanoate intramuscular</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral</i>	1	
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
<i>loxapine succinate</i>	1	
<i>lurasidone hcl</i>	1	QL
LYBALVI	3	ST; QL
<i>molindone hcl</i>	1	
NUPLAZID	3	PA
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
OPIPZA	3	ST; QL
<i>paliperidone er</i>	1	QL
PERSERIS	3	
<i>pimozide</i>	1	
<i>quetiapine fumarate</i>	1	QL
<i>quetiapine fumarate er</i>	1	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	ST
<i>risperidone</i>	1	QL
<i>risperidone microspheres er</i>	1	
RYKINDO	3	

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Drug	Tier	Coverage Requirements and Limits
<i>thioridazine hcl oral</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
UZEDY	3	
VERSACLOZ	3	QL
VRAYLAR	3	QL
<i>ziprasidone hcl</i>	1	QL
<i>ziprasidone mesylate</i>	1	
ZYPREXA RELPREVV	3	
Antivirals - Drugs For Infections		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium</i>	1	
<i>adefovir dipivoxil</i>	1	
APRETUDE	2	HCR\$0
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
BARACLUDE ORAL SOLUTION	3	QL
BIKTARVY	3	
CABENUVA	2	
<i>cidofovir intravenous</i>	1	
CIMDUO	2	
<i>darunavir</i>	1	
DELSTRIGO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA; HCR\$0
DOVATO	2	

Drug	Tier	Coverage Requirements and Limits
EDURANT	3	
EDURANT PED	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabine-tenofovir df</i>	1	
<i>efavirenz-lamivudine-tenofovir</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	HCR\$0
<i>emtricitabine-rilpivirine-tenofovir df</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	QL
EPCLUSA	Specialty	PA; QL
EPIVIR	3	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>famciclovir oral</i>	1	
<i>fosamprenavir calcium</i>	1	
<i>foscarnet sodium</i>	1	
FOSCAVIR	3	
<i>ganciclovir sodium</i>	1	
GENVOYA	3	
HARVONI	Specialty	PA; QL
IDVYNZO	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	

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Drug	Tier	Coverage Requirements and Limits
JULUCA	2	
KALETRA ORAL SOLUTION	3	
LAGEVRIO	3	QL
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LIVTENCITY	Specialty	PA
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	PA
MAVYRET	Specialty	PA; QL
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY	3	
<i>oseltamivir phosphate oral</i>	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS	Specialty	PA
PIFELTRO	2	
PREVYMIS	Specialty	
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RAPIVAB	3	
RELENZA DISKHALER	3	QL
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	

Drug	Tier	Coverage Requirements and Limits
REYATAZ ORAL PACKET	2	
<i>ribavirin inhalation</i>	1	
<i>ribavirin oral</i>	Generic Specialty	
<i>rilpivirine hcl</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SELZENTRY ORAL TABLET	3	PA
SOVALDI	Specialty	PA; QL
STRIBILD	3	
SUNLENCA	3	PA; QL
SYMFI	2	
SYMTUZA	3	
TEMBEXA	3	
<i>tenofovir disoproxil fumarate</i>	1	HCR\$0
TIVICAY	3	
TIVICAY PD	3	
TPOXX	3	
TRIUMEQ	2	
TRIUMEQ PD	3	
TROGARZO	3	
<i>valacyclovir hcl oral</i>	1	QL
<i>valganciclovir hcl</i>	1	
VEKLURY	3	QL
VIRACEPT	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	Specialty	PA; QL
ZIAGEN	3	
zidovudine	1	
Antivirals - Drugs For The Skin		
acyclovir external ointment	1	QL
Anxiolytics - Drugs For Anxiety - Drugs For The Nervous System		
alprazolam er	1	QL
alprazolam intensol	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
ATIVAN INJECTION	3	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam injection solution 10 mg/2ml	1	
diazepam intensol	1	
diazepam oral	1	
diazepam solution 5 mg/ml injection	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
estazolam	1	QL
HALCION	3	QL
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	

Drug	Tier	Coverage Requirements and Limits
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam injection solution	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
meprobamate	1	
oxazepam	1	QL
quazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs For Mood Disorders - Drugs For The Nervous System		
EQUETRO	3	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For Nutrition		
ADAKVEO	Specialty	PA
ALVAIZ	Specialty	PA
APHEXDA	Specialty	
ARANESP (ALBUMIN FREE)	Specialty	PA
DOPTelet	Specialty	PA
DOPTelet SPRINKLE	Specialty	PA; QL
eltrombopag olamine	Generic Specialty	PA
LEUKINE	Specialty	PA
MIRCERA	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
MULPLETA	Specialty	PA
NEULASTA	Specialty	PA
NEULASTA ONPRO	Specialty	PA
NIVESTYM	Specialty	PA
NPLATE	Specialty	PA
<i>plerixafor</i>	Generic Specialty	
PROCRIT	Specialty	PA
REBLOZYL	Specialty	PA
RETACRIT	Specialty	PA
UDENYCA	Specialty	PA
UDENYCA ONBODY	Specialty	PA
XOLREMDI	Specialty	PA; QL
ZARXIO	Specialty	PA
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For The Blood		
ADVATE	Specialty	
ADYNOVATE	Specialty	
AFSTYLA	Specialty	
ALHEMO	Specialty	
ALPHANATE	Specialty	
ALPHANINE SD	Specialty	
ALPROLIX	Specialty	
ALTUVIIIO	Specialty	
<i>aminocaproic acid intravenous</i>	1	
<i>aminocaproic acid oral</i>	1	
<i>anagrelide hcl</i>	1	
AQVESME	Specialty	PA; QL
BALFAXAR	3	
BENEFIX	Specialty	
BKEMV	Specialty	PA
COAGADEX	Specialty	

Drug	Tier	Coverage Requirements and Limits
CORIFACT	Specialty	
CYKLOKAPRON	3	
ELOCTATE	Specialty	
EMPAVELI	Specialty	PA
ENJAYMO	Specialty	PA
EPYSQLI	Specialty	PA
ESPEROCT	Specialty	
FABHALTA	Specialty	PA; QL
FEIBA	Specialty	
FIBRYGA	Specialty	
HEMLIBRA	Specialty	
HEMOFIL M	Specialty	
<i>hetastarch-nacl</i>	1	
HEXTEND	3	
HUMATE-P	Specialty	
HYMPAVZI	Specialty	
IDELVION	Specialty	
IXINITY	Specialty	
JIVI	Specialty	
KCENTRA	3	
KOATE	Specialty	
KOATE-DVI	Specialty	
KOVALTRY	Specialty	
LMD IN D5W	3	
LMD IN NACL	3	
NOVOEIGHT	Specialty	
NOVOSEVEN RT	Specialty	
NUWIQ	Specialty	
OBIZUR	Specialty	
PROFILNINE	Specialty	
<i>protamine sulfate intravenous</i>	1	
PYRUKYND	Specialty	PA; QL
PYRUKYND TAPER PACK	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
QFITLIA	Specialty	PA
REBINYN	Specialty	
RECOMBINATE	Specialty	
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
RIASTAP	Specialty	
RIXUBIS	Specialty	
TAVALISSE	Specialty	PA
THROMBIN-JMI	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBOGEN	3	
<i>tranexamic acid intravenous</i>	1	
<i>tranexamic acid oral</i>	1	
<i>tranexamic acid-nacl</i>	1	
TRETEN	Specialty	
ULTOMIRIS	Specialty	PA
VONVENDI	Specialty	
VOYDEYA	Specialty	PA; QL
WILATE	Specialty	
XYNTHA	Specialty	
XYNTHA SOLOFUSE	Specialty	
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Blood		
<i>pentoxifylline er</i>	1	

Drug	Tier	Coverage Requirements and Limits
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Heart		
<i>acebutolol hcl oral</i>	1	
<i>acetazolamide sodium</i>	1	
<i>adenosine intravenous</i>	1	
AKOVAZ	3	
<i>aliskiren fumarate</i>	1	
<i>amiloride hcl oral</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amiodarone hcl</i>	1	
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
ARBLI	3	PA
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	HCR\$0
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
<i>benazepril hcl oral</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol hcl oral</i>	1	
BIDIL	3	
BIORPHEN	3	

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Drug	Tier	Coverage Requirements and Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
BREVIBLOC	3	
BREVIBLOC IN NACL	3	
BREVIBLOC PREMIXED	3	
BREVIBLOC PREMIXED DS	3	
<i>bumetanide</i>	1	
BUMEX	3	
<i>captopril oral</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDENE IV	3	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
<i>cholestyramine light</i>	1	
<i>cholestyramine oral</i>	1	
CLEVIPREX	3	
<i>clonidine hcl oral</i>	1	
<i>colesevelam hcl oral tablet</i>	1	
<i>colestipol hcl</i>	1	
CORLANOR ORAL SOLUTION	3	QL
CORVERT	3	
<i>digoxin injection</i>	1	
<i>digoxin oral</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%	3	
<i>dilt-xr</i>	1	
<i>disopyramide phosphate</i>	1	
<i>dobutamine hcl</i>	1	
<i>dobutamine-dextrose</i>	1	
<i>dofetilide</i>	1	
<i>dopamine hcl intravenous</i>	1	
<i>dopamine-dextrose</i>	1	
<i>doxazosin mesylate oral</i>	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
<i>ephedrine sulf (pressors)+rfd intravenous solution prefilled syringe 25 mg/5ml</i>	1	
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	1	
<i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous</i>	1	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	3	
EPHEDRINE SULFATE-NACL	3	
EPINEPHRINE HCL-DEXTROSE	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	1	
<i>epinephrine pf</i>	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	

Drug	Tier	Coverage Requirements and Limits
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>eplerenone</i>	1	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
<i>esmolol hcl-sodium chloride</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
EVKEEZA	Specialty	PA
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>felodipine er</i>	1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release</i>	1	
<i>flecainide acetate</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium-hctz</i>	1	
FUROSEMIDE IN SODIUM CHLORIDE	3	
<i>furosemide injection</i>	1	
<i>furosemide oral</i>	1	
<i>gemfibrozil oral</i>	1	
<i>guanfacine hcl</i>	1	

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Drug	Tier	Coverage Requirements and Limits
HEMANGEOL	3	PA
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	
<i>hydrochlorothiazide oral</i>	1	
<i>ibutilide fumarate</i>	1	
<i>icosapent ethyl</i>	1	PA
IMMPHENTIV	3	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorb dinitrate-hydralazine</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>isradipine</i>	1	
<i>ivabradine hcl</i>	1	QL
JUXTAPID	Specialty	PA; QL
<i>labetalol hcl intravenous solution</i>	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>labetalol hcl oral</i>	1	
LANOXIN INJECTION	3	
LANOXIN PEDIATRIC	3	
LEVOPHED	3	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPID	3	
LOPRESSOR ORAL SOLUTION	3	PA

Drug	Tier	Coverage Requirements and Limits
LOPRESSOR ORAL TABLET	3	
<i>losartan potassium oral</i>	1	
<i>losartan potassium-hctz</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
<i>lovastatin oral</i>	1	HCR\$0
<i>mannitol intravenous</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	3	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	PA; QL
<i>mexiletine hcl oral</i>	1	
<i>midodrine hcl</i>	1	
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	
<i>minoxidil oral</i>	1	
<i>moexipril hcl</i>	1	
MULTAQ	3	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NEXTERONE	3	
<i>niacin er (antihyperlipidemic)</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>nicardipine hcl in nacl intravenous solution</i>	1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>nicardipine hcl intravenous</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nifedipine oral</i>	1	
<i>nimodipine oral capsule</i>	1	
NIMODIPINE ORAL SOLUTION	3	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin in d5w</i>	1	
NITROLINGUAL	3	
<i>nitroprusside sodium</i>	1	
<i>norepinephrine bitartrate intravenous</i>	1	
NOREPINEPHRINE-DEXTROSE	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
NORLIQVA	3	PA
NORPACE	3	
NORPACE CR	2	
NYMALIZE	3	
<i>olmesartan medoxomil oral</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>olmesartan-amlodipine-hctz</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
OSMITROL	3	
PACERONE	3	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine hcl oral</i>	1	PA
<i>phentolamine mesylate injection</i>	1	
<i>phenylephrine hcl intravenous solution 10 mg/ml</i>	1	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 0.8 MG/10ML, 1 MG/10ML	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 20-0.9 MG/50ML-%	3	
<i>pindolol</i>	1	
<i>pravastatin sodium</i>	1	HCR\$0
<i>prazosin hcl oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
PRESTALIA	3	
<i>prevalite</i>	1	
<i>procainamide hcl injection</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl intravenous</i>	1	
<i>propranolol hcl oral</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<i>ramipril</i>	1	
<i>ranolazine er</i>	1	
REPATHA	2	QL
REPATHA SURECLICK	2	QL
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	1	HCR\$0
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	1	
<i>sacubitril-valsartan</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	HCR\$0
<i>simvastatin oral tablet 80 mg</i>	1	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl oral</i>	1	
SOTYLIZE	3	
<i>spironolactone oral tablet</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>spironolactone-hctz</i>	1	
TEKTURNA	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	1	
<i>toremide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil hcl er</i>	1	
<i>triamterene-hctz</i>	1	
TRYVIO	3	PA; QL
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASCEPA	2	PA
VECAMYL	3	
<i>verapamil hcl er</i>	1	
<i>verapamil hcl intravenous</i>	1	
<i>verapamil hcl oral</i>	1	
VERQUVO	3	PA; QL
VYNDAMAX	Specialty	PA; QL
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Hormones		
TRYNGOLZA	Specialty	PA; QL
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Rectal Preparations		
<i>nitroglycerin</i>	1	

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Drug	Tier	Coverage Requirements and Limits
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Vitamins And Minerals		
ASCLERA	3	
ETHAMOLIN	3	
VARITHENA	3	
Central Nervous System Agents - Drugs For Attention Deficit Disorder - Drugs For The Nervous System		
<i>amphetamine er</i>	1	QL
<i>amphetamine sulfate</i>	1	QL
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>amphetamine-dextroamphetamine er</i>	1	QL
<i>amphet-dextroamphet 3-bead er</i>	1	QL
APTENSIO XR	3	ST; QL
<i>atomoxetine hcl</i>	1	QL
AZSTARYS	2	ST; QL
<i>clonidine hcl er</i>	1	
CONCERTA	3	ST; QL
<i>dexmethylphenidate hcl</i>	1	QL
<i>dexmethylphenidate hcl er</i>	1	QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>dextroamphetamine sulfate er</i>	1	QL
<i>guanfacine hcl er</i>	1	
JORNAY PM	3	ST; QL

Drug	Tier	Coverage Requirements and Limits
<i>lisdexamfetamine dimesylate</i>	1	QL
METHYLIN	3	ST; QL
<i>methylphenidate hcl er</i>	1	QL
<i>methylphenidate hcl er (cd)</i>	1	QL
<i>methylphenidate hcl er (la)</i>	1	QL
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL
<i>methylphenidate hcl er (xr)</i>	1	QL
<i>methylphenidate hcl er(diffus)</i>	1	QL
<i>methylphenidate hcl oral</i>	1	QL
ONYDA XR	3	ST; QL
PROCENTRA	3	ST; QL
VYVANSE	3	ST; QL
Central Nervous System Agents - Drugs For Multiple Sclerosis - Drugs For The Nervous System		
AVONEX PEN	Specialty	PA; QL
AVONEX PREFILLED	Specialty	PA; QL
BAFIERTAM	Specialty	PA; QL
BETASERON	Specialty	PA; QL
BRIUMVI	Specialty	PA
<i>cladribine (10 tabs)</i>	Generic Specialty	PA; QL
<i>cladribine (4 tabs)</i>	Generic Specialty	PA; QL
<i>cladribine (5 tabs)</i>	Generic Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
<i>cladribine (6 tabs)</i>	Generic Specialty	PA; QL
<i>cladribine (7 tabs)</i>	Generic Specialty	PA; QL
<i>cladribine (8 tabs)</i>	Generic Specialty	PA; QL
<i>cladribine (9 tabs)</i>	Generic Specialty	PA; QL
<i>dalfampridine er</i>	Generic Specialty	PA; QL
<i>dimethyl fumarate oral</i>	Generic Specialty	PA; QL
<i>dimethyl fumarate starter pack</i>	Generic Specialty	PA; QL
<i>fingolimod hcl</i>	Generic Specialty	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	Specialty	PA; QL
<i>glatiramer acetate</i>	Generic Specialty	PA; QL
<i>glatopa</i>	Generic Specialty	PA; QL
KESIMPTA	Specialty	PA; QL
LEMTRADA	Specialty	PA; QL
MAVENCLAD	Specialty	PA; QL
MAYZENT	Specialty	PA; QL
MAYZENT STARTER PACK	Specialty	PA; QL
OCREVUS	Specialty	PA
OCREVUS ZUNOVO	Specialty	PA; QL
<i>teriflunomide</i>	Generic Specialty	PA; QL
TYRUKO	Specialty	PA; QL
TYSABRI	Specialty	PA; QL
VUMERITY	Specialty	PA; QL
ZEPOSIA	Specialty	PA; QL
ZEPOSIA 7-DAY STARTER PACK	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
ZEPOSIA STARTER KIT	Specialty	PA; QL
Central Nervous System Agents - Drugs For Nerves And Muscles		
SKYCLARYS	Specialty	PA; QL
Central Nervous System Agents - Miscellaneous - Drugs For Nerves And Muscles		
ANECTINE	3	
<i>atracurium besylate</i>	1	
<i>cisatracurium besylate</i>	1	
<i>cisatracurium besylate (pf)</i>	1	
<i>edaravone</i>	Generic Specialty	PA
QUELICIN	3	
RADICAVA ORS	Specialty	PA
RADICAVA ORS STARTER KIT	Specialty	PA
<i>riluzole</i>	1	
<i>rocuronium bromide +rfid intravenous solution</i>	1	
ROCURONIUM BROMIDE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	3	
<i>rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml</i>	1	

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Drug	Tier	Coverage Requirements and Limits
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>succinylcholine chloride injection</i>	1	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	3	
TEGLUTIK	2	ST; QL
TIGLUTIK	2	ST; QL
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>vecuronium bromide intravenous solution reconstituted</i>	1	
Central Nervous System Agents - Miscellaneous - Drugs For The Nervous System		
ADDYI	3	PA; QL
AMVUTTRA	Specialty	PA; QL
AUSTEDO	Specialty	PA; QL
AUSTEDO XR	Specialty	PA; QL
AUSTEDO XR PATIENT TITRATION	Specialty	PA; QL
<i>caffeine citrate</i>	1	
CAFFEINE-SODIUM BENZOATE	3	
DOPRAM	3	
<i>gabapentin (once-daily)</i>	1	ST; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>milnacipran hcl</i>	1	QL
NUDEXTA	3	PA
ONPATTRO	Specialty	PA
<i>pregabalin oral</i>	1	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
<i>tetrabenazine</i>	Generic Specialty	PA
VYLEESI	3	PA; QL
WAINUA	Specialty	PA; QL
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For Cancer		
KEPIVANCE	Specialty	
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For The Mouth And Throat		
AQUORAL	3	
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate mouth/throat</i>	1	
KOURZEQ	3	
<i>lidocaine viscous hcl</i>	1	
ORALONE	3	
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	

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Drug	Tier	Coverage Requirements and Limits
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Medical Supplies And Durable Medical Equipment		
MI PASTE	3	
MI PASTE PLUS	3	
REMESENSE	3	
Dermatological Agents - Drugs For Skin Conditions - Drugs For The Skin		
ABSORICA LD	3	PA
<i>accutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	
ADBRY	Specialty	PA; QL
AKLIEF	3	PA
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
ALTRENO	3	PA
ALUMINUM CHLORIDE ANHYDROUS	3	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	3	
<i>ammonium lactate external</i>	1	
<i>amnesteam</i>	1	
AMZEEQ	3	

Drug	Tier	Coverage Requirements and Limits
ANZUPGO	3	PA; QL
AQUACEL AG BURN	3	
ATRALIN	3	PA
ATRAPRO DERMAL SPRAY	3	
<i>azelaic acid external</i>	1	
B & C	3	
<i>balsam peru-castor oil</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
BPCO	3	
<i>brimonidine tartrate external</i>	1	
CALAMINE	3	
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
<i>calcipotriene external solution</i>	1	
<i>calcipotriene-betameth diprop external suspension</i>	1	QL
CALCITRENE	3	
<i>calcitriol external</i>	1	
CIBINQO	Specialty	PA; QL
<i>claravis</i>	1	
CLEOCIN-T	3	
<i>clindacin etz</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos (twice-daily)</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>clindamycin phosphobenzoyl peroxide external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external gel</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
<i>clodan</i>	1	
<i>coal tar external</i>	1	
CONDYLOX	3	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1	
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external liquid</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	QL
DIPROLENE	3	
DRYSOL	3	
DUPIXENT	Specialty	PA; QL
EBGLYSS	Specialty	PA; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EPIFOAM	3	
ERY	3	
<i>erythromycin external</i>	1	
EUCRISA	2	ST
EVARA	3	
FILSUVEZ	Specialty	PA; QL
FINACEA EXTERNAL FOAM	3	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external</i>	1	
<i>fluorouracil external cream 5 %</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>fluorouracil external solution</i>	1	
<i>fluticasone propionate external</i>	1	
GORDOFILM	3	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone butyrate external cream</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
HYPOCYN ANTIPRURITIC	3	
<i>imiquimod external cream 3.75 %</i>	1	ST
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump</i>	1	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>ivermectin external cream</i>	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST

Drug	Tier	Coverage Requirements and Limits
<i>lactic acid e</i>	1	
LEQSELVI	Specialty	PA; QL
LEVULAN KERASTICK	3	
LITFULO	Specialty	PA; QL
L-MESITRAN SOFT WOUND	3	
LUXAMEND	3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	3	
<i>methoxsalen rapid</i>	1	
METROCREAM	3	
<i>metronidazole external</i>	1	
MICROCYN EXTERNAL LIQUID	3	
MIRVASO	2	
<i>mometasone furoate external</i>	1	
NEMLUVIO	Specialty	PA; QL
NEO-SYNALAR	3	
<i>neuac</i>	1	
ONEXTON	1	
OPZELURA	2	ST; QL
PETROLEUM GAUZE NON-WOVEN 3X9"	3	
<i>pimecrolimus</i>	1	ST; QL
PODOCON-25	3	
<i>podofilox external</i>	1	
PYROGALLIC ACID	3	
QBREXZA	3	QL
RADIAPLEXRX	3	
REGENECARE	3	
RETIN-A MICRO PUMP	3	PA
SANTYL	3	QL

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Drug	Tier	Coverage Requirements and Limits
SCENESSE	Specialty	PA
<i>selenium sulfide external lotion</i>	1	
SOFDRA	3	QL
SOOLANTRA	3	
<i>sulfacetamide sodium (acne)</i>	1	
SYNALAR	3	
TACLONEX	3	QL
<i>tacrolimus external</i>	1	QL
<i>tazarotene external cream</i>	1	PA
<i>tazarotene external gel 0.05 %</i>	1	PA
TOLAK	3	
TOPICORT	3	
<i>tretinoin external</i>	1	
<i>tretinoin microsphere external gel 0.08 %</i>	1	
<i>tretinoin microsphere pump external gel 0.08 %</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm</i>	1	
<i>urea external cream 20 %, 40 %</i>	1	
VENELEX	3	
VTAMA	2	ST
WYNZORA	3	QL
XALIX	3	
XERAC AC	3	
YCANTH	3	PA

Drug	Tier	Coverage Requirements and Limits
ZELSUVMI	3	PA
<i>zenatane</i>	1	
ZILXI	3	ST
ZORYVE	2	ST
Diabetes - Antidiabetic Agents - Hormones		
<i>acarbose oral</i>	1	
CYCLOSET	3	ST
<i>dapaglifloz base-metformin er</i>	1	
<i>dapagliflozin</i>	1	
DUETACT	3	
FARXIGA	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl</i>	1	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>liraglutide</i>	1	PA; QL
<i>metformin hcl er</i>	1	
<i>metformin hcl oral solution</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>miglitol</i>	1	
MOUNJARO	2	PA; QL
<i>nateglinide</i>	1	
OZEMPIC	2	PA; QL
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>repaglinide</i>	1	
RIOMET	3	ST
RYBELSUS	2	PA; QL
<i>saxagliptin hcl</i>	1	
<i>saxagliptin-metformin er</i>	1	
SOLIQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
XIGDUO XR	2	
XULTOPHY	3	
Diabetes - Glucose Monitoring - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ADVANTAGE SAFETY LANCETS 28G	2	
ADVOCATE SAFETY LANCETS 21G	2	

Drug	Tier	Coverage Requirements and Limits
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AUTOLET II CLINISAFE	3	
AUTOLET LANCING DEVICE	3	
AUTOLET LITE LANCING DEVICE	3	
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	3	
CEQUR SIMPLICITY 2U	2	
CEQUR SIMPLICITY INSERTER	2	
CHEMSTRIP BG LOG BOOK	3	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHOICE COMFORT EZ	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL	2	
CONTOUR NEXT CONTROL	2	
CONTOUR PLUS CONTROL SOLUTION	3	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA

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Drug	Tier	Coverage Requirements and Limits
DEXCOM G7 15 DAY SENSOR	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
DIATHRIVE LANCING DEVICE	3	
DROPLET GENTEEL LANCING DEVICE	3	
DROPSAFE ACTI-LANCE 23G	2	
DROPSAFE MEDLANCE LANCET 30G	2	
EASY TOUCH LANCING DEVICE	3	
EMBRACE LANCING DEVICE/EJECTOR	3	
ENLITE GLUCOSE SENSOR	3	PA
FONDCIRCLE LANCING DEVICE	3	
FONDCIRCLE SINGLE USE LANCETS	2	
GENTEEL LANCING KIT (BLUE)	3	
GOJJI LANCING DEVICE/CLEAR CAP	3	
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN REAL-TIME CHARGER	3	
GUARDIAN REAL-TIME TEST PLUG	3	
GUARDIAN SENSOR 3	3	PA
IHEALTH LANCING DEVICE	3	

Drug	Tier	Coverage Requirements and Limits
INSUL-TOTE ULTIMATE	3	
KT TAPE CGM PATCH	3	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS SUPER THIN	2	
MICROLET NEXT LANCETS	2	
MICROLET NEXT LANCING DEVICE	3	
MINIMED INSTINCT GLUC SENSOR	3	PA
MOBILE LANCETS 30G	2	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	2	
PERFECT POINT SAFETY LANCETS	2	
PURE COMFORT SAFETY LANCET 30G	2	
SENSILANCE SAFETY LANCETS 21G	2	
SENSILANCE SAFETY LANCETS 26G	2	
SENSILANCE SAFETY LANCETS 28G	2	
SIMPLERA SENSOR	3	PA
SIMPLERA SYNC SENSOR	3	PA
SIMPLERA SYSTEM	3	PA
TECHLITE LANCETS 26G	2	
ULTRA-CARE SAFETY LANCETS 30G	2	

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Drug	Tier	Coverage Requirements and 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	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	2	
Diabetes - Glucose Monitoring		
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CONTOUR NEXT TEST	2	QL
CONTOUR PLUS TEST	2	QL
CONTOUR TEST	2	QL
DIASTIX REAGENT	2	
KETO-DIASTIX	3	
KETONE CARE	3	
KETOSTIX	3	
Diabetes - Glycemic Agents - Hormones		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide oral</i>	1	
<i>glucagon emergency kit injection solution reconstituted 1 mg</i>	1	

Drug	Tier	Coverage Requirements and Limits
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
Diabetes - Insulins - Hormones		
ADMELOG	1	
ADMELOG SOLOSTAR	1	
AFREZZA	3	PA
APIDRA SOLOSTAR	1	
APIDRA VIAL	1	
BASAGLAR KWIKPEN	1	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
FIASP PUMPCART	1	
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	1	

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Drug	Tier	Coverage Requirements and Limits
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	1	
HUMULIN R VIAL	1	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	1	
INSULIN LISPRO JUNIOR KWIKPEN	1	
INSULIN LISPRO PROT & LISPRO	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	1	
LYUMJEV VIAL	1	
MERILOG	1	
MERILOG SOLOSTAR	1	
MYXREDLIN	3	
NOVOLIN 70/30 FLEXPEN	1	
NOVOLIN 70/30 VIAL	1	
NOVOLIN N FLEXPEN	1	
NOVOLIN N VIAL	1	
NOVOLIN R FLEXPEN	1	
NOVOLIN R VIAL	1	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
REZVOGLAR KWIKPEN	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	

Drug	Tier	Coverage Requirements and Limits
Diabetes - Insulins - Medical Supplies And Durable Medical Equipment		
AQ INSULIN SYRINGE	2	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	2	
BD VEO INSULIN SYR ULTRAFINE	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYR ULTRAFINE	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	

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Drug	Tier	Coverage Requirements and Limits
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
ULTIGUARD SAFEPAK SYR/NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
Electrolytes / Minerals / Metals / Vitamins - Drugs For Nutrition		
ALANINE	3	
AMINO ACID	3	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	3	
AMINOPROTECT	3	
AMINOSYN II	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	

Drug	Tier	Coverage Requirements and Limits
AQUASOL A	3	
ARGININE HCL INJECTION	3	
CALCIFOL	3	
CALCIUM CHLORIDE DIHYDRATE POWDER	3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
<i>calcium chloride solution 10 % intravenous</i>	1	
CALCIUM GLUCONATE	3	
CALCIUM GLUCONATE ANHYDROUS	3	
<i>calcium gluconate intravenous solution</i>	1	
CALCIUM GLUCONATE MONOHYDRATE	3	
<i>calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%</i>	1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CALCIUM LACTATE PENTAHYDRATE	3	
CALCIUM PHOSPHATE DIBASIC	3	
CALCIUM PHOSPHATE TRIBASIC	3	

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Drug	Tier	Coverage Requirements and Limits
CHOLINE BITARTRATE POWDER	3	
<i>chromic chloride intravenous</i>	1	
CLINIMIX E/DEXTROSE (2.75/5)	3	
CLINIMIX E/DEXTROSE (4.25/10)	3	
CLINIMIX E/DEXTROSE (4.25/5)	3	
CLINIMIX E/DEXTROSE (5/15)	3	
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX E/DEXTROSE (8/10)	3	
CLINIMIX E/DEXTROSE (8/14)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
CLINIMIX/DEXTROSE (5/15)	3	
CLINIMIX/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (6/5)	3	
CLINIMIX/DEXTROSE (8/10)	3	
CLINIMIX/DEXTROSE (8/14)	3	
CLINISOL SF	3	
CLINOLIPID	3	
<i>cupric chloride</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %</i>	1	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
<i>dextrose solution 250 mg/ml intravenous</i>	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	
<i>dextrose solution 50 % intravenous</i>	1	
DL-ALANINE	3	
DL-LEUCINE	3	
DL-PHENYLALANINE	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet effervescent 25 meq</i>	1	
<i>ergocalciferol oral capsule</i>	1	
FERRLECIT	3	
<i>ferumoxytol</i>	1	ST
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
GALZIN	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS	3	
GLYCINE INJECTION	3	
GLYCOPHOS	3	
HEMATINIC/FOLIC ACID	3	

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Drug	Tier	Coverage Requirements and Limits
<i>hydroxocobalamin acetate</i>	1	
INFED	3	
INJECTAFER	3	ST
INTRALIPID	3	
<i>iron sucrose</i>	1	
KABIVEN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
K-PHOS	3	
L-ALANINE	3	
L-CYSTINE	3	
L-GLUTAMIC ACID	3	
L-HISTIDINE	3	
L-HISTIDINE HCL MONOHYDRATE	3	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	3	
LIPO	3	
LIPO-C	3	
L-LEUCINE	3	
L-PHENYLALANINE	3	
L-PROLINE	3	
L-TRYPTOPHAN	3	
L-TYROSINE	3	
L-VALINE POWDER	3	
LYSINE HCL INJECTION	3	
MAGNESIUM CARBONATE	3	
MAGNESIUM CARBONATE HEAVY	3	

Drug	Tier	Coverage Requirements and Limits
<i>magnesium chloride injection</i>	1	
<i>magnesium sulfate in d5w</i>	1	
<i>magnesium sulfate injection</i>	1	
<i>magnesium sulfate intravenous</i>	1	
MAGNESIUM SULFATE-NACL	3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
MONOFERRIC	3	ST
MULTRYs	3	
<i>na ferric gluc cplx in sucrose</i>	1	
NASCOBAL	3	
NEOKE ALCAR	3	
NUTRILIPID	3	
PERIKABIVEN	3	
<i>phosphorous</i>	1	
<i>phospho-trin 250 neutral</i>	1	
PHOSPHO-TRIN K500	3	
<i>phytonadione injection</i>	1	
<i>phytonadione oral</i>	1	
PLENAMINE	3	
<i>potassium acetate intravenous</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride intravenous solution</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>potassium phosphates</i>	1	
<i>potassium phosphates(66 meq k)</i>	1	
PREMASOL	3	
PROSOL	3	
<i>pyridoxine hcl solution 100 mg/ml injection</i>	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
SMOFLIPID	3	
<i>sodium acetate intravenous</i>	1	
SODIUM ASCORBATE POWDER	3	
<i>sodium bicarbonate intravenous solution 4.2 %</i>	1	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous</i>	1	
<i>sodium phosphates</i>	1	
TAURINE INJECTION	3	
TAURINE POWDER	3	
THAM	3	
THREONINE	3	
TRALEMENT	3	
TRAVASOL	3	
TRI-AMINO	3	

Drug	Tier	Coverage Requirements and Limits
<i>tromethamine intravenous</i>	1	
TROPHAMINE	3	
TRYPTOPHAN	3	
VALINE	3	
VENOFER	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	1	
<i>vitamin k1 injection</i>	1	
<i>zinc chloride intravenous</i>	1	
<i>zinc sulfate intravenous</i>	1	
ZYCUBO	Specialty	PA; QL
Electrolytes / Minerals / Metals / Vitamins - Drugs For Overdose Or Poisoning		
CHEMET	3	
<i>deferasirox</i>	1	PA
<i>deferasirox granules</i>	1	PA
FERRIPROX ORAL SOLUTION	3	PA
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Stomach		
DEXPANTHENOL INJECTION	3	
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Urinary System		
ARGYLE STERILE SALINE	3	
CURITY STERILE SALINE	3	

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Drug	Tier	Coverage Requirements and Limits
<i>potassium citrate er</i>	1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium citrate-citric acid</i>	1	
Electrolytes / Minerals / Metals / Vitamins - Hormones		
<i>carglumic acid</i>	Generic Specialty	PA
CARNITOR INTRAVENOUS	3	
JYNARQUE	Generic Specialty	PA; QL
LEVOCARNITINE INJECTION	3	
<i>levocarnitine intravenous</i>	1	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>levocarnitine sf</i>	1	
<i>tolvaptan (hyponatremia)</i>	Generic Specialty	PA; QL
Electrolytes / Minerals / Metals / Vitamins - Vitamins And Minerals		
<i>argyle sterile water</i>	1	
EDETATE DISODIUM INTRAVENOUS	3	
KIONEX	3	
<i>lactated ringers irrigation</i>	1	
LOKELMA	3	
PHYSIOLYTE	3	

Drug	Tier	Coverage Requirements and Limits
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/2.5	3	
PRISMASOL BK 0/0/1.2	3	
<i>ringers irrigation</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (SODIUM POLYSTYRENE SULF)	3	
<i>sterile water for irrigation</i>	1	
<i>trientine hcl</i>	Generic Specialty	PA
VELTASSA	3	
<i>water for irrigation, sterile</i>	1	
Gastrointestinal Agents - Drugs For Acid Reflux And Ulcer - Drugs For The Stomach		
<i>cimetidine hcl</i>	1	
<i>cimetidine oral</i>	1	
CYTOTEC	3	
<i>esomeprazole magnesium</i>	1	QL
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine intravenous</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed</i>	1	
FIRST-LANSOPRAZOLE	3	ST
<i>lansoprazole oral capsule delayed release</i>	1	QL
<i>misoprostol oral</i>	1	
NEXIUM ORAL PACKET	3	QL
<i>nizatidine</i>	1	
<i>omeprazole oral capsule delayed release</i>	1	QL
<i>pantoprazole sodium intravenous</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL
PANTOPRAZOLE SODIUM-NACL	3	
PROTONIX INTRAVENOUS	3	
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL
<i>sucralfate oral tablet</i>	1	
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Drugs For The Stomach		
<i>alosetron hcl</i>	1	PA
<i>alvimopan</i>	1	
<i>atropine sulfate injection</i>	1	
ATROPINE SULFATE INTRAMUSCULAR	3	
<i>atropine sulfate intravenous solution</i>	1	

Drug	Tier	Coverage Requirements and Limits
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML, 1.2 MG/3ML	3	
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
CLENPIQ	3	
<i>constulose</i>	1	
<i>cromolyn sodium oral</i>	1	
CTEXLI	Specialty	PA
<i>dicyclomine hcl intramuscular</i>	1	
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>enulose</i>	1	
GATTEX	Specialty	PA
<i>gavilyte-c</i>	1	HCR\$0
<i>gavilyte-g</i>	1	HCR\$0
<i>gavilyte-n with flavor pack</i>	1	HCR\$0
<i>generlac</i>	1	
<i>glycopyrrolate +rfid injection solution</i>	1	
<i>glycopyrrolate injection solution</i>	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	PA

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Drug	Tier	Coverage Requirements and Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL
<i>glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	1	
GLYCOPYRROLATE PF +RFID INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF	3	
GUTVANTAGE	3	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	1	
<i>hyoscyamine sulfate sl</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
IQIRVO	Specialty	PA; QL
<i>lactulose encephalopathy</i>	1	
<i>lactulose oral solution</i>	1	
LINZESS	2	ST; QL
LIVDELZI	Specialty	PA; QL
<i>loperamide hcl oral capsule</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>lubiprostone</i>	1	QL
<i>methscopolamine bromide oral</i>	1	
MYTESI	3	QL
<i>na sulfate-k sulfate-mg sulf</i>	1	HCR\$0
OSCIMIN	3	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	HCR\$0
<i>peg-3350/electrolytes</i>	1	HCR\$0
<i>peg-3350/electrolytes/ascorbic acid</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PEG-PREP	3	
<i>prucalopride succinate</i>	1	ST; QL
PYLERA	2	
REBYOTA	Specialty	PA
RESTORA RX	3	
REZDIFFRA	3	PA; QL
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
VIBERZI	3	PA; QL
XERMELO	Specialty	PA; QL
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Hormones		
SEROSTIM	Specialty	PA

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Drug	Tier	Coverage Requirement s and Limits
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nerves And Muscles		
EVRYSDI	Specialty	PA; QL
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nutrition		
CERDELGA	Specialty	PA
CEREZYME	Specialty	PA
ELELYSO	Specialty	PA
<i>miglustat</i>	Generic Specialty	PA
VPRIV	Specialty	PA
<i>yargesa</i>	Generic Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Blood		
ADZYNMA	Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Stomach		
CHOLBAM	Specialty	PA
CREON	2	
L-GLUTAMIC ACID HCL	3	

Drug	Tier	Coverage Requirement s and Limits
SUCRAID	Specialty	PA
ZENPEP	2	
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Urinary System		
CYSTAGON	Specialty	
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Hormones		
ALDURAZYME	Specialty	PA
<i>betaine</i>	Generic Specialty	
CRYSVITA	Specialty	PA
CYSTADANE	Specialty	
ELAPRASE	Specialty	PA
FABRAZYME	Specialty	PA
FORZINITY	Specialty	PA; QL
GALAFOLD	Specialty	PA; QL
KANUMA	Specialty	PA
LUMIZYME	Specialty	PA
MEPSEVII	Specialty	PA
MYALEPT	Specialty	PA
NAGLAZYME	Specialty	PA
NEXVIAZYME	Specialty	PA
<i>nitisinone</i>	Generic Specialty	PA
NITYR	Specialty	PA
NULIBRY	Specialty	PA
OPFOLDA	Specialty	PA; QL
ORFADIN	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
PHEBURANE	Specialty	PA
POMBILITI	Specialty	PA
REVCovi	Specialty	PA
<i>sapropterin dihydrochloride</i>	Generic Specialty	PA
<i>sod benz-sod phenylacet</i>	1	
<i>sodium phenylbutyrate oral</i>	Generic Specialty	PA
STRENSIQ	Specialty	PA
VIMIZIM	Specialty	PA
VOXZOGO	Specialty	PA; QL
XURIDEN	Specialty	PA; QL
<i>zelvysia</i>	Generic Specialty	PA
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Heart		
<i>avanafil</i>	1	PA; QL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	PA; QL
<i>tadalafil oral</i>	1	PA; QL
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Stomach		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL PACKET	3	ST
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	

Drug	Tier	Coverage Requirements and Limits
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Urinary System		
<i>acetic acid irrigation</i>	1	
<i>bethanechol chloride oral</i>	1	
<i>darifenacin hydrobromide er</i>	1	
FILSPARI	Specialty	PA; QL
<i>flavoxate hcl</i>	1	
<i>glycine irrigation</i>	1	
<i>glycine urologic</i>	1	
LITHOSTAT	3	
<i>mirabegron er</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OXLUMO	Specialty	PA
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral solution</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
OXYTROL	3	ST; QL
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
RENACIDIN	3	
RIMSO-50	3	
RIVFLOZA	Specialty	PA; QL
<i>solifenacin succinate</i>	1	
THIOLA	Specialty	
THIOLA EC	Specialty	
<i>tiopronin</i>	Generic Specialty	

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Drug	Tier	Coverage Requirements and Limits
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
VANRAFIA	Specialty	PA; QL
VOYXACT	Specialty	PA; QL
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For Women		
INTRAROSA	3	ST
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Hormones		
CERVIDIL	3	
PREPIDIL	3	
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Vitamins And Minerals		
DEPEN TITRATABS	Specialty	PA
<i>penicillamine oral tablet</i>	Generic Specialty	PA
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Heart		
<i>terazosin hcl</i>	1	

Drug	Tier	Coverage Requirements and Limits
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Urinary System		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride oral</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
Hormonal Agents - Adrenal - Hormones		
AGAMREE	Specialty	PA
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i>	1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	3	
BLT-25	3	
CELESTONE SOLUSPAN	3	
DEPO-MEDROL	3	
<i>dexameth sod phos (pf) +rfid</i>	1	
DEXAMETHASONE (LA)	3	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral</i>	1	
<i>dexamethasone sod phos (pf)</i>	1	
<i>dexamethasone sod phos +rfid</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>dexamethasone sodium phosphate pf</i>	1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	1	
DEXONTO 0.4%	3	
<i>fludrocortisone acetate oral</i>	1	
HEXATRIONE	3	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone sodium succinate (pf)</i>	1	
KENALOG-80	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
<i>methylprednisolone oral</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>methylprednisolone sodium succinate</i>	1	
METHYLPREDNISOLONE-BUPIVACAINE	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
SOLU-MEDROL (PF)	3	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	1	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	
TRIAMCINOLONE-BUPIVACAINE	3	
Hormonal Agents - Men's Health - Hormones		
<i>danazol oral</i>	1	
METHITEST	3	PA; QL
METHYLTESTOSTERONE	3	
<i>testosterone cypionate intramuscular</i>	1	PA; QL

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Drug	Tier	Coverage Requirements and Limits
<i>testosterone enanthate intramuscular</i>	1	PA; QL
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; QL
<i>testosterone transdermal solution</i>	1	PA; QL
Hormonal Agents - Pituitary - Drugs For Cancer		
ELIGARD	Specialty	PA; QL
FIRMAGON	Specialty	PA; QL
FIRMAGON (240 MG DOSE)	Specialty	PA; QL
<i>leuprolide acetate injection</i>	Generic Specialty	PA
LEUPROLIDE ACETATE-BUPIVACAINE	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Specialty	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Specialty	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Specialty	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	Specialty	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	Specialty	PA
TRELSTAR MIXJECT	Specialty	PA; QL
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	Specialty	QL
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	Specialty	QL
Hormonal Agents - Pituitary - Hormones		
ACTHAR	Specialty	PA
ACTHAR GEL	Specialty	PA
<i>cabergoline</i>	1	
<i>carboprost tromethamine intramuscular solution</i>	1	
<i>cetrorelix acetate</i>	Generic Specialty	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Specialty	PA
<i>clomid</i>	1	
<i>clomiphene citrate oral</i>	1	
CORTROPHIN	Specialty	PA
CORTROPHIN GEL	Specialty	PA
CRENESSITY	Specialty	PA; QL
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
EGRIFTA SV	Specialty	PA; QL
EGRIFTA WR	Specialty	PA; QL
FENSOLVI (6 MONTH)	Specialty	PA; QL
FOLLISTIM AQ	Specialty	PA
FYREMADEL	Specialty	PA
<i>ganirelix acetate</i>	Generic Specialty	PA
HEMABATE	3	
INCRELEX	Specialty	PA
<i>lanreotide acetate</i>	Generic Specialty	PA
LUPRON DEPOT-PED (1-MONTH)	Specialty	PA; QL
LUPRON DEPOT-PED (3-MONTH)	Specialty	PA; QL
LUPRON DEPOT-PED (6-MONTH)	Specialty	PA; QL
MENOPUR	Specialty	PA
<i>milophene</i>	1	
NGENLA	Specialty	PA
NORDITROPIN FLEXPRO	Specialty	PA
NOVAREL	Specialty	PA
NUTROPIN AQ NUSPIN 10	Specialty	PA
<i>octreotide acetate injection</i>	Generic Specialty	PA
<i>octreotide acetate subcutaneous</i>	Generic Specialty	PA
OMNITROPE	Specialty	PA
ORLISSA	2	PA; QL
OVIDREL	Specialty	PA
<i>oxytocin +rfid</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>oxytocin solution 10 unit/ml injection</i>	1	
OXYTOCIN SOLUTION 10 UNIT/ML INJECTION	3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 30-0.9 UT/500ML-%	3	
PITOCIN	3	
PREGNYL	Specialty	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 60 MG	Specialty	PA; QL
SKYTROFA	Specialty	PA
SOGROYA	Specialty	PA
SOMATULINE DEPOT	Specialty	PA
SOMAVERT	Specialty	PA
SUPPRELIN LA	Specialty	PA; QL
SYNAREL	2	
TEPEZZA	Specialty	PA
TRIPTODUR	Specialty	PA; QL
<i>vasopressin</i>	1	
<i>vasopressin +rfid</i>	1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	3	

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Drug	Tier	Coverage Requirements and Limits
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	3	
Hormonal Agents - Prostaglandins - Hormones		
MIFEPREX	3	
<i>mifepristone oral tablet 200 mg</i>	1	
<i>mifepristone oral tablet 300 mg</i>	Generic Specialty	PA; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents - Hormones		
OSPHENA	3	
<i>raloxifene hcl</i>	1	HCR\$0
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Cancer		
<i>megestrol acetate oral</i>	1	
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Women		
<i>afirmelle</i>	1	HCR\$0
<i>altavera</i>	1	HCR\$0
<i>alyacen 1/35</i>	1	HCR\$0
<i>alyacen 7/7/7</i>	1	HCR\$0
<i>amethyst</i>	1	HCR\$0
ANNOVERA	3	QL; HCR\$0
<i>apri</i>	1	HCR\$0
<i>aranelle</i>	1	HCR\$0
<i>ashlyna</i>	1	QL; HCR\$0
<i>aubra eq</i>	1	HCR\$0
<i>aurovela 1.5/30</i>	1	HCR\$0

Drug	Tier	Coverage Requirements and Limits
<i>aurovela 1/20</i>	1	HCR\$0
<i>aurovela 24 fe</i>	1	HCR\$0
<i>aurovela fe 1.5/30</i>	1	HCR\$0
<i>aurovela fe 1/20</i>	1	HCR\$0
AVERI	3	HCR\$0
<i>aviane</i>	1	HCR\$0
<i>ayuna</i>	1	HCR\$0
<i>azurette</i>	1	HCR\$0
BALCOLTRA	3	HCR\$0
<i>balziva</i>	1	HCR\$0
BEYAZ	E	HCR\$0
<i>blisovi 24 fe</i>	1	HCR\$0
<i>blisovi fe 1.5/30</i>	1	HCR\$0
<i>blisovi fe 1/20</i>	1	HCR\$0
<i>briellyn</i>	1	HCR\$0
<i>camila</i>	1	HCR\$0
<i>camrese</i>	1	QL; HCR\$0
<i>camrese lo</i>	1	QL; HCR\$0
<i>charlotte 24 fe</i>	1	HCR\$0
<i>chateal eq</i>	1	HCR\$0
CRINONE	3	QL
<i>cryselle</i>	1	HCR\$0
<i>cyred eq</i>	1	HCR\$0
<i>dasetta 1/35 (28)</i>	1	HCR\$0
<i>dasetta 7/7/7</i>	1	HCR\$0
<i>daysee</i>	1	QL; HCR\$0
<i>deblitane</i>	1	HCR\$0
<i>delyla</i>	1	HCR\$0
DEPO-PROVERA	3	QL; HCR\$0
DEPO-SUBQ PROVERA 104	3	QL; HCR\$0
<i>dolishale</i>	1	HCR\$0
<i>drospiren-eth estrad-levomefol</i>	1	HCR\$0
<i>drospirenone-ethinyl estradiol</i>	1	HCR\$0

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Drug	Tier	Coverage Requirements and Limits
<i>elinest</i>	1	HCR\$0
ELLA	3	HCR\$0
<i>eluryng</i>	1	HCR\$0
<i>emzahh</i>	1	HCR\$0
ENDOMETRIN	2	
<i>enilloring</i>	1	HCR\$0
<i>enskyce</i>	1	HCR\$0
<i>errin</i>	1	HCR\$0
<i>estarylla</i>	1	HCR\$0
<i>estradiol vaginal</i>	1	
ESTRING	3	QL
<i>etonogestrel-ethinyl estradiol</i>	1	HCR\$0
<i>falmina</i>	1	HCR\$0
<i>feirza 1.5/30</i>	1	HCR\$0
<i>feirza 1/20</i>	1	HCR\$0
FEMLYV	3	ST; HCR\$0
FEMRING	3	ST; QL
<i>finzala</i>	1	HCR\$0
<i>galbriela</i>	1	HCR\$0
<i>gemmily</i>	1	HCR\$0
<i>hailey 1.5/30</i>	1	HCR\$0
<i>hailey 24 fe</i>	1	HCR\$0
<i>hailey fe 1.5/30</i>	1	HCR\$0
<i>hailey fe 1/20</i>	1	HCR\$0
<i>heather</i>	1	HCR\$0
<i>iclevia</i>	1	QL; HCR\$0
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
<i>incassia</i>	1	HCR\$0
<i>introvale</i>	1	QL; HCR\$0
<i>isibloom</i>	1	HCR\$0
<i>jaimiess</i>	1	QL; HCR\$0
<i>jasmiel</i>	1	HCR\$0

Drug	Tier	Coverage Requirements and Limits
<i>jencycla</i>	1	HCR\$0
<i>jolessa</i>	1	QL; HCR\$0
<i>joyeaux</i>	1	HCR\$0
<i>juleber</i>	1	HCR\$0
<i>junel 1.5/30</i>	1	HCR\$0
<i>junel 1/20</i>	1	HCR\$0
<i>junel fe 1.5/30</i>	1	HCR\$0
<i>junel fe 1/20</i>	1	HCR\$0
<i>junel fe 24</i>	1	HCR\$0
<i>kaitlib fe</i>	1	HCR\$0
<i>kalliga</i>	1	HCR\$0
<i>kariva</i>	1	HCR\$0
<i>kelnor 1/35</i>	1	HCR\$0
<i>kurvelo</i>	1	HCR\$0
KYLEENA	3	HCR\$0
<i>larin 1.5/30</i>	1	HCR\$0
<i>larin 1/20</i>	1	HCR\$0
<i>larin 24 fe</i>	1	HCR\$0
<i>larin fe 1.5/30</i>	1	HCR\$0
<i>larin fe 1/20</i>	1	HCR\$0
<i>lessina</i>	1	HCR\$0
<i>levonest</i>	1	HCR\$0
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	1	QL; HCR\$0
<i>levonorgest-eth estradiol-iron</i>	1	HCR\$0
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	1	HCR\$0
<i>levonorg-eth estrad triphasic</i>	1	HCR\$0
LILETTA (52 MG)	3	HCR\$0
LO LOESTRIN FE	E	HCR\$0
LOESTRIN 1.5/30 (21)	E	HCR\$0
LOESTRIN 1/20 (21)	E	HCR\$0

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Drug	Tier	Coverage Requirement s and Limits
LOESTRIN FE 1.5/30	E	HCR\$0
LOESTRIN FE 1/20	E	HCR\$0
<i>lojaimiess</i>	1	QL; HCR\$0
<i>loryna</i>	1	HCR\$0
<i>low-ogestrel</i>	1	HCR\$0
<i>lo-zumandimine</i>	1	HCR\$0
<i>luizza 1.5/30</i>	1	HCR\$0
<i>luizza 1/20</i>	1	HCR\$0
<i>lyleq</i>	1	HCR\$0
<i>lyza</i>	1	HCR\$0
<i>marlissa</i>	1	HCR\$0
<i>medroxyprogesterone acetate intramuscular</i>	1	QL; HCR\$0
<i>meleya</i>	1	HCR\$0
<i>mibelas 24 fe</i>	1	HCR\$0
<i>microgestin 1.5/30</i>	1	HCR\$0
<i>microgestin 1/20</i>	1	HCR\$0
<i>microgestin fe 1.5/30</i>	1	HCR\$0
<i>microgestin fe 1/20</i>	1	HCR\$0
<i>mili</i>	1	HCR\$0
<i>minzoya</i>	1	HCR\$0
MIRENA (52 MG)	3	HCR\$0
MIUDELLA INTRAUTERINE COPPER	3	HCR\$0
<i>mono-lynyah</i>	1	HCR\$0
NATAZIA	2	HCR\$0
<i>necon 0.5/35 (28)</i>	1	HCR\$0
NEXPLANON	3	HCR\$0
NEXTSTELLIS	E	HCR\$0
<i>nikki</i>	1	HCR\$0
<i>nora-be</i>	1	HCR\$0
<i>norelgestromin-eth estradiol</i>	1	HCR\$0
<i>norethin ace-eth estrad-fe</i>	1	HCR\$0

Drug	Tier	Coverage Requirement s and Limits
<i>norethindrone acet-ethinyl est</i>	1	HCR\$0
<i>norethindrone oral</i>	1	HCR\$0
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR\$0
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR\$0
<i>norlyroc</i>	1	HCR\$0
<i>nortrel 0.5/35 (28)</i>	1	HCR\$0
<i>nortrel 1/35 (21)</i>	1	HCR\$0
<i>nortrel 1/35 (28)</i>	1	HCR\$0
<i>nortrel 7/7/7</i>	1	HCR\$0
NUVARING	E	HCR\$0
<i>nylia 1/35</i>	1	HCR\$0
<i>nylia 7/7/7</i>	1	HCR\$0
<i>orquidea</i>	1	HCR\$0
PARAGARD INTRAUTERINE COPPER	3	HCR\$0
<i>philith</i>	1	HCR\$0
<i>pimtrea</i>	1	HCR\$0
<i>portia-28</i>	1	HCR\$0
PREMARIN VAGINAL	2	
<i>progesterone vaginal</i>	1	
<i>reclipsen</i>	1	HCR\$0
<i>rivelsa</i>	1	QL; HCR\$0
<i>rosyrah</i>	1	QL; HCR\$0
SAFYRAL	E	HCR\$0
<i>setlakin</i>	1	QL; HCR\$0
<i>sharobel</i>	1	HCR\$0
<i>simliya</i>	1	HCR\$0
<i>simpesse</i>	1	QL; HCR\$0
SKYLA	3	HCR\$0
SLYND	E	HCR\$0
<i>sprintec 28</i>	1	HCR\$0
<i>syeda</i>	1	HCR\$0

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Drug	Tier	Coverage Requirements and Limits
<i>tarina 24 fe</i>	1	HCR\$0
<i>tarina fe 1/20 eq</i>	1	HCR\$0
<i>taysofy</i>	1	HCR\$0
TAYTULLA	3	HCR\$0
<i>tilia fe</i>	1	HCR\$0
<i>tri-estarylla</i>	1	HCR\$0
<i>tri-legest fe</i>	1	HCR\$0
<i>tri-linyah</i>	1	HCR\$0
<i>tri-lo-estarylla</i>	1	HCR\$0
<i>tri-lo-marzia</i>	1	HCR\$0
<i>tri-lo-mili</i>	1	HCR\$0
<i>tri-lo-sprintec</i>	1	HCR\$0
<i>tri-mili</i>	1	HCR\$0
<i>tri-sprintec</i>	1	HCR\$0
<i>tri-vylibra</i>	1	HCR\$0
<i>tri-vylibra lo</i>	1	HCR\$0
<i>turqoz</i>	1	HCR\$0
TWIRLA	E	HCR\$0
TYBLUME	3	HCR\$0
<i>tydemy</i>	1	HCR\$0
<i>valtya 1/35</i>	1	HCR\$0
<i>valtya 1/50</i>	1	HCR\$0
<i>velivet</i>	1	HCR\$0
<i>vestura</i>	1	HCR\$0
<i>vienva</i>	1	HCR\$0
<i>viorele</i>	1	HCR\$0
<i>volnea</i>	1	HCR\$0
<i>vyfemla</i>	1	HCR\$0
<i>vylibra</i>	1	HCR\$0
<i>wera</i>	1	HCR\$0
<i>wymzya fe</i>	1	HCR\$0
<i>xarah fe</i>	1	HCR\$0
<i>xelria fe</i>	1	HCR\$0
<i>xulane</i>	1	HCR\$0
YASMIN 28	E	HCR\$0

Drug	Tier	Coverage Requirements and Limits
YAZ	E	HCR\$0
<i>yuvaferm</i>	1	
<i>zafemy</i>	1	HCR\$0
<i>zovia 1/35 (28)</i>	1	HCR\$0
<i>zumandimine</i>	1	HCR\$0
Hormonal Agents - Sex Hormones And Birth Control - Hormones		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
ALORA	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA	3	
CLIMARA PRO	2	
COMBIPATCH	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	
<i>dotti</i>	1	
DUAVEE	2	
ELESTRIN	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	
<i>estradiol valerate intramuscular</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens conjugated</i>	1	
EVAMIST	3	
<i>fyavolv</i>	1	
<i>gallifrey</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>megestrol acetate oral</i>	1	
MENOSTAR	3	ST
<i>mimvey</i>	1	
MINIVELLE	3	
MYFEMBREE	2	PA; QL
<i>norethindrone acetate oral</i>	1	
<i>norethindrone-eth estradiol</i>	1	
ORIAHNN	2	PA; QL
PREMARIN INJECTION	3	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone intramuscular</i>	1	
<i>progesterone oral</i>	1	
PROVERA	3	
Hormonal Agents - Thyroid - Hormones		
<i>levo-t</i>	1	
<i>levothyroxine sodium intravenous</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium intravenous</i>	1	
<i>liothyronine sodium oral</i>	1	
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
SODIUM IODIDE I-131	3	
<i>unithroid</i>	1	

Drug	Tier	Coverage Requirements and Limits
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Biological Agents		
ANASCORP	3	
ANAVIP	3	
ANTIVENIN LATRODECTUS MACTANS	3	
ANTIVENIN MICRURUS FULVIUS	3	
BEYFORTUS	2	QL; HCR\$0
BIVIGAM	Specialty	PA
CNJ-016	3	
CROFAB	3	
CUTAQUIG	Specialty	PA
CUVITRU	Specialty	PA
ENFLONSIA	2	QL; HCR\$0
FLEBOGAMMA DIF	Specialty	PA
GAMASTAN	Specialty	PA
GAMMAGARD	Specialty	PA
GAMMAGARD S/D LESS IGA	Specialty	PA
GAMMAKED	Specialty	PA
GAMMAPLEX	Specialty	PA
GAMUNEX-C	Specialty	PA
HEPAGAM B	3	
HIZENTRA	Specialty	PA
HYPERHEP B	3	
HYPERRHO	2	
HYPERRHO MINI-DOSE	2	
HYQVIA	Specialty	PA
NABI-HB	3	
OCTAGAM	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
PANZYGA	Specialty	PA
PEMGARDA	3	QL
PRIVIGEN	Specialty	PA
RHOGAM ULTRA-FILTERED PLUS	2	
RHOPHYLAC	2	
VARIZIG	3	PA
WINRHO SDF	2	
XEMBIFY	Specialty	PA
ZINPLAVA	3	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Cancer		
ACTIMMUNE	Specialty	PA
JYLAMVO	3	PA
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>temsirolimus</i>	Generic Specialty	
TORISEL	Specialty	
TREXALL	3	
XATMEP	3	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Pain And Fever		
ACTEMRA ACTPEN	Specialty	PA; QL
ACTEMRA INTRAVENOUS	Specialty	PA
ACTEMRA SUBCUTANEOUS	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
ADALIMUMAB-ADBM (2 PEN)	Specialty	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	Specialty	PA; QL
ARCALYST	Specialty	PA
AURANOFIN	Specialty	
AVTOZMA INTRAVENOUS	Specialty	PA
AVTOZMA SUBCUTANEOUS	Specialty	PA; QL
ENBREL	Specialty	PA; QL
ENBREL MINI	Specialty	PA; QL
ENBREL SURECLICK	Specialty	PA; QL
ILARIS	Specialty	PA; QL
KEVZARA	Specialty	PA; QL
KINERET	Specialty	PA
<i>leflunomide oral</i>	1	
OLUMIANT	Specialty	PA; QL
ORENCIA CLICKJECT	Specialty	PA; QL
ORENCIA INTRAVENOUS	Specialty	PA
ORENCIA SUBCUTANEOUS	Specialty	PA; QL
OTEZLA	Specialty	PA; QL
OTEZLA XR	Specialty	PA; QL
OTEZLA/OTEZLA XR INITIATION PK	Specialty	PA; QL
RASUVO	2	PA; QL
RIDAURA	Specialty	
RINVOQ	Specialty	PA; QL
RINVOQ LQ	Specialty	PA; QL
SIMPONI	Specialty	PA; QL
SIMPONI ARIA	Specialty	PA
XELJANZ	Specialty	PA; QL
XELJANZ XR	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Blood		
ANDEMBRY	Specialty	PA; QL
BERINERT	Specialty	PA; QL
DAWNZERA	Specialty	PA; QL
HAEGARDA	Specialty	PA; QL
<i>icatibant acetate</i>	Generic Specialty	PA; QL
KALBITOR	Specialty	PA; QL
ORLADEYO	Specialty	PA; QL
RUCONEST	Specialty	PA; QL
TAKHZYRO	Specialty	PA; QL
VEOPOZ	Specialty	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Skin		
BIMZELX	Specialty	PA; QL
ILUMYA	Specialty	PA; QL
SILIQ	Specialty	PA; QL
SKYRIZI PEN	Specialty	PA; QL
SKYRIZI SUBCUTANEOUS	Specialty	PA; QL
SOTYKTU	Specialty	PA; QL
SPEVIGO	Specialty	PA; QL
STARJEMZA SUBCUTANEOUS	Specialty	PA; QL
TALTZ	Specialty	PA; QL
TREMFYA ONE-PRESS	Specialty	PA; QL
TREMFYA PEN	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS	Specialty	PA; QL
WEZLANA SUBCUTANEOUS	Specialty	PA; QL
YESINTEK SUBCUTANEOUS	Specialty	PA; QL
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Stomach		
AVSOLA	Specialty	PA
CIMZIA	Specialty	PA; QL
CIMZIA (1 SYRINGE)	Specialty	PA; QL
CIMZIA (2 SYRINGE)	Specialty	PA; QL
CIMZIA-STARTER	Specialty	PA; QL
ENTYVIO	Specialty	PA
ENTYVIO PEN	Specialty	PA; QL
INFLECTRA	Specialty	PA
OMVOH	Specialty	PA; QL
OMVOH (300 MG DOSE)	Specialty	PA; QL
SKYRIZI INTRAVENOUS	Specialty	PA
SKYRIZI SUBCUTANEOUS	Specialty	PA; QL
STARJEMZA INTRAVENOUS	Specialty	PA
TREMFYA INTRAVENOUS	Specialty	PA
TREMFYA PEN	Specialty	PA; QL
TREMFYA SUBCUTANEOUS	Specialty	PA; QL
TREMFYA-CD/UC INDUCTION	Specialty	PA; QL
VELSIPITY	Specialty	PA; QL
WEZLANA INTRAVENOUS	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
YESINTEK INTRAVENOUS	Specialty	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Vitamins And Minerals		
ASTAGRAF XL	3	
AZASAN	3	
<i>azathioprine oral</i>	1	
<i>azathioprine sodium</i>	1	
BENLYSTA	Specialty	PA
CELLCEPT	3	
CELLCEPT INTRAVENOUS	3	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral</i>	1	
ENSPRYNG	Specialty	PA
ENVARUSUS XR	3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
GAMIFANT	Specialty	PA
<i>gengraf</i>	1	
IMURAN	3	
<i>mycophenolate mofetil hcl</i>	1	
<i>mycophenolate mofetil intravenous</i>	1	
<i>mycophenolate mofetil oral</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
MYFORTIC	3	
MYHIBBIN	3	
NEORAL	3	

Drug	Tier	Coverage Requirements and Limits
NULOJIX	3	
PROGRAF	3	
RHAPSIDO	Specialty	PA; QL
SANDIMMUNE INTRAVENOUS	2	
SANDIMMUNE ORAL	3	
SAPHNELO INTRAVENOUS	Specialty	PA
SIMULECT	3	
<i>sirolimus oral</i>	1	
<i>tacrolimus er</i>	1	
<i>tacrolimus intravenous</i>	1	
<i>tacrolimus oral</i>	1	
THYMOGLOBULIN	3	
UPLIZNA	Specialty	PA
ZORTRESS	3	
Immunological Agents - Drugs For Vaccination - Biological Agents		
ABRYSVO	3	QL; HCR\$0
ACAM2000	3	
ACTHIB	3	HCR\$0
ADACEL	3	HCR\$0
AFLURIA	3	HCR\$0
AFLURIA PRESERVATIVE FREE	3	HCR\$0
AREXVY	3	QL; HCR\$0
AUDENZ	3	
BCG VACCINE	3	
BEXSERO	3	HCR\$0
BOOSTRIX	3	HCR\$0
CAPVAXIVE	3	HCR\$0
COMIRNATY	3	HCR\$0
COMIRNATY 5-11 YEARS	3	HCR\$0

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Drug	Tier	Coverage Requirements and Limits
DAPTACEL	3	HCR\$0
DENGVAXIA	3	HCR\$0
ENGERIX-B	3	HCR\$0
ERVEBO	3	
FLUAD	3	HCR\$0
FLUARIX	3	HCR\$0
FLUBLOK	3	HCR\$0
FLUCELVAX	3	HCR\$0
FLULAVAL	3	HCR\$0
FLUMIST	3	HCR\$0
FLUZONE HIGH-DOSE	3	HCR\$0
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	HCR\$0
GARDASIL 9	3	HCR\$0
HAVRIX	3	HCR\$0
HEPLISAV-B	3	HCR\$0
HIBERIX	3	HCR\$0
IMOVAX RABIES	3	
INFANRIX	3	HCR\$0
IPOL	3	HCR\$0
IXIARO	3	
JYNNEOS	3	HCR\$0
KINRIX	3	HCR\$0
MENQUADFI	3	HCR\$0
MENVEO	3	HCR\$0
M-M-R II	3	HCR\$0
MNEXSPIKE	3	HCR\$0
MRESVIA	3	QL; HCR\$0
NUVAXOVID COVID-19 VACCINE	3	HCR\$0
PEDIARIX	3	HCR\$0
PEDVAX HIB	3	HCR\$0
PENBRAYA	3	HCR\$0
PENMENVY	3	HCR\$0

Drug	Tier	Coverage Requirements and Limits
PENTACEL	3	HCR\$0
PNEUMOVAX 23	3	HCR\$0
PREVNAR 20	3	HCR\$0
PRIORIX	3	HCR\$0
PROQUAD	3	HCR\$0
QUADRACEL	3	HCR\$0
RABAVERT	3	
RECOMBIVAX HB	3	HCR\$0
ROTARIX	3	HCR\$0
ROTATEQ	3	HCR\$0
SHINGRIX	3	HCR\$0
SPIKEVAX	3	HCR\$0
SPIKEVAX 6M-11Y	3	HCR\$0
TENIVAC	3	HCR\$0
TICOVAC	3	
TRUMENBA	3	HCR\$0
TWINRIX	3	HCR\$0
TYPHIM VI	3	
VAQTA	3	HCR\$0
VARIVAX	3	HCR\$0
VAXCHORA	3	
VAXELIS	3	HCR\$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	HCR\$0
VAXNEUVANCE	3	HCR\$0
VIMKUNYA	3	
VIVOTIF	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents - Drugs For The Stomach		
APRISO	1	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>mesalamine er oral capsule extended release</i>	1	
<i>mesalamine oral capsule delayed release</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal</i>	1	
<i>sulfasalazine oral</i>	1	
Inflammatory Bowel Disease Agents - Hormones		
<i>budesonide oral</i>	1	
EOHILIA	3	PA; QL
Inflammatory Bowel Disease Agents - Rectal Preparations		
<i>budesonide rectal</i>	1	
CORTENEMA	3	
CORTIFOAM	3	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone rectal</i>	1	
PROCTOFOAM HC	2	
<i>procto-med hc</i>	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs For Osteoporosis - Hormones		
<i>alendronate sodium oral solution</i>	1	
<i>alendronate sodium oral tablet 10 mg</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL
ATELVIA	3	QL
BONSITY	Specialty	PA
<i>calcitonin (salmon) injection</i>	1	
<i>calcitonin (salmon) nasal</i>	1	QL
EVENITY	Specialty	PA; QL
<i>ibandronate sodium</i>	1	QL
MIACALCIN	3	
<i>pamidronate disodium</i>	Generic Specialty	
<i>risedronate sodium oral tablet 150 mg, 35 mg</i>	1	QL
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	QL
STOBOCLO	Specialty	PA; QL
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	Generic Specialty	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Specialty	PA
TYMLOS	Specialty	PA
<i>zoledronic acid</i>	Generic Specialty	
Metabolic Bone Disease Agents - Hormones		
OSENVELT	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
Metabolic Bone Disease Agents - Other - Hormones		
<i>calcitriol intravenous</i>	1	
<i>calcitriol oral</i>	1	
<i>cinacalcet hcl</i>	1	PA
<i>doxercalciferol intravenous</i>	1	
<i>paricalcitol</i>	1	
PARSABIV	Specialty	
RAYALDEE	3	
ROCALTROL	3	
ZEMPLAR	3	
Miscellaneous Therapeutic Agents - Antiseptics And Disinfectants		
CETYLCIDE-G	3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
<i>formaldehyde</i>	1	
<i>glutaraldehyde external</i>	1	
Miscellaneous Therapeutic Agents - Biological Agents		
AMERICAN BEECH POLLEN	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	3	
GRASTEK	3	PA; QL
ODACTRA	3	PA; QL
ORALAIR	3	PA; QL
ORALAIR ADULT STARTER PACK	3	PA; QL
ORALAIR CHILDRENS STARTER PACK	3	PA; QL

Drug	Tier	Coverage Requirements and Limits
RAGWITEK	3	PA; QL
Miscellaneous Therapeutic Agents - Drugs For Cancer		
IWILFIN	Specialty	PA
PEDMARK	3	PA
Miscellaneous Therapeutic Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
DUROLANE	2	PA; QL
EUFLEXXA	2	PA; QL
GELSYN-3	2	PA; QL
SOHONOS	Specialty	PA; QL
Miscellaneous Therapeutic Agents - Drugs For Nerves And Muscles		
BOTOX	3	PA
DAXXIFY	3	PA
DYSPORE	2	PA
MYOBLOC	2	PA
XEOMIN	2	PA
Miscellaneous Therapeutic Agents - Drugs For Nutrition		
ASPARTAME (FOR COMPOUNDING)	3	
ASPARTAME (NUTRASWEET)	3	
CYTOTINE ORAL POWDER	3	
ENDARI	3	PA
<i>L-glutamine oral packet</i>	1	PA
SACCHARIN	3	

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Drug	Tier	Coverage Requirements and Limits
<i>sodium saccharin powder</i>	1	
Miscellaneous Therapeutic Agents - Drugs For Overdose Or Poisoning		
ACETADOTE	3	
<i>acetylcysteine intravenous</i>	1	
ANTICHOLIUM	3	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	3	
CHARCOAL ACTIVATED	3	
CYANOKIT	3	
<i>deferoxamine mesylate</i>	1	
DESFERAL	3	
DIGIFAB	3	
EDETATE CALCIUM DISODIUM INJECTION	3	
<i>flumazenil intravenous</i>	1	
<i>fomepizole</i>	1	
<i>methylene blue (antidote)</i>	1	
<i>methylene blue intravenous solution</i>	1	
NITHIODOTE	3	
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
PREVDUO	3	
PROTOPAM CHLORIDE	3	
PROVAYBLUE	3	

Drug	Tier	Coverage Requirements and Limits
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
RADIOGARDASE	3	
<i>sodium nitrite intravenous</i>	1	
<i>sodium thiosulfate intravenous</i>	1	
VISTOGARD	3	
Miscellaneous Therapeutic Agents - Drugs For The Blood		
ARTISS	3	
ASTRINGYN	3	
GOHIBIC	3	
TISSEEL	3	
ZILBRYSQ	Specialty	PA
Miscellaneous Therapeutic Agents - Drugs For The Nervous System		
AQNEURSA	Specialty	PA; QL
<i>dexmedetomidine hcl</i>	1	
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml</i>	1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
DEXMEDETOMIDINE HCL-DEXTROSE	3	
IGALMI	3	PA
MIPLYFFA	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML	3	
Miscellaneous Therapeutic Agents - Drugs For The Stomach		
BYLVAY	Specialty	PA
BYLVAY (PELLETS)	Specialty	PA
Miscellaneous Therapeutic Agents - Drugs For The Urinary System		
SORBITOL IRRIGATION	3	
<i>sorbitol-mannitol</i>	1	
Miscellaneous Therapeutic Agents - Drugs For Women		
PHEXX	E	HCR\$0
Miscellaneous Therapeutic Agents - Hormones		
KERENDIA	3	PA; QL
LYNKUET	3	PA; QL
METHERGINE	3	QL
<i>methylergonovine maleate injection</i>	1	
<i>methylergonovine maleate oral</i>	1	QL
VEOZAH	3	PA; QL
VYKAT XR	Specialty	PA; QL
YORVIPATH	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
Miscellaneous Therapeutic Agents - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK ULTRAFLEX INF SET	3	
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	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	
AEROCHAMBER2GO ANTI-STATIC	2	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AMD FOAM DRESSING	3	
AMD FOAM DRESSING TOPSHEET	3	
AQINJECT PEN NEEDLE	2	

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Drug	Tier	Coverage Requirements and Limits
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
AUM ALCOHOL PREP PADS	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM	2	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	

Drug	Tier	Coverage Requirements and Limits
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAYA	3	HCR\$0
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	3	
CURITY AMD ANTIMICROBIAL STRIP	3	
CURITY IODOFORM PACKING STRIP	3	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	

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Drug	Tier	Coverage Requirements and Limits
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
DROPSAFE AUTOPROTECT DUO	2	
EASIVENT	2	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
EXCILON AMD DRAIN SPONGES	3	
EXTENDED INFUSION SET 23"/6MM	3	
EXTENDED INFUSION SET 23"/9MM	3	
EXTENDED INFUSION SET 32"/6MM	3	
EXTENDED INFUSION SET 32"/9MM	3	
EXTENDED INFUSION SET 43"/6MM	3	
EXTENDED INFUSION SET 43"/9MM	3	

Drug	Tier	Coverage Requirements and Limits
EXTENDED RESERVOIR 3ML	3	
FEMCAP	3	HCR\$0
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FORA D40G GLUCOSE/PRESSURE	3	
GOODSENSE ALCOHOL SWABS	3	
ILET CONTACT DETACH 23" 6MM	3	
ILET INFUSION-FLEX 23" 6MM	3	
ILET INFUSION-INSET 23" 6MM	3	
ILET INFUSION-INSET 32" 6MM	3	
ILET INSULIN PUMP	3	
ILET STARTER - CONTACT DETACH	3	
ILET STARTER KIT - INSET 23"	3	
ILET STARTER KIT - INSET 32"	3	
INCONTROL ULTICARE PEN NEEDLES	2	
INSPIREASE RESERVOIR BAGS	2	

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Drug	Tier	Coverage Requirements and Limits
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
INSUPEN32G EXTR3ME	2	
J-TIP KIT W/VIAL ADAPTERS	3	
KERLIX AMD ANTIMICROBIAL	3	
KERLIX AMD SUPER SPONGES	3	
MICROCHAMBER DEVICE	2	
MINIMED 780G INSULIN PUMP	3	
MINIMED APP MANAGER	3	
MINIMED MIO ADVANCE INFUSE SET	3	
MINIMED PUMP RESERVOIR 3ML	3	
MINIMED QUICK SET INF SET 18"	3	
MINIMED QUICK SET INF SET 23"	3	
MINIMED QUICK SET INF SET 32"	3	
MINIMED QUICK SET INF SET 43"	3	

Drug	Tier	Coverage Requirements and Limits
MINIMED SILHOUETTE INF SET 32"	3	
MINIMED SILHOUETTE INF SET 43"	3	
MODD1 PATIENT WELCOME KIT	3	
MODD1 SUPPLY KIT	3	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD POD PALS	3	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	

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Drug	Tier	Coverage Requirements and Limits
PARI VORTEX ADULT MASK	2	
PARI VORTEX PEDIATRIC MASK	2	
PEDIATRIC PANDA MASK	2	
PEN NEEDLE/5-BEVEL TIP	2	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RAPPORT RLS	3	
RAPPORT VTD	3	
RAYA SURE PEN NEEDLE	2	
SAFETY PEN NEEDLES	2	
SILHOUETTE 23" INFUSION SET	3	

Drug	Tier	Coverage Requirements and Limits
SILHOUETTE 43" INFUSION SET	3	
SILHOUETTE INFUSION SET 18"	3	
SURE T INFUSION SET 18"/6MM	3	
SURE T INFUSION SET 23"/10MM	3	
SURE T INFUSION SET 23"/6MM	3	
SURE T INFUSION SET 23"/8MM	3	
SURE T INFUSION SET 32"/10MM	3	
SURE T INFUSION SET 32"/6MM	3	
SURE T INFUSION SET 32"/8MM	3	
T:SLIM X2 INSULIN PUMP DEVICE	3	
T:SLIM X2 STARTER 7.10	3	
TANDEM MOBI AUTOSOFT 30 KIT	3	
TANDEM MOBI AUTOSOFT XC KIT	3	
TANDEM MOBI AUTOSOFT30 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK5"	3	
TANDEM MOBI SYSTEM STARTER	3	
TANDEM MOBI TRUSTEEL SUPP KIT	3	
TANDEM T:SLIM ASFT 30 PK10 23"	3	

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Drug	Tier	Coverage Requirements and Limits
TANDEM T:SLIM ASFT 30 PK14 23"	3	
TANDEM T:SLIM ASFT XC PK10 23"	3	
TANDEM T:SLIM ASFT XC PK14 23"	3	
TANDEM T:SLIM TRUSTL PK10 23"	3	
TECHLITE PLUS PEN NEEDLES	2	
TELFA AMD ISLAND DRESSING	3	
TELFA AMD NON-ADHERENT	3	
TRUE COMFORT SAFETY PEN NEEDLE	2	
TWIST REFILL KIT	2	
TWIST REFILL KIT/INFUSION SET	2	
TWIST STARTER KIT	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PROTECT PEN NEEDLE	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE PLUS PEN NEEDLE	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	HCR\$0
WIDE-SEAL DIAPHRAGM 65	3	HCR\$0

Drug	Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 70	3	HCR\$0
WIDE-SEAL DIAPHRAGM 75	3	HCR\$0
WIDE-SEAL DIAPHRAGM 80	3	HCR\$0
WIDE-SEAL DIAPHRAGM 85	3	HCR\$0
WIDE-SEAL DIAPHRAGM 90	3	HCR\$0
WIDE-SEAL DIAPHRAGM 95	3	HCR\$0
YONI FIT BLADDER SUPPORT KIT 1	3	
YONI FIT BLADDER SUPPORT KIT 2	3	
YONI FIT BLADDER SUPPORT KIT 3	3	
YONI FIT BLADDER SUPPORT KIT 4	3	
YONI FIT BLADDER SUPPORT KIT 5	3	
Miscellaneous Therapeutic Agents - Vitamins And Minerals		
ALPHA-LIPOIC ACID INJECTION	3	
AMPHADASE	3	
BROMELAIN	3	
EUA PATIENT ASSESSMENT	3	
HYLENEX	3	
KORSUVA	Specialty	PA
NEOKE RA LIPOIC	3	
NEXAVIR	3	
RYSTIGGO	Specialty	PA; QL
XIAFLEX	Specialty	PA
ZOKINVY	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
Miscellaneous Therapeutic Agents		
BACTERIOSTATIC WATER(BENZ ALC)	3	
<i>diluent for treprostinil</i>	1	
GALEN IQ 900	3	
<i>saline bacteriostatic</i>	1	
SALINE-PHENOL	3	
<i>sodium chloride bacteriostatic</i>	1	
STERILE DILUENT FOR REMODULIN	3	
<i>sterile water for injection</i>	1	
UDSX MEDICATED SYSTEM	3	
UDSXMP MEDICATED SYSTEM	3	
VERSAPENN (AG) ANHYDROUS	3	
VERSAPENN (AL) ANHYD LIPID	3	
Ophthalmic Agents - Drugs For Eye Allergy, Infection And Inflammation - Drugs For The Eye		
ACULAR LS	2	
AZASITE	3	
<i>azelastine hcl ophthalmic</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
<i>bromfenac sodium (once-daily)</i>	1	QL
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	ST; QL

Drug	Tier	Coverage Requirements and Limits
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>cromolyn sodium ophthalmic</i>	1	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	1	
<i>epinastine hcl</i>	1	
<i>erythromycin ophthalmic</i>	1	
EYSUVIS	3	PA; QL
FLAREX	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentamicin sulfate ophthalmic</i>	1	
INVELTYS	3	
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>levofloxacin ophthalmic</i>	1	
LOTEMAX SM	3	
<i>loteprednol etabonate ophthalmic gel</i>	1	QL
MAXIDEX	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MITOSOL	3	
<i>moxifloxacin hcl (2x day)</i>	1	
<i>moxifloxacin hcl ophthalmic</i>	1	
NATACYN	2	

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Drug	Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
POVIDONE-IODINE OPHTHALMIC	3	
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>sulfacetamide sodium ophthalmic</i>	1	
TOBRADEX	3	
TOBRADEX ST	3	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
TOBREX	3	
<i>trifluridine</i>	1	
UPNEEQ	3	PA
ZIRGAN	3	
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Eye		
<i>apraclonidine hcl</i>	1	
<i>betaxolol hcl ophthalmic</i>	1	
BETIMOL	3	
<i>bimatoprost ophthalmic</i>	1	QL
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
<i>brinzolamide</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>carteolol hcl</i>	1	
<i>dorzolamide hcl ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
IOPIDINE	3	
<i>latanoprost ophthalmic</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	2	QL
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
<i>tafluprost (pf)</i>	1	QL
<i>timolol hemihydrate</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<i>travoprost (bak free)</i>	1	QL
XELPROS	3	ST; QL
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Heart		
<i>acetazolamide er</i>	1	
<i>acetazolamide oral</i>	1	
<i>dichlorphenamide</i>	Generic Specialty	PA; QL
KEVEYIS	Specialty	PA; QL
<i>methazolamide oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
Ophthalmic Agents - Drugs For Miscellaneous Eye Conditions - Drugs For The Eye		
AKTEN	3	
ALCAINE	3	
ALTACAIN	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>bacitracin-polymyxin b</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BEVACIZUMAB	Specialty	
CEQUA	3	PA; QL
CIMERLI	Specialty	PA
CYCLOGYL	3	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl ophthalmic</i>	1	
CYSTADROPS	Specialty	QL
CYSTARAN	Specialty	QL
EYLEA	Specialty	PA
EYLEA HD	Specialty	PA
HOMATROPAIRE	3	
IZERVAY	Specialty	PA
<i>loteprednol-tobramycin</i>	1	
MIEBO	2	PA; QL
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OXERVATE	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>phenylephrine hcl ophthalmic</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	1	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>sulfacetamide-prednisolone</i>	1	
SUSVIMO (IMPLANT 1ST FILL)	Specialty	PA
SUSVIMO (IMPLANT REFILL)	Specialty	PA
SYFOVRE	Specialty	PA
<i>tetracaine hcl ophthalmic</i>	1	
TRYPTYR	2	PA; QL
TYRVAYA	3	PA; QL
VABYSMO	Specialty	PA
VISUDYNE	Specialty	
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs For Ear Conditions - Drugs For The Ear		
<i>acetic acid otic</i>	1	
CETRAXAL	3	ST
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin otic</i>	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Lungs		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>carbinoxamine maleate oral solution</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
CINQAIR	Specialty	PA
<i>clemastine fumarate oral tablet</i>	1	
CUROSURF	3	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet</i>	1	
<i>diphenhydramine hcl injection</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	
<i>hydrocod poli-chlorphe poli er</i>	1	PA; QL
<i>hydrocodone bit-homatrop mbr</i>	1	PA; QL
HYPERSAL	3	
INFASURF	3	
<i>levocetirizine dihydrochloride oral tablet</i>	1	

Drug	Tier	Coverage Requirements and Limits
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
<i>promethazine-codeine</i>	1	PA; QL
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
PULMOSAL	3	
RYCLORA	3	
<i>sodium chloride inhalation</i>	1	
SURVANTA	3	
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Nose		
<i>azelastine hcl nasal</i>	1	QL
<i>azelastine-fluticasone</i>	1	QL
<i>flunisolide nasal</i>	1	QL
<i>fluticasone propionate nasal</i>	1	
<i>ipratropium bromide nasal</i>	1	
<i>mometasone furoate nasal</i>	1	QL
OMNARIS	3	QL
QNASL	3	QL
QNASL CHILDRENS	3	QL
RYALTRIS	3	QL
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Heart		
AUVI-Q	3	

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Drug	Tier	Coverage Requirements and Limits
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK	3	ST
NEFFY	3	
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Lungs		
<i>acetylcysteine inhalation</i>	1	
ADVAIR HFA	1	QL
AIRSUPRA	2	QL
<i>albuterol sulfate hfa</i>	1	QL
<i>albuterol sulfate inhalation</i>	1	QL
<i>albuterol sulfate oral</i>	1	
<i>aminophylline</i>	1	
ANORO ELLIPTA	2	QL
ARALAST NP	Specialty	PA
<i>arformoterol tartrate</i>	1	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	1	QL
BREZTRI AEROSPHERE	2	QL
<i>budesonide inhalation</i>	1	QL
COMBIVENT RESPIMAT	2	QL
<i>cromolyn sodium inhalation</i>	1	
<i>elixophyllin</i>	1	
FASENRA	Specialty	PA; QL
FASENRA PEN	Specialty	PA; QL
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL

Drug	Tier	Coverage Requirements and Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	ST; QL
<i>formoterol fumarate inhalation</i>	1	QL
GLASSIA	Specialty	PA
<i>ipratropium bromide hfa</i>	1	QL
<i>ipratropium bromide inhalation</i>	1	QL
<i>ipratropium-albuterol</i>	1	QL
<i>isoproterenol hcl injection</i>	1	
<i>levalbuterol hcl inhalation</i>	1	QL
<i>montelukast sodium oral</i>	1	
<i>nintedanib esylate</i>	Generic Specialty	PA; QL
NUCALA	Specialty	PA; QL
OFEV	Specialty	PA; QL
PERFOROMIST	3	QL
<i>pirfenidone oral capsule</i>	Generic Specialty	PA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Generic Specialty	PA; QL
<i>pirfenidone oral tablet 534 mg</i>	Generic Specialty	
PROLASTIN-C	Specialty	PA
QVAR REDHALER	2	QL
<i>roflumilast</i>	1	PA
SEREVENT DISKUS	2	QL
SPIRIVA RESPIMAT	2	QL
STERITALC	3	
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL

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Drug	Tier	Coverage Requirements and Limits
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	
TEZSPIRE	Specialty	PA; QL
THEO-24	3	
<i>theophylline er</i>	1	
<i>theophylline oral</i>	1	
<i>tiotropium bromide</i>	1	QL
TRELEGY ELLIPTA	2	QL
<i>wixela inhub</i>	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Specialty	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Specialty	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Specialty	PA
YUPELRI	3	QL
<i>zafirlukast</i>	1	
ZEMAIRA	Specialty	PA
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For Infections		
TOBI PODHALER	Specialty	QL
<i>tobramycin inhalation</i>	Generic Specialty	QL
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For The Lungs		
ALYFTREK	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
KALYDECO ORAL PACKET	Specialty	PA; QL
KALYDECO ORAL TABLET	Specialty	PA
ORKAMBI	Specialty	PA; QL
PULMOZYME	Specialty	PA
SYMDEKO	Specialty	PA; QL
TRIKAFTA	Specialty	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs For Pulmonary Hypertension - Drugs For The Heart		
ADEMPAS	Specialty	PA; QL
<i>alyq</i>	Generic Specialty	PA; QL
<i>ambrisentan</i>	Generic Specialty	PA; QL
<i>bosentan</i>	Generic Specialty	PA; QL
<i>epoprostenol sodium</i>	Generic Specialty	PA
FLOLAN	Specialty	PA
OPSUMIT	Specialty	PA; QL
ORENITRAM	Specialty	PA
ORENITRAM MONTH 1	Specialty	PA; QL
ORENITRAM MONTH 2	Specialty	PA; QL
ORENITRAM MONTH 3	Specialty	PA; QL
<i>sildenafil citrate intravenous</i>	Generic Specialty	PA
<i>sildenafil citrate oral suspension reconstituted</i>	Generic Specialty	PA; QL
<i>sildenafil citrate oral tablet 20 mg</i>	Generic Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
<i>tadalafil (pah)</i>	Generic Specialty	PA; QL
<i>treprostinil</i>	Generic Specialty	PA
TYVASO	Specialty	PA; QL
TYVASO DPI INSTITUTIONAL KIT	Specialty	PA; QL
TYVASO DPI MAINTENANCE KIT	Specialty	PA; QL
TYVASO DPI TITRATION KIT	Specialty	PA; QL
TYVASO REFILL KIT	Specialty	PA; QL
TYVASO STARTER KIT	Specialty	PA; QL
UPTRAVI INTRAVENOUS	Specialty	PA
UPTRAVI ORAL	Specialty	PA; QL
UPTRAVI TITRATION	Specialty	PA; QL
VELETRI	Specialty	PA
WINREVAIR	Specialty	PA; QL
YUTREPIA	Specialty	PA; QL
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS	3	
<i>dantrolene sodium intravenous</i>	1	
<i>dantrolene sodium oral</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>methocarbamol injection</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er</i>	1	QL
<i>orphenadrine citrate injection</i>	1	
<i>revonto</i>	1	
ROBAXIN	3	
RYANODEX	3	
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<i>armodafinil</i>	1	PA; QL
BELSOMRA	3	QL
<i>doxepin hcl oral tablet</i>	1	QL
<i>eszopiclone</i>	1	QL
<i>flurazepam hcl</i>	1	PA; QL
<i>modafinil oral</i>	1	PA; QL
<i>ramelteon</i>	1	QL
<i>sodium oxybate</i>	Generic Specialty	PA; QL
SUNOSI	2	PA; QL
<i>tasimelteon</i>	Generic Specialty	PA; QL
<i>temazepam</i>	1	QL
WAKIX	Specialty	PA; QL
XYWAV	Specialty	PA; QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate er</i>	1	QL
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UPPERCASE BOLD = Brand name drugs; *lowercase italics* = Generic drugs
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<i>cilostazol</i>	33	IN NACL	14
CIMDUO	34	CLINDESSE	17
CIMERLI	88	CLINIMIX E/DEXTROSE	
<i>cimetidine</i>	59	(2.75/5)	56
<i>cimetidine hcl</i>	59	CLINIMIX E/DEXTROSE	
CIMZIA	74	(4.25/10)	56
CIMZIA (1 SYRINGE)	74	CLINIMIX E/DEXTROSE	
CIMZIA (2 SYRINGE)	74	(4.25/5)	56
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<i>cinacalcet hcl</i>	78	CLINIMIX E/DEXTROSE (5/20) ..	56
CINQAIR	89	CLINIMIX E/DEXTROSE (8/10) ..	56
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<i>cisatracurium besylate</i>	45	CLINIMIX/DEXTROSE (5/20)	56
<i>cisatracurium besylate (pf)</i>	45	CLINIMIX/DEXTROSE (6/5)	56
<i>cisplatin</i>	25	CLINIMIX/DEXTROSE (8/10)	56
CISPLATIN	25	CLINIMIX/DEXTROSE (8/14)	56
<i>citalopram hydrobromide</i>	20	CLINISOL SF	56
<i>cladribine</i>	25	CLINOLIPID	56
<i>cladribine (10 tabs)</i>	44	<i>clobazam</i>	18
<i>cladribine (4 tabs)</i>	44	<i>clobetasol prop emollient base</i> ...48	
<i>cladribine (5 tabs)</i>	44	<i>clobetasol propionate</i>	48
<i>cladribine (6 tabs)</i>	45	<i>clobetasol propionate e</i>	48
<i>cladribine (7 tabs)</i>	45	<i>clodan</i>	48
<i>cladribine (8 tabs)</i>	45	<i>clofarabine</i>	25
<i>cladribine (9 tabs)</i>	45	<i>clomid</i>	66
<i>claravis</i>	47	<i>clomiphene citrate</i>	66
<i>clarithromycin</i>	14	<i>clomipramine hcl</i>	20
		<i>clonazepam</i>	36
		<i>clonidine hcl</i>	39
		<i>clonidine hcl er</i>	44
		<i>clopidogrel bisulfate</i>	33
		<i>clorazepate dipotassium</i>	36
		<i>clotrimazole</i>	23
		<i>clotrimazole-betamethasone</i>	23
		<i>clozapine</i>	33
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		<i>coal tar</i>	48
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		<i>codeine sulfate</i>	8
		<i>colchicine</i>	23
		<i>colchicine-probenecid</i>	23
		<i>colesevelam hcl</i>	39
		<i>colestipol hcl</i>	39
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CORTROPHIN GEL	66	DANTRIUM	92	<i>dexamethasone</i>	64
CORVERT	39	<i>dantrolene sodium</i>	92	DEXAMETHASONE (LA)	64
COTELIC	25	DANYELZA	26	<i>dexamethasone intensol</i>	64
CRENESSITY	66	DANZITEN	26	<i>dexamethasone sod phos (pf)</i>	64
CREON	62	<i>dapaglifloz base-metformin er</i>	50	<i>dexamethasone sod phos +rfid</i> ..	64
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CREXONT	32	<i>dapsone</i>	24	<i>pf</i>	65
CRINONE	68	DAPTACEL	76	<i>dexamethasone sodium</i>	
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CYCLOGYL	88	<i>deferasirox granules</i>	58	DEXPANTHENOL	58
CYCLOMYDRIL	88	<i>deferoxamine mesylate</i>	79	<i>dextrazoxane hcl</i>	26
<i>cyclopentolate hcl</i>	88	DELSTRIGO	34	<i>dextroamphetamine sulfate</i>	44
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<i>cycloserine</i>	24	DEMEROL	8	DEXTROSE	56
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EMERPHED	39	EPINEPHRINE HCL-NACL	40	<i>etodolac er</i>	10
EMGALITY	23	<i>epinephrine pf</i>	40	<i>etonogestrel-ethinyl estradiol</i>	69
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<i>emtricitab- rilpivir-tenofov df</i>	34	<i>epoprostenol sodium</i>	91	EULEXIN	26
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<i>enalapril-hydrochlorothiazide</i>	40	<i>ergocalciferol</i>	56	EVOMELA	26
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<i>enskyce</i>	69	<i>erythromycin base</i>	15	32"/9MM	82
ENSPRYNG	75	<i>erythromycin ethylsuccinate</i>	15	EXTENDED INFUSION SET	
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<i>entacapone</i>	32	<i>escitalopram oxalate</i>	20	EXTENDED INFUSION SET	
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<i>felodipine er</i>	40	<i>fludrocortisone acetate</i>	65	<i>fulvestrant</i>	27
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<i>fenofibrate micronized</i>	40	<i>fluocinolone acetonide</i>	48, 88	<i>fyavolv</i>	71
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<i>fentanyl citrate</i>	8	<i>fluocinonide emulsified base</i>	48	<i>gabapentin (once-daily)</i>	46
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<i>ferumoxytol</i>	56	<i>fluphenazine decanoate</i>	33	<i>galbriela</i>	69
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FIASP	53	<i>flurbiprofen sodium</i>	86	GAMASTAN	72
FIASP FLEXTOUCH	53	<i>fluticasone propionate</i>	49, 89	GAMIFANT	75
FIASP PENFILL	53	<i>fluticasone propionate hfa</i>	90	GAMMAGARD	72
FIASP PUMPCART	53	<i>fluticasone-salmeterol</i>	90	GAMMAGARD S/D LESS IGA ..	72
FIBRYGA	37	<i>fluvoxamine maleate</i>	20	GAMMAKED	72
<i>fidaxomicin</i>	15	<i>fluvoxamine maleate er</i>	20	GAMMAPLEX	72
FILSPARI	63	FLUZONE	76	GAMUNEX-C	72
FILSUVEZ	48	FLUZONE HIGH-DOSE	76	<i>ganciclovir sodium</i>	34
FINACEA	48	FML FORTE	86	<i>ganirelix acetate</i>	67
<i>finasteride</i>	64	FML LIQUIFILM	86	GARDASIL 9	76
<i>finngolimod hcl</i>	45	FOCINVEZ	22	<i>gatifloxacin</i>	86
FINTEPLA	19	<i>folic acid</i>	56	GATTEX	60
<i>finzala</i>	69	FOLLISTIM AQ	67	<i>gavilyte-c</i>	60
FIRMAGON	66	FOLOTYN	27	<i>gavilyte-g</i>	60
FIRMAGON (240 MG DOSE) ...	66	<i>fomepizole</i>	79	<i>gavilyte-n with flavor pack</i>	60
FIRST-LANSOPRAZOLE	60	<i>fondaparinux sodium</i>	18	GAVRETO	27
FIRVANQ	15	FONDCIRCLE LANCING		GAZYVA	27
FLAREX	86	DEVICE	52	<i>gefitinib</i>	27
<i>flavoxate hcl</i>	63	FONDCIRCLE SINGLE USE		GELSYN-3	78
FLEBOGAMMA DIF	72	LANCETS	52	<i>gemcitabine hcl</i>	27
<i>flecainide acetate</i>	40	FORA D40G		<i>gemfibrozil</i>	40
FLEXICHAMBER	82	GLUCOSE/PRESSURE	82	<i>gemmily</i>	69
FLEXICHAMBER ADULT		<i>formaldehyde</i>	78	<i>generlac</i>	60
MASK/SMALL	82	<i>formoterol fumarate</i>	90	<i>gengraf</i>	75
FLEXICHAMBER CHILD		FORZINITY	62	<i>gentamicin in saline</i>	15
MASK/LARGE	82	<i>fosamprenavir calcium</i>	34	<i>gentamicin sulfate</i>	15, 17, 86
FLEXICHAMBER CHILD		<i>fosaprepitant dimeglumine</i>	22	GENTEEL LANCING KIT	
MASK/SMALL	82	<i>foscarnet sodium</i>	34	(BLUE)	52
FLOLAN	91	FOSCAVIR	34	GENVOYA	34
<i>floxuridine</i>	26	<i>fosfomycin tromethamine</i>	15	GEODON	33
FLUAD	76	<i>fosinopril sodium</i>	40	GILENYA	45
FLUARIX	76	<i>fosinopril sodium-hctz</i>	40	GILOTRIF	27

GLASSIA	90	GVOKE HYPOPEN 1-PACK	53	HUMULIN 70/30 KWIKPEN	53
<i>glatiramer acetate</i>	45	GVOKE HYPOPEN 2-PACK	53	HUMULIN 70/30 VIAL	53
<i>glatopa</i>	45	GVOKE KIT	53	HUMULIN N KWIKPEN	53
GLEOSTINE	27	GVOKE PFS	53	HUMULIN N VIAL	54
<i>glimepiride</i>	50	GYNAZOLE-1	23	HUMULIN R U-500 KWIKPEN ..	54
<i>glipizide</i>	50	HAEGARDA	74	HUMULIN R VIAL	54
<i>glipizide er</i>	50	<i>hailey 1.5/30</i>	69	HYCANTIN	27
<i>glipizide-metformin hcl</i>	50	<i>hailey 24 fe</i>	69	<i>hydralazine hcl</i>	41
<i>glucagon emergency kit</i>	53	<i>hailey fe 1.5/30</i>	69	<i>hydrochlorothiazide</i>	41
GLUCAGON EMERGENCY		<i>hailey fe 1/20</i>	69	<i>hydrocod poli-chlorphe poli er</i> ... 89	
KIT	53	HALAVEN	27	<i>hydrocodone bitartrate er</i> 8	
GLUCOTROL XL	50	HALCION	36	<i>hydrocodone bit-homatrop mbr</i> .. 89	
<i>glutaraldehyde</i>	78	<i>halobetasol propionate</i>	49	<i>hydrocodone-acetaminophen</i> 8	
GLUTATHIONE	56	<i>haloperidol</i>	33	<i>hydrocodone-ibuprofen</i> 8	
<i>glyburide</i>	50	<i>haloperidol decanoate</i>	33	<i>hydrocortisone</i> 49, 65, 77	
<i>glyburide-metformin</i>	50	<i>haloperidol lactate</i>	33	<i>hydrocortisone (perianal)</i> 77	
GLYCINE	56	HARVONI	34	<i>hydrocortisone ace-pramoxine</i> ... 77	
<i>glycine</i>	63	HAVRIX	76	<i>hydrocortisone butyrate</i> 49	
<i>glycine urologic</i>	63	<i>heather</i>	69	<i>hydrocortisone sod suc (pf)</i> 65	
GLYCOPHOS	56	HEMABATE	67	<i>hydrocortisone valerate</i> 49	
<i>glycopyrrolate</i> 60, 61		HEMANGEOL	41	<i>hydrocortisone-acetic acid</i> 88	
GLYCOPYRROLATE	60	HEMATINIC/FOLIC ACID	56	<i>hydrogen peroxide</i> 13	
<i>glycopyrrolate +rfid</i>	60	HEMLIBRA	37	<i>hydromorphone hcl</i> 8	
<i>glycopyrrolate pf</i>	61	HEMOFIL M	37	HYDROMORPHONE HCL	8
GLYCOPYRROLATE PF	61	HEPAGAM B	72	<i>hydromorphone hcl er</i> 8	
<i>glycopyrrolate pf +rfid</i>	61	<i>heparin (porcine) in nacl</i> 18		<i>hydromorphone hcl pf</i> 8	
GLYCOPYRROLATE PF		HEPARIN (PORCINE) IN		HYDROMORPHONE HCL-	
+RFID	61	NACL	18	NACL	9
<i>glydo</i>	12	<i>heparin sod (porcine) in d5w</i> 18		<i>hydroxocobalamin acetate</i> 57	
GLYRX-PF	61	<i>heparin sodium (porcine)</i> 18		<i>hydroxychloroquine sulfate</i> 32	
GLYXAMBI	50	<i>heparin sodium (porcine) +rfid</i> ... 18		<i>hydroxyurea</i> 27	
GOHIBIC	79	<i>heparin sodium (porcine) pf</i> 18		<i>hydroxyzine hcl</i> 36	
GOJJI LANCING		HEPLISAV-B	76	<i>hydroxyzine pamoate</i> 36	
DEVICE/CLEAR CAP	52	HERCEPTIN	27	HYLENEX	85
GOMEKLI	27	HERCEPTIN HYLECTA	27	HYMPAVZI	37
GOODSENSE ALCOHOL		HERNEXEOS	27	<i>hyoscyamine sulfate</i> 61	
SWABS	82	<i>hetastarch-nacl</i>	37	<i>hyoscyamine sulfate er</i> 61	
GORDOFILM	49	HEXATRIONE	65	<i>hyoscyamine sulfate sl</i> 61	
GRAFAPEX	27	HEXTEND	37	HYPERHEP B	72
GRALISE	46	HIBERIX	76	HYPERRHO	72
<i>granisetron hcl</i>	22	HIPREX	15	HYPERRHO MINI-DOSE	72
GRASTEK	78	HIZENTRA	72	HYPERSAL	89
<i>griseofulvin microsize</i>	22	HOMATROPAIRE	88	HYPOCYN ANTIPRURITIC	49
<i>griseofulvin ultramicrosize</i>	22	HORIZANT	46	HYQVIA	72
<i>guanfacine hcl</i>	40	HUMALOG	53	HYRNUO	27
<i>guanfacine hcl er</i>	44	HUMALOG KWIKPEN	53	HYSINGLA ER	9
GUARDIAN 4 GLUCOSE		HUMALOG MIX 50/50		<i>ibandronate sodium</i> 77	
SENSOR	52	KWIKPEN	53	IBRANCE	27
GUARDIAN 4 TRANSMITTER ..	52	HUMALOG MIX 75/25		IBTROZI	27
GUARDIAN REAL-TIME		KWIKPEN	53	<i>ibuprofen</i> 10	
CHARGER	52	HUMALOG MIX 75/25 VIAL	53	<i>ibuprofen lysine</i> 10	
GUARDIAN REAL-TIME TEST		HUMALOG U-100 JUNIOR		<i>ibutilide fumarate</i> 41	
PLUG	52	KWIKPEN	53	<i>icatibant acetate</i> 74	
GUARDIAN SENSOR 3	52	HUMATE-P	37	<i>iclevia</i> 69	
GUTVANTAGE	61	HUMATIN	15	ICLUSIG	27

<i>icosapent ethyl</i>	41	INFASURF	89	<i>ivabradine hcl</i>	41
IDAMYCIN PFS	27	INFED	57	<i>ivermectin</i>	32, 49
<i>idarubicin hcl</i>	27	INFLECTRA	74	IWILFIN	78
IDELVION	37	INFUMORPH 200	9	IXEMPRA KIT	27
IDHIFA	27	INFUMORPH 500	9	IXIARO	76
IDVYNZO	34	INGREZZA	46	IXINITY	37
IFEX	27	INJECTAFER	57	IZERVAY	88
<i>ifosfamide</i>	27	INLURIYO	27	<i>jaimiess</i>	69
IGALMI	79	INLYTA	27	JAKAFI	27
IHEALTH LANCING DEVICE	52	INREBIC	27	JAKAFI XR	27
ILARIS	73	INSPIREASE RESERVOIR		JANUMET	50
ILET CONTACT DETACH 23"		BAGS	82	JANUMET XR	50
6MM	82	INSULIN LISPRO	54	JANUVIA	50
ILET INFUSION-FLEX 23"		INSULIN LISPRO (1 UNIT		JARDIANCE	50
6MM	82	DIAL)	54	<i>jasmiel</i>	69
ILET INFUSION-INSET 23"		INSULIN LISPRO JUNIOR		JAYPIRCA	27
6MM	82	KWIKPEN	54	JEMPERLI	27
ILET INFUSION-INSET 32"		INSULIN LISPRO PROT &		<i>jencycla</i>	69
6MM	82	LISPRO	54	JENTADUETO	50
ILET INSULIN PUMP	82	INSULIN PEN NEEDLES	83	JENTADUETO XR	50
ILET STARTER - CONTACT		INSULIN SYRINGES	55	JEVTANA	27
DETACH	82	INSUL-TOTE ULTIMATE	52	<i>jinteli</i>	71
ILET STARTER KIT - INSET		INSUPEN32G EXTR3ME	83	JIVI	37
23"	82	INTELENCE	34	<i>jolessa</i>	69
ILET STARTER KIT - INSET		INTRALIPID	57	JORNAY PM	44
32"	82	INTRAROSA	64	JOURNAVX	9
ILUMYA	74	<i>introvale</i>	69	<i>joyeaux</i>	69
<i>imatinib mesylate</i>	27	INVEGA HAFYERA	33	J-TIP KIT W/VIAL ADAPTERS ..	83
IMBRUVICA	27	INVEGA SUSTENNA	33	<i>juleber</i>	69
IMDELLTRA	27	INVEGA TRINZA	33	JULUCA	35
IMFINZI	27	INVELTYS	86	<i>junel 1.5/30</i>	69
<i>imipenem-cilastatin</i>	15	IOPIDINE	87	<i>junel 1/20</i>	69
<i>imipramine hcl</i>	20	IPOL	76	<i>junel fe 1.5/30</i>	69
<i>imipramine pamoate</i>	21	<i>ipratropium bromide</i>	89, 90	<i>junel fe 1/20</i>	69
<i>imiquimod</i>	49	<i>ipratropium bromide hfa</i>	90	<i>junel fe 24</i>	69
<i>imiquimod pump</i>	49	<i>ipratropium-albuterol</i>	90	JUXTAPID	41
IMJUDO	27	IQIRVO	61	JYLAMVO	73
IMKELDI	27	<i>irbesartan</i>	41	JYNARQUE	59
IMMPHENTIV	41	<i>irbesartan-hydrochlorothiazide</i> ...	41	JYNNEOS	76
IMOVAX RABIES	76	<i>irinotecan hcl</i>	27	KABIVEN	57
IMPAVIDO	32	<i>iron sucrose</i>	57	KADCYLA	27
IMURAN	75	ISENTRESS	34	<i>kaitlib fe</i>	69
IMVEXXY MAINTENANCE		ISENTRESS HD	34	KALBITOR	74
PACK	69	<i>isibloom</i>	69	KALETRA	35
IMVEXXY STARTER PACK	69	<i>isoniazid</i>	24	<i>kalliga</i>	69
INBRIJA	32	<i>isoproterenol hcl</i>	90	KALYDECO	91
<i>incassia</i>	69	<i>isosorb dinitrate-hydralazine</i>	41	KANJINTI	28
INCONTROL ULTICARE PEN		<i>isosorbide dinitrate</i>	41	KANUMA	62
NEEDLES	82	<i>isosorbide mononitrate</i>	41	<i>kariva</i>	69
INCRELEX	67	<i>isosorbide mononitrate er</i>	41	KCENTRA	37
<i>indapamide</i>	41	<i>isotretinoin</i>	49	<i>kelnor 1/35</i>	69
<i>indomethacin</i>	10	<i>isradipine</i>	41	KENALOG-80	65
<i>indomethacin er</i>	10	ISTODAX	27	KENGREAL	33
<i>indomethacin sodium</i>	10	ITOVEBI	27	KEPIVANCE	46
INFANRIX	76	<i>itraconazole</i>	22	KEPPRA	19

KERALYT	49	<i>lactic acid e</i>	49	<i>levocetirizine dihydrochloride</i>	89
KERENDIA	80	<i>lactulose</i>	61	<i>levofloxacin</i>	15, 86
KERLIX AMD		<i>lactulose encephalopathy</i>	61	<i>levofloxacin in d5w</i>	15
ANTIMICROBIAL	83	LAGEVRIO	35	<i>levoleucovorin calcium</i>	28
KERLIX AMD SUPER		L-ALANINE	57	<i>levoleucovorin calcium pf</i>	28
SPONGES	83	LAMICTAL XR	19	<i>levonest</i>	69
KESIMPTA	45	<i>lamivudine</i>	35	<i>levonorgest-eth estrad 91-day</i>	69
<i>ketoconazole</i>	22, 23	<i>lamivudine-zidovudine</i>	35	<i>levonorgest-eth estradiol-iron</i>	69
KETO-DIASTIX	53	<i>lamotrigine</i>	19	<i>levonorgestrel-ethinyl estrad</i>	69
KETONE CARE	53	<i>lamotrigine er</i>	19	<i>levonorg-eth estrad triphasic</i>	69
<i>ketoprofen</i>	10	<i>lamotrigine starter kit-blue</i>	19	LEVOPHED	41
<i>ketorolac tromethamine</i>	10, 86	<i>lamotrigine starter kit-green</i>	19	<i>levo-t</i>	72
<i>ketorolac tromethamine +rfid</i>	10	<i>lamotrigine starter kit-orange</i>	19	<i>levothyroxine sodium</i>	72
KETOSTIX	53	LAMPIT	32	<i>levoxyl</i>	72
KEVEYIS	87	LANCETS	52	LEVULAN KERASTICK	49
KEVZARA	73	LANCETS 28G THIN	52	L-GLUTAMIC ACID	57
KEYTRUDA	28	LANCETS SUPER THIN	52	L-GLUTAMIC ACID HCL	62
KEYTRUDA QLEX	28	LANOXIN	41	<i>l-glutamine</i>	78
KHAPZORY	28	LANOXIN PEDIATRIC	41	L-HISTIDINE	57
KIMMTRAK	28	<i>lanreotide acetate</i>	67	L-HISTIDINE HCL	
KIMYRSA	15	<i>lansoprazole</i>	60	MONOHYDRATE	57
KINERET	73	LANTUS SOLOSTAR	54	L-HISTIDINE	
KINRIX	76	LANTUS U-100 VIAL	54	MONOHYDROCHLORIDE	57
KIONEX	59	<i>lapatinib ditosylate</i>	28	LIBTAYO	28
KISQALI (200 MG DOSE)	28	<i>larin 1.5/30</i>	69	<i>lidocaine</i>	12
KISQALI (400 MG DOSE)	28	<i>larin 1/20</i>	69	<i>lidocaine hcl</i>	11, 12
KISQALI (600 MG DOSE)	28	<i>larin 24 fe</i>	69	LIDOCAINE HCL	11
KLARON	49	<i>larin fe 1.5/30</i>	69	<i>lidocaine hcl (cardiac) pf</i>	12
<i>klayesta</i>	23	<i>larin fe 1/20</i>	69	<i>lidocaine hcl (pf)</i>	11
KLISYRI (250 MG)	49	<i>latanoprost</i>	87	<i>lidocaine hcl urethral/mucosal</i>	12
KLISYRI (350 MG)	49	LAZCLUZE	28	<i>lidocaine in d5w</i>	12
<i>klor-con</i>	57	L-CYSTINE	57	<i>lidocaine viscous hcl</i>	46
<i>klor-con 10</i>	57	<i>lederle leucovorin</i>	28	<i>lidocaine-epinephrine</i>	11
<i>klor-con m10</i>	57	<i>leflunomide</i>	73	<i>lidocaine-epinephrine (pf)</i>	11
<i>klor-con m15</i>	57	LEMTRADA	45	<i>lidocaine-prilocaine</i>	12
<i>klor-con m20</i>	57	<i>lenalidomide</i>	31	LIDOCAINE-SODIUM	
KLOXXADO	12	LENTOCILIN	15	BICARBONATE	11
KOATE	37	LENVIMA	28	LILETTA (52 MG)	69
KOATE-DVI	37	LEQSELVI	49	LINCOCIN	15
KOMZIFTI	28	<i>lessina</i>	69	<i>lincomycin hcl</i>	15
KORSUVA	85	<i>letrozole</i>	28	<i>linezolid</i>	15
KOSELUGO	28	<i>leucovorin calcium</i>	28	<i>linezolid in sodium chloride</i>	15
KOURZEQ	46	LEUKERAN	28	LINZESS	61
KOVALTRY	37	LEUKINE	36	<i>liomny</i>	72
K-PHOS	57	<i>leuprolide acetate</i>	66	<i>liothyronine sodium</i>	72
KRAZATI	28	LEUPROLIDE ACETATE-		LIPO	57
KRINTAFEL	32	BUPIVACAINE	66	LIPO-C	57
KT TAPE CGM PATCH	52	<i>levalbuterol hcl</i>	90	<i>liraglutide</i>	50
<i>kurvelo</i>	69	<i>levetiracetam</i>	19	<i>lisdexamfetamine dimesylate</i>	44
KYLEENA	69	<i>levetiracetam er</i>	19	<i>lisinopril</i>	41
KYPROLIS	28	<i>levetiracetam in nacl</i>	19	<i>lisinopril-hydrochlorothiazide</i>	41
<i>labetalol hcl</i>	41	<i>levobunolol hcl</i>	87	LITFULO	49
LABETALOL HCL	41	LEVOCARNITINE	59	<i>lithium</i>	36
<i>lacosamide</i>	19	<i>levocarnitine</i>	59	<i>lithium carbonate</i>	36
<i>lactated ringers</i>	59	<i>levocarnitine sf</i>	59	<i>lithium carbonate er</i>	36

LITHOSTAT	63	LUPRON DEPOT (6-MONTH)		MAYZENT STARTER PACK	45
LIVDELZI	61	INTRAMUSCULAR KIT 45MG ..	66	<i>meclizine hcl</i>	22
LIVTENCITY	35	LUPRON DEPOT-PED (1-		MEDIHONEY WOUND/BURN	
L-LEUCINE	57	MONTH)	67	DRESSING	49
LMD IN D5W	37	LUPRON DEPOT-PED (3-		MEDROL	65
LMD IN NACL	37	MONTH)	67	<i>medroxyprogesterone acetate</i>	
L-MESITRAN SOFT WOUND ...	49	LUPRON DEPOT-PED (6-			70, 71
LO LOESTRIN FE	69	MONTH)	67	<i>mefloquine hcl</i>	32
LODINE	10	<i>lurasidone hcl</i>	33	<i>megestrol acetate</i>	68, 72
LOESTRIN 1.5/30 (21)	69	LUXAMEND	49	MEKINIST	28
LOESTRIN 1/20 (21)	69	L-VALINE	57	MEKTOVI	28
LOESTRIN FE 1.5/30	70	LYBALVI	33	<i>meleya</i>	70
LOESTRIN FE 1/20	70	<i>lyleq</i>	70	<i>meloxicam</i>	11
<i>lofexidine hcl</i>	13	<i>lyllana</i>	71	<i>melphalan hcl</i>	28
<i>lojaimiess</i>	70	LYNKUET	80	<i>memantine hcl</i>	20
LOKELMA	59	LYNOZYFIC	28	<i>memantine hcl er</i>	20
<i>lomustine</i>	28	LYNPARZA	28	<i>memantine hcl-donepezil hcl er</i> ..	20
LONSURF	28	LYSINE HCL	57	MENOPUR	67
<i>loperamide hcl</i>	61	LYSODREN	28	MENOSTAR	72
LOPID	41	LYTGOBI (12 MG DAILY		MENQUADFI	76
<i>lopinavir-ritonavir</i>	35	DOSE)	28	MENVEO	76
LOPRESSOR	41	LYTGOBI (16 MG DAILY		<i>meperidine hcl</i>	9
LOQTORZI	28	DOSE)	28	<i>meprobamate</i>	36
<i>lorazepam</i>	36	LYTGOBI (20 MG DAILY		MEPRON	32
<i>lorazepam intensol</i>	36	DOSE)	28	MEPSEVII	62
LORBRENA	28	LYUMJEV KWIKPEN	54	<i>mercaptopurine</i>	28
<i>loryna</i>	70	LYUMJEV VIAL	54	MERIOLOG	54
<i>losartan potassium</i>	41	<i>lyza</i>	70	MERIOLOG SOLOSTAR	54
<i>losartan potassium-hctz</i>	41	MACRODANTIN	15	<i>meropenem</i>	15
LOTEMAX SM	86	MAGNESIUM CARBONATE	57	MEROPENEM-SODIUM	
LOTENSIN	41	MAGNESIUM CARBONATE		CHLORIDE	15
LOTENSIN HCT	41	HEAVY	57	<i>mesalamine</i>	77
<i>loteprednol etabonate</i>	86	<i>magnesium chloride</i>	57	<i>mesalamine er</i>	77
<i>loteprednol-tobramycin</i>	88	<i>magnesium sulfate</i>	57	<i>mesna</i>	28
<i>lovastatin</i>	41	<i>magnesium sulfate in d5w</i>	57	MESNEX	28
LOVENOX	18	MAGNESIUM SULFATE-		<i>metformin hcl</i>	50
<i>low-ogestrel</i>	70	NACL	57	<i>metformin hcl er</i>	50
<i>loxapine succinate</i>	33	MALARONE	32	<i>methadone hcl</i>	9
<i>lo-zumandimine</i>	70	<i>malathion</i>	32	<i>methadone hcl intensol</i>	9
L-PHENYLALANINE	57	<i>mannitol</i>	41	METHADOSE	9
L-PROLINE	57	<i>maraviroc</i>	35	<i>methadose</i>	9
L-TRYPTOPHAN	57	MARCAINE	11	METHADOSE SUGAR-FREE	9
L-TYROSINE	57	MARCAINE PRESERVATIVE		<i>methazolamide</i>	87
<i>lubiprostone</i>	61	FREE	11	<i>methenamine hippurate</i>	15
LUGOLS STRONG IODINE	13	MARCAINE/EPINEPHRINE	11	METHENAMINE MANDELATE ..	15
<i>luizza 1.5/30</i>	70	MARCAINE/EPINEPHRINE PF ..	11	METHERGINE	80
<i>luizza 1/20</i>	70	MARGENZA	28	<i>methimazole</i>	72
LUMAKRAS	28	<i>marlissa</i>	70	METHITEST	65
LUMIGAN	87	MARPLAN	21	<i>methocarbamol</i>	92
LUMIZYME	62	MATULANE	28	<i>methotrexate sodium</i>	73
LUNSUMIO	28	MAVENCLAD	45	<i>methotrexate sodium (pf)</i>	73
LUPRON DEPOT (1-MONTH) ...	66	MAVYRET	35	<i>methoxsalen rapid</i>	49
LUPRON DEPOT (3-MONTH) ...	66	MAXIDEX	86	<i>methscopolamine bromide</i>	61
LUPRON DEPOT (4-MONTH)		MAXITROL	86	<i>methsuximide</i>	19
INTRAMUSCULAR KIT 30MG ..	66	MAYZENT	45	METHYLCOBALAMIN	57

<i>methyldopa</i>	41	<i>mili</i>	70	<i>mometasone furoate</i>	49, 89
<i>methylene blue</i>	79	<i>milnacipran hcl</i>	46	MONDOXYNE NL	15
<i>methylene blue (antidote)</i>	79	<i>milophene</i>	67	MONJUVI	28
<i>methylergonovine maleate</i>	80	<i>milrinone lactate</i>	41	MONOFERRIC	57
METHYLIN	44	<i>milrinone lactate in dextrose</i>	41	<i>mono-lynyah</i>	70
<i>methylphenidate hcl</i>	44	<i>mimvey</i>	72	<i>montelukast sodium</i>	90
<i>methylphenidate hcl er</i>	44	MINIMED 780G INSULIN		MORPHINE SULFATE	9
<i>methylphenidate hcl er (cd)</i>	44	PUMP	83	<i>morphine sulfate</i>	9
<i>methylphenidate hcl er (la)</i>	44	MINIMED APP MANAGER	83	<i>morphine sulfate (concentrate)</i>	9
<i>methylphenidate hcl er (osm)</i>	44	MINIMED INSTINCT GLUC		<i>morphine sulfate (pf)</i>	9
<i>methylphenidate hcl er (xr)</i>	44	SENSOR	52	<i>morphine sulfate er</i>	9
<i>methylphenidate hcl er(diffus)</i>	44	MINIMED MIO ADVANCE		<i>morphine sulfate er beads</i>	9
<i>methylprednisolone</i>	65	INFUSE SET	83	MORPHINE SULFATE-NACL	9
<i>methylprednisolone acetate</i>	65	MINIMED PUMP RESERVOIR		MOTPOLY XR	19
METHYLPREDNISOLONE		3ML	83	MOUNJARO	51
ACETATE	65	MINIMED QUICK SET INF SET		MOXIFLOXACIN HCL	15
<i>methylprednisolone sodium</i>		18"	83	<i>moxifloxacin hcl</i>	15, 86
<i>succ</i>	65	MINIMED QUICK SET INF SET		<i>moxifloxacin hcl (2x day)</i>	86
METHYLPREDNISOLONE-		23"	83	<i>moxifloxacin hcl in nacl</i>	15
BUPIVACAINE	65	MINIMED QUICK SET INF SET		MRESVIA	76
METHYLTESTOSTERONE	65	32"	83	MULPLETA	37
<i>metoclopramide hcl</i>	22	MINIMED QUICK SET INF SET		MULTAQ	41
<i>metoclopramide hcl +rfid</i>	22	43"	83	MULTRYs	57
<i>metolazone</i>	41	MINIMED SILHOUETTE INF		<i>mupirocin</i>	17
<i>metoprolol succinate er</i>	41	SET 32"	83	MUTAMYCIN	28
<i>metoprolol tartrate</i>	41	MINIMED SILHOUETTE INF		MVASI	28
METOPROLOL TARTRATE	41	SET 43"	83	MYALEPT	62
<i>metoprolol-hydrochlorothiazide</i> ..	41	MINIVELLE	72	<i>mycophenolate mofetil</i>	75
METROCREAM	49	MINOCIN	15	<i>mycophenolate mofetil hcl</i>	75
<i>metronidazole</i>	15, 17, 49	<i>minocycline hcl</i>	15	<i>mycophenolate sodium</i>	75
<i>metyrosine</i>	41	<i>minoxidil</i>	41	<i>mycophenolic acid</i>	75
<i>mexiletine hcl</i>	41	<i>minzoya</i>	70	MYFEMBREE	72
MI PASTE	47	MIPLYFFA	79	MYFORTIC	75
MI PASTE PLUS	47	<i>mirabegron er</i>	63	MYHIBBIN	75
MIACALCIN	77	MIRCERA	36	MYLERAN	28
<i>mibelas 24 fe</i>	70	MIRENA (52 MG)	70	MYLOTARG	29
<i>micafungin sodium</i>	22	<i>mirtazapine</i>	21	MYOBLOC	78
MICAFUNGIN SODIUM-NACL	22	MIRVASO	49	MYRBETRIQ	63
<i>miconazole 3</i>	23	<i>misoprostol</i>	60	MYTESI	61
MICROCHAMBER	83	<i>mitigo</i>	9	MYXREDLIN	54
MICROCYN	49	<i>mitomycin</i>	28	<i>na ferric gluc cplx in sucrose</i>	57
<i>microgestin 1.5/30</i>	70	MITOSOL	86	<i>na sulfate-k sulfate-mg sulf</i>	61
<i>microgestin 1/20</i>	70	<i>mitoxantrone hcl</i>	28	NABI-HB	72
<i>microgestin fe 1.5/30</i>	70	MIUDELLA INTRAUTERINE		<i>nabumetone</i>	11
<i>microgestin fe 1/20</i>	70	COPPER	70	<i>nadolol</i>	41
MICROLET NEXT LANCETS	52	M-M-R II	76	<i>nafcillin sodium</i>	16
MICROLET NEXT LANCING		MNEXSPIKE	76	NAFCILLIN SODIUM IN	
DEVICE	52	MOBILE LANCETS 30G	52	DEXTROSE	16
<i>midodrine hcl</i>	41	<i>modafinil</i>	92	NAGLAZYME	62
MIEBO	88	MODD1 PATIENT WELCOME		<i>nalbuphine hcl</i>	9
MIFEPREX	68	KIT	83	NALMEFENE HCL	12
<i>mifepristone</i>	68	MODD1 SUPPLY KIT	83	<i>naloxone hcl</i>	12
MIGERGOT	23	MODEYSO	28	<i>naltrexone hcl</i>	12
<i>miglitol</i>	51	<i>moexipril hcl</i>	41	<i>naproxen</i>	11
<i>miglustat</i>	62	<i>molindone hcl</i>	33	<i>naproxen sodium</i>	11

<i>naratriptan hcl</i>	23	<i>nifedipine</i>	42	NOVOFINE PEN NEEDLE	83
NARCAN	12	<i>nifedipine er</i>	42	NOVOFINE PLUS PEN	
NAROPIN	11	<i>nifedipine er osmotic release</i>	42	NEEDLE	83
NASCOBAL	57	<i>nikki</i>	70	NOVOLIN 70/30 FLEXPEN	54
NATACYN	86	<i>nilotinib hcl</i>	29	NOVOLIN 70/30 VIAL	54
NATAZIA	70	<i>nilutamide</i>	29	NOVOLIN N FLEXPEN	54
<i>nateglinide</i>	51	<i>nimodipine</i>	42	NOVOLIN N VIAL	54
NAYZILAM	19	NIMODIPINE	42	NOVOLIN R FLEXPEN	54
<i>nebivolol hcl</i>	41	NINLARO	29	NOVOLIN R VIAL	54
NEBUPENT	32	<i>nintedanib esylate</i>	90	NOVOLOG FLEXPEN	54
NEBUSAL	89	NIPENT	29	NOVOLOG MIX 70/30	
<i>necon 0.5/35 (28)</i>	70	<i>nitazoxanide</i>	32	FLEXPEN	54
<i>nefazodone hcl</i>	21	NITHIODOTE	79	NOVOLOG MIX 70/30 VIAL	54
NEFFY	90	<i>nitisinone</i>	62	NOVOLOG PENFILL	54
<i>nelarabine</i>	29	<i>nitro-bid</i>	42	NOVOLOG U-100 VIAL	54
NEMLUVIO	49	<i>nitrofurantoin macrocrystal</i>	16	NOVOPEN ECHO	52
NEOKE ALCAR	57	<i>nitrofurantoin monohydrate</i>		NOVOSEVEN RT	37
NEOKE RA LIPOIC	85	<i>macrocrystals</i>	16	NOXAFIL	22
<i>neomycin sulfate</i>	16	<i>nitroglycerin</i>	42, 43	NPLATE	37
<i>neomycin-bacitracin zn-</i>		<i>nitroglycerin in d5w</i>	42	NUBEQA	29
<i>polymyx</i>	88	NITROLINGUAL	42	NUCALA	90
<i>neomycin-polymyxin b gu</i>	17	<i>nitroprusside sodium</i>	42	NUEDEXTA	46
<i>neomycin-polymyxin-dexameth</i>	87	NITYR	62	NULIBRY	62
<i>neomycin-polymyxin-gramicidin</i>	88	NIVESTYM	37	NULOJIX	75
<i>neomycin-polymyxin-hc</i>	87, 89	<i>nizatidine</i>	60	NUPLAZID	33
NEOPROFEN	11	<i>nora-be</i>	70	NURTEC	23
NEORAL	75	NORDITROPIN FLEXPEN	67	NUTRILIPID	57
<i>neostigmine methylsulfate</i>	24	<i>norelgestromin-eth estradiol</i>	70	NUTROPIN AQ NUSPIN 10	67
NEOSTIGMINE		<i>norepinephrine bitartrate</i>	42	NUVARING	70
METHYLSULFATE	24	NOREPINEPHRINE-		NUVAXOVID COVID-19	
<i>neostigmine methylsulfate rfid</i>	24	DEXTROSE	42	VACCINE	76
NEO-SYNALAR	49	NOREPINEPHRINE-SODIUM		NUWIQ	37
NERLYNX	29	CHLORIDE	42	NUZYRA	16
NESACAINE	11	<i>norethin ace-eth estrad-fe</i>	70	<i>nylia 1/35</i>	70
NESACAINE-MPF	11	<i>norethindrone</i>	70	<i>nylia 7/7/7</i>	70
<i>neuac</i>	49	<i>norethindrone acetate</i>	72	NYMALIZE	42
NEULASTA	37	<i>norethindrone acet-ethinyl est</i>	70	<i>nystatin</i>	23
NEULASTA ONPRO	37	<i>norethindrone-eth estradiol</i>	72	<i>nystatin-triamcinolone</i>	23
NEUPRO	32	<i>norgestimate-eth estradiol</i>	70	<i>nystop</i>	23
<i>nevirapine</i>	35	<i>norgestimate-ethinyl estradiol</i>		OBIZUR	37
<i>nevirapine er</i>	35	<i>triphasic</i>	70	OCREVUS	45
NEXAVIR	85	NORLIQVA	42	OCREVUS ZUNOVO	45
NEXIUM	60	<i>norlyroc</i>	70	OCTAGAM	72
NEXLETOL	41	NORPACE	42	<i>octreotide acetate</i>	67
NEXLIZET	41	NORPACE CR	42	ODACTRA	78
NEXPLANON	70	NORPRAMIN	21	ODEFSEY	35
NEXTERONE	41	<i>nortrel 0.5/35 (28)</i>	70	ODOMZO	29
NEXTSTELLIS	70	<i>nortrel 1/35 (21)</i>	70	OFEV	90
NEXVIAZYME	62	<i>nortrel 1/35 (28)</i>	70	<i>ofloxacin</i>	16, 87, 89
NGENLA	67	<i>nortrel 7/7/7</i>	70	OGSIVEO	29
<i>niacin er (antihyperlipidemic)</i>	41	<i>nortriptyline hcl</i>	21	OJEMDA	29
<i>nicardipine hcl</i>	42	NORVIR	35	<i>olanzapine</i>	33
<i>nicardipine hcl in nacl</i>	42	NOURIANZ	32	<i>olanzapine-fluoxetine hcl</i>	21
NICARDIPINE HCL IN NACL	42	NOVAREL	67	<i>olmesartan medoxomil</i>	42
NICOTROL NS	13	NOVOEIGHT	37	<i>olmesartan medoxomil-hctz</i>	42

<i>olmesartan-amlodipine-hctz</i>	42	ORALAIR	78	<i>oxytocin +rfid</i>	67
<i>olopatadine hcl</i>	87	ORALAIR ADULT STARTER		OXYTOCIN-LACTATED	
OLUMIANT	73	PACK	78	RINGERS	67
<i>omega-3-acid ethyl esters</i>	42	ORALAIR CHILDRENS		OXYTOCIN-SODIUM	
<i>omeprazole</i>	60	STARTER PACK	78	CHLORIDE	67
OMNARIS	89	ORALONE	46	OXYTROL	63
OMNIPOD 5 DEXG7G6 INTRO		ORBACTIV	16	OZEMPIC	51
GEN 5	83	ORENCIA	73	PACERONE	42
OMNIPOD 5 DEXG7G6 PODS		ORENCIA CLICKJECT	73	<i>paclitaxel</i>	29
GEN 5	83	ORENITRAM	91	<i>paclitaxel protein-bound part</i>	29
OMNIPOD 5 LIBRE2 G6		ORENITRAM MONTH 1	91	PADCEV	29
INTRO GEN5	83	ORENITRAM MONTH 2	91	<i>paliperidone er</i>	33
OMNIPOD 5 LIBRE2 PLUS G6		ORENITRAM MONTH 3	91	<i>palonosetron hcl</i>	22
PODS	83	ORFADIN	62	<i>pamidronate disodium</i>	77
OMNIPOD DASH INTRO (GEN		ORGOVYX	29	PANDA MASK LARGE	83
4)	83	ORIAHNN	72	PANDA MASK MEDIUM	83
OMNIPOD DASH PDM (GEN		ORILISSA	67	PANDA MASK SMALL	83
4)	83	ORKAMBI	91	PANRETIN	31
OMNIPOD DASH PODS (GEN		ORLADEYO	74	<i>pantoprazole sodium</i>	60
4)	83	<i>orphenadrine citrate</i>	92	PANTOPRAZOLE SODIUM-	
OMNIPOD POD PALS	83	<i>orphenadrine citrate er</i>	92	NACL	60
OMNITROPE	67	<i>orquidea</i>	70	PANZYGA	73
OMVOH	74	ORSERDU	29	PARAGARD INTRAUTERINE	
OMVOH (300 MG DOSE)	74	OSCIMIN	61	COPPER	70
ONAPGO	32	<i>oseltamivir phosphate</i>	35	PARI VORTEX ADULT MASK ..	84
ONCASPAR	29	OSENVELT	77	PARI VORTEX PEDIATRIC	
<i>ondansetron hcl</i>	22	OSMITROL	42	MASK	84
<i>ondansetron hcl +rfid</i>	22	OSPHENA	68	<i>paricalcitol</i>	78
<i>ondansetron odt</i>	22	OTEZLA	73	PARLODEL	32
ONETOUCH DELICA PLUS		OTEZLA XR	73	<i>paroxetine hcl</i>	21
LANCING	52	OTEZLA/OTEZLA XR		<i>paroxetine hcl er</i>	21
ONETOUCH DELICA SAFETY		INITIATION PK	73	PARSABIV	78
LANCING	52	OVIDE	32	PAXLOVID (150/100)	35
ONEXTON	49	OVIDREL	67	PAXLOVID (300/100 &	
ONGENTYS	32	<i>oxacillin sodium</i>	16	150/100)	35
ONIVYDE	29	OXACILLIN SODIUM IN		PAXLOVID (300/100)	35
ONPATTRO	46	DEXTROSE	16	<i>pazopanib hcl</i>	29
ONUREG	29	<i>oxaliplatin</i>	29	PEDIARIX	76
ONYDA XR	44	<i>oxaprozin</i>	11	PEDIATRIC PANDA MASK	84
OPDIVO	29	<i>oxazepam</i>	36	PEDMARK	78
OPDIVO QVANTIG	29	<i>oxcarbazepine</i>	19	PEDVAX HIB	76
OPDUALAG	29	<i>oxcarbazepine er</i>	19	<i>peg 3350-kcl-na bicarb-nacl</i>	61
OPFOLDA	62	OXERVATE	88	<i>peg-3350/electrolytes</i>	61
OPIPZA	33	OXLUMO	63	<i>peg-3350/electrolytes/ascorbat</i> ..	61
OPSUMIT	91	<i>oxybutynin chloride</i>	63	PEGASYS	35
OPTICHAMBER DIAMOND	83	<i>oxybutynin chloride er</i>	63	<i>peg-kcl-nacl-nasulf-na asc-c</i>	61
OPTICHAMBER DIAMOND-		<i>oxycodone hcl</i>	10	PEG-PREP	61
LG MASK	83	OXYCODONE-		PEMETREXED	29
OPTICHAMBER DIAMOND-		ACETAMINOPHEN	10	PEMETREXED DISODIUM	29
MD MASK	83	<i>oxycodone-acetaminophen</i>	10	<i>pemetrexed disodium</i>	29
OPTICHAMBER DIAMOND-		OXYCONTIN	10	PEMFEXY	29
SM MASK	83	<i>oxymorphone hcl</i>	10	PEMGARDA	73
OPVEE	12	<i>oxymorphone hcl er</i>	10	PEMRYDI RTU	29
OPZELURA	49	<i>oxytocin</i>	67	PEN NEEDLE/5-BEVEL TIP	84
ORABLOC	12	OXYTOCIN	67	PENBRAYA	76

<i>penicillamine</i>	64	<i>phospho-trin 250 neutral</i>	57	<i>pravastatin sodium</i>	42
PENICILLIN G POT IN		PHOSPHO-TRIN K500	57	<i>praziquantel</i>	32
DEXTROSE	16	PHOTOFRIN	29	<i>prazosin hcl</i>	42
<i>penicillin g potassium</i>	16	PHYSIOLYTE	59	PRECEDEX	80
<i>penicillin g sodium</i>	16	<i>phytonadione</i>	57	PRED MILD	87
<i>penicillin v potassium</i>	16	PIFELTRO	35	<i>prednisolone</i>	65
PENMENVY	76	<i>pilocarpine hcl</i>	46, 87	<i>prednisolone acetate</i>	87
PENTACEL	76	<i>pimecrolimus</i>	49	<i>prednisolone sodium phosphate</i>	
PENTAM	32	<i>pimozide</i>	33		65, 87
<i>pentamidine isethionate</i>	32	<i>pimtree</i>	70	<i>prednisone</i>	65
<i>pentazocine-naloxone hcl</i>	10	<i>pindolol</i>	42	<i>pregabalin</i>	46
PENTETATE CALCIUM		<i>pioglitazone hcl</i>	51	PREGNYL	67
TRISODIUM	79	<i>pioglitazone hcl-glimepiride</i>	51	PREMARIN	70, 72
PENTETATE ZINC		<i>pioglitazone hcl-metformin hcl</i>	51	PREMASOL	58
TRISODIUM	79	PIP PEN NEEDLES 32G X		PREMPHASE	72
PENTIPS GENERIC PEN		4MM	84	PREMPRO	72
NEEDLES	84	<i>piperacillin sod-tazobactam so</i> ...	16	PREPIDIL	64
<i>pentobarbital sodium</i>	19	PIPERACILLIN-		PRESTALIA	43
<i>pentoxifylline er</i>	38	TAZOBACTAM-NACL	16	PRETOMANID	24
<i>perampanel</i>	19	PIQRAY	29	<i>prevalite</i>	43
PERFECT POINT SAFETY		<i>pirfenidone</i>	90	PREVDUO	79
LANCETS	52	<i>piroxicam</i>	11	PREVNAR 20	76
PERFOROMIST	90	PITOCIN	67	PREVYMIS	35
PERIDEX	46	PLENAMINE	57	PREZCOBIX	35
PERIKABIVEN	57	<i>plerixafor</i>	37	PREZISTA	35
<i>perindopril erbumine</i>	42	PNEUMOVAX 23	76	PRIFTIN	24
<i>periogard</i>	46	POCKET SPACER	84	<i>primaquine phosphate</i>	32
PERJETA	29	PODOCON-25	49	PRIMAXIN IV	16
<i>permethrin</i>	32	<i>podofilox</i>	49	<i>primidone</i>	19
<i>perphenazine</i>	21	POLIVY	29	PRIORIX	76
<i>perphenazine-amitriptyline</i>	21	POLOCAINE	12	PRISMASOL B22GK 4/0	59
PERSERIS	33	POLOCAINE-MPF	12	PRISMASOL BGK 0/2.5	59
PETROLEUM GAUZE NON-		<i>polymyxin b sulfate</i>	16	PRISMASOL BGK 2/0	59
WOVEN 3X9"	49	<i>polymyxin b-trimethoprim</i>	88	PRISMASOL BGK 2/3.5	59
PFIZERPEN	16	<i>pomalidomide</i>	29	PRISMASOL BGK 4/2.5	59
PHEBURANE	63	POMALYST	29	PRISMASOL BK 0/0/1.2	59
<i>phenazopyridine hcl</i>	63	POMBILITI	63	PRIVIGEN	73
<i>phenelzine sulfate</i>	21	<i>portia-28</i>	70	PRO COMFORT SPACER	
PHENERGAN	21	PORTRAZZA	29	ADULT	84
<i>phenobarbital</i>	19	<i>posaconazole</i>	23	PRO COMFORT SPACER	
<i>phenobarbital sodium</i>	19	<i>potassium acetate</i>	57	CHILD	84
<i>phenoxybenzamine hcl</i>	42	<i>potassium chloride</i>	57	PRO COMFORT SPACER	
<i>phentolamine mesylate</i>	42	<i>potassium chloride crys er</i>	57	INFANT	84
<i>phenylephrine hcl</i>	42, 88	<i>potassium chloride er</i>	57	<i>probenecid</i>	23
PHENYLEPHRINE HCL	42	<i>potassium citrate er</i>	59	<i>procainamide hcl</i>	43
PHENYLEPHRINE HCL-NACL	42	<i>potassium phosphates</i>	58	PROCARE SPACER/ADULT	
<i>phenytek</i>	19	<i>potassium phosphates(66 meq</i>		MASK	84
<i>phenytoin</i>	19	<i>k)</i>	58	PROCARE SPACER/CHILD	
<i>phenytoin infatabs</i>	19	POTELIGEO	29	MASK	84
<i>phenytoin sodium</i>	19	POVIDONE-IODINE	87	PROCENTRA	44
<i>phenytoin sodium extended</i>	19	PRADAXA	18	<i>prochlorperazine</i>	21
PHESGO	29	<i>pralatrexate</i>	29	<i>prochlorperazine edisylate</i>	21
PHEXX	80	<i>pramipexole dihydrochloride</i>	32	<i>prochlorperazine maleate</i>	21
<i>philith</i>	70	PRAMOTIC	89	PROCRIT	37
<i>phosphorous</i>	57	<i>prasugrel hcl</i>	33	PROCTOFOAM HC	77

<i>procto-med hc</i>	77	<i>quetiapine fumarate</i>	33	RETIN-A MICRO PUMP	49
PROFILNINE	37	<i>quetiapine fumarate er</i>	33	RETROVIR	35
<i>progesterone</i>	70, 72	QUICK TOUCH INSULIN PEN		REVCovi	63
PROGRAF	75	NEEDLE	84	REVLIMID	31
PROLASTIN-C	90	<i>quinapril hcl</i>	43	<i>revonto</i>	92
PROLEUKIN	29	<i>quinapril-hydrochlorothiazide</i>	43	REVUFORJ	29
<i>promethazine hcl</i>	21	<i>quinidine gluconate er</i>	43	RETOVY	12
<i>promethazine-codeine</i>	89	<i>quinidine sulfate</i>	43	REXULTI	33
<i>promethazine-dm</i>	89	<i>quinine sulfate</i>	32	REYATAZ	35
PROMETHEGAN	21	QULIPTA	24	REZDIFFRA	61
<i>propafenone hcl</i>	43	QVAR REDHALER	90	REZVOGLAR KWIKPEN	54
<i>propafenone hcl er</i>	43	RABAVERT	76	RHAPSIDO	75
<i>proparacaine hcl</i>	88	<i>rabeprazole sodium</i>	60	RHOGAM ULTRA-FILTERED	
<i>propranolol hcl</i>	43	RADIAPLEXRX	49	PLUS	73
<i>propranolol hcl er</i>	43	RADICAVA ORS	45	RHOPHYLAC	73
<i>propylthiouracil</i>	72	RADICAVA ORS STARTER		RHOPRESSA	87
PROQUAD	76	KIT	45	RIASTAP	38
PROSOL	58	RADIOGARDASE	79	<i>ribavirin</i>	35
<i>protamine sulfate</i>	37	RAGWITEK	78	RIDAURA	73
PROTONIX	60	RALDESY	21	<i>rifabutin</i>	24
PROTOPAM CHLORIDE	79	<i>raloxifene hcl</i>	68	RIFADIN	24
<i>protriptyline hcl</i>	21	<i>ramelteon</i>	92	<i>rifampin</i>	24
PROVAYBLUE	79	<i>ramipril</i>	43	<i>rilpivirine hcl</i>	35
PROVERA	72	<i>ranolazine er</i>	43	<i>riluzole</i>	45
<i>prucalopride succinate</i>	61	RAPIVAB	35	<i>rimantadine hcl</i>	35
<i>pseudoephedrine-bromphen-</i>		RAPPORT RLS	84	RIMSO-50	63
<i>dm</i>	89	RAPPORT VTD	84	<i>ringers irrigation</i>	59
PULMOSAL	89	<i>rasagiline mesylate</i>	32	RINVOQ	73
PULMOZYME	91	RASUVO	73	RINVOQ LQ	73
PURE COMFORT SAFETY		RAYA SURE PEN NEEDLE	84	RIOMET	51
LANCET 30G	52	RAYALDEE	78	<i>risedronate sodium</i>	77
PURE COMFORT SAFETY		REBINYN	38	RISPERDAL CONSTA	33
PEN NEEDLE	84	REBLOZYL	37	<i>risperidone</i>	33
PURE COMFORT SPACER		REBYOTA	61	<i>risperidone microspheres er</i>	33
CHAMBER	84	RECARBRIO	16	<i>ritonavir</i>	35
PYLERA	61	<i>reclipsen</i>	70	RITUXAN	29
<i>pyrazinamide</i>	24	RECOMBINATE	38	RITUXAN HYCELA	29
<i>pyridostigmine bromide</i>	24	RECOMBIVAX HB	76	<i>rivaroxaban</i>	18
<i>pyridostigmine bromide er</i>	24	RECOTHROM	38	<i>rivastigmine tartrate</i>	20
PYRIDOSTIGMINE BROMIDE		RECOTHROM SPRAY KIT	38	<i>rivelsa</i>	70
ER	79	REGENECARE	49	RIVFLOZA	63
<i>pyridoxine hcl</i>	58	REGONOL	24	RIXUBIS	38
PYRIDOXINE HCL	58	RELENZA DISKHALER	35	<i>rizatriptan benzoate</i>	24
<i>pyrimethamine</i>	32	REMERON SOLTAB	21	ROBAXIN	92
PYROGALLIC ACID	49	REMESENSE	47	ROCALTROL	78
PYRUKYND	37	<i>remifentanyl hcl</i>	10	ROCKLATAN	87
PYRUKYND TAPER PACK	37	RENACIDIN	63	<i>rocuronium bromide</i>	45
QBREXZA	49	<i>repaglinide</i>	51	ROCURONIUM BROMIDE	46
QFITLIA	38	REPATHA	43	<i>rocuronium bromide +rfid</i>	45
QINLOCK	29	REPATHA SURECLICK	43	ROCURONIUM BROMIDE	
QNASL	89	RESTASIS	88	+RFID	45
QNASL CHILDRENS	89	RESTASIS MULTIDOSE	88	<i>roflumilast</i>	90
QUADRACEL	76	RESTORA RX	61	<i>romidepsin</i>	29
<i>quazepam</i>	36	RETACRIT	37	ROMVIMZA	29
QUELICIN	45	RETEVMO	29	<i>ropinirole hcl</i>	32

<i>ropinirole hcl er</i>	32	SENSORCAINE-		<i>sodium citrate-citric acid</i>	59
<i>ropivacaine hcl</i>	12	MPF/EPINEPHRINE	12	SODIUM CITRATE-	
ROPIVACAINE HCL-NACL	12	SEREVENT DISKUS	90	GENTAMICIN SULF	18
<i>rosuvastatin calcium</i>	43	SEROSTIM	61	SODIUM IODIDE I-131	72
<i>rosyrah</i>	70	<i>sertraline hcl</i>	21	<i>sodium nitrite</i>	79
ROTARIX	76	<i>setlakin</i>	70	<i>sodium nitroprusside</i>	43
ROTATEQ	76	<i>sevelamer carbonate</i>	63	<i>sodium oxybate</i>	92
<i>roweepra</i>	19	<i>sevelamer hcl</i>	63	<i>sodium phenylbutyrate</i>	63
ROZLYTREK	29	SEYSARA	16	<i>sodium phosphates</i>	58
RUCONEST	74	SEZABY	19	<i>sodium polystyrene sulfonate</i>	59
<i>rufinamide</i>	19	<i>sharobel</i>	70	<i>sodium saccharin</i>	79
RUKOBIA	35	SHINGRIX	76	<i>sodium thiosulfate</i>	79
RUXIENCE	29	SIGNIFOR LAR	67	SOFDRA	50
RYALTRIS	89	<i>sildenafil citrate</i>	63, 91	SOGROYA	67
RYANODEX	92	SILHOUETTE 23" INFUSION		SOHONOS	78
RYBELSUS	51	SET	84	<i>solifenacin succinate</i>	63
RYBREVANT	29	SILHOUETTE 43" INFUSION		SOLIQUEA	51
RYCLORA	89	SET	84	SOLOSEC	16
RYDAPT	30	SILHOUETTE INFUSION SET		SOLTAMOX	30
RYKINDO	33	18"	84	SOLU-CORTEF	65
RYSTIGGO	85	SILIQ	74	SOLU-MEDROL	65
RYTELO	30	<i>silodosin</i>	64	SOLU-MEDROL (PF)	65
SACCHARIN	78	<i>silver sulfadiazine</i>	17	SOMATULINE DEPOT	67
<i>sacubitril-valsartan</i>	43	SIMBRINZA	87	SOMAVERT	67
SAFETY PEN NEEDLES	84	<i>simliya</i>	70	SOOLANTRA	50
SAFYRAL	70	<i>simpesse</i>	70	<i>sorafenib tosylate</i>	30
<i>saline bacteriostatic</i>	86	SIMPLERA SENSOR	52	SORBITOL	80
SALINE-PHENOL	86	SIMPLERA SYNC SENSOR	52	<i>sorbitol-mannitol</i>	80
SANDIMMUNE	75	SIMPLERA SYSTEM	52	<i>sotalol hcl</i>	43
SANTYL	49	SIMPONI	73	<i>sotalol hcl (af)</i>	43
SAPHNELO	75	SIMPONI ARIA	73	SOTYKTU	74
<i>sapropterin dihydrochloride</i>	63	SIMULECT	75	SOTYLIZE	43
SARCLISA	30	<i>simvastatin</i>	43	SOVALDI	35
SAVAYSA	18	<i>sirolimus</i>	75	SPEVIGO	74
SAVELLA	46	SIRTURO	24	SPIKEVAX	76
SAVELLA TITRATION PACK	46	SIVEXTRO	16	SPIKEVAX 6M-11Y	76
<i>saxagliptin hcl</i>	51	SKYCLARYS	45	<i>spinosad</i>	32
<i>saxagliptin-metformin er</i>	51	SKYLA	70	SPIRIVA RESPIMAT	90
SCEMBLIX	30	SKYRIZI	74	<i>spironolactone</i>	43
SCENESSE	50	SKYRIZI PEN	74	<i>spironolactone-hctz</i>	43
<i>scopolamine</i>	22	SKYTROFA	67	SPORANOX	23
<i>selegiline hcl</i>	32	SLYND	70	SPRAVATO (56 MG DOSE)	21
<i>selenium sulfide</i>	50	SMOFLIPID	58	SPRAVATO (84 MG DOSE)	21
SELZENTRY	35	<i>sod benz-sod phenylacet</i>	63	<i>sprintec 28</i>	70
SENSILANCE SAFETY		<i>sod citrate-citric acid</i>	59	SPS (SODIUM	
LANCETS 21G	52	<i>sodium acetate</i>	58	POLYSTYRENE SULF)	59
SENSILANCE SAFETY		SODIUM ASCORBATE	58	<i>ssd</i>	17
LANCETS 26G	52	<i>sodium bicarbonate</i>	58	STARJEMZA	74
SENSILANCE SAFETY		SODIUM BICARBONATE	58	STERILE DILUENT FOR	
LANCETS 28G	52	<i>sodium chloride</i>	58, 59, 89	REMODULIN	86
SENSORCAINE	12	<i>sodium chloride (pf)</i>	58	<i>sterile water for injection</i>	86
SENSORCAINE/EPINEPHRIN		<i>sodium chloride bacteriostatic</i>	86	<i>sterile water for irrigation</i>	59
E	12	SODIUM CITRATE	18	STERITALC	90
SENSORCAINE-MPF	12	SODIUM CITRATE LOCK		STIOLTO RESPIMAT	90
		FLUSH	18	STIVARGA	30

STOBOCLO	77	SYLVANT	31	<i>tarina 24 fe</i>	71
STRENSIQ	63	SYMBICORT	90	<i>tarina fe 1/20 eq</i>	71
<i>streptomycin sulfate</i>	16	SYMDEKO	91	<i>tasimelteon</i>	92
STRIBILD	35	SYMFI	35	TASMAR	32
STRIVERDI RESPIMAT	90	SYMPAZAN	19	TAURINE	58
STROMECTOL	32	SYMPROIC	61	<i>tavaborole</i>	23
SUBLOCADE	12	SYMTUZA	35	TAVALISSE	38
<i>subvenite</i>	19	SYNALAR	50	<i>taysofy</i>	71
<i>subvenite starter kit-blue</i>	19	SYNAREL	67	TAYTULLA	71
<i>subvenite starter kit-green</i>	19	SYNDROS	22	<i>tazarotene</i>	50
<i>subvenite starter kit-orange</i>	19	SYNJARDY	51	<i>tazicef</i>	16
<i>succinylcholine chloride</i>	46	SYNJARDY XR	51	TAZICEF	16
SUCCINYLCHOLINE		T/SLIM X2 INSULIN PUMP	84	TECENTRIQ	30
CHLORIDE	46	T/SLIM X2 STARTER 7.10	84	TECENTRIQ HYBREZA	30
SUCRAID	62	TABLOID	30	TECHLITE LANCETS 26G	52
<i>sucrafate</i>	60	TABRECTA	30	TECHLITE PLUS PEN	
SUFLAVE	61	TACLONEX	50	NEEDLES	85
<i>sulfacetamide sodium</i>	87	<i>tacrolimus</i>	50, 75	TECVAYLI	30
<i>sulfacetamide sodium (acne)</i>	50	<i>tacrolimus er</i>	75	TEFLARO	16
<i>sulfacetamide-prednisolone</i>	88	<i>tadalafil</i>	63	TEGLUTIK	46
<i>sulfadiazine</i>	16	<i>tadalafil (pah)</i>	92	TEKTURNA	43
<i>sulfamethoxazole-trimethoprim</i> ..	16	TAFINLAR	30	TELFA AMD ISLAND	
<i>sulfasalazine</i>	77	<i>tafluprost (pf)</i>	87	DRESSING	85
<i>sulfatrim pediatric</i>	16	TAGRISSO	30	TELFA AMD NON-ADHERENT	85
<i>sulfurated lime</i>	32	TAKHZYRO	74	<i>telmisartan</i>	43
<i>sulindac</i>	11	TALICIA	61	<i>telmisartan-amlodipine</i>	43
<i>sumatriptan</i>	24	TALTZ	74	<i>temazepam</i>	92
<i>sumatriptan succinate</i>	24	TALVEY	30	TEMBEXA	35
<i>sunitinib malate</i>	30	<i>tamoxifen citrate</i>	30	TEMODAR	30
SUNLENCA	35	<i>tamsulosin hcl</i>	64	<i>temozolomide</i>	30
SUNOSI	92	TANDEM MOBI AUTOSOFT		<i>temsirolimus</i>	73
SUPPRELIN LA	67	30 KIT	84	TENCON	10
SUPREP BOWEL PREP KIT	61	TANDEM MOBI AUTOSOFT		TENIVAC	76
SURE T INFUSION SET		XC KIT	84	<i>tenofovir disoproxil fumarate</i>	35
18"/6MM	84	TANDEM MOBI AUTOSOFT30		TEPEZZA	67
SURE T INFUSION SET		14PK23"	84	TEPMETKO	30
23"/10MM	84	TANDEM MOBI		<i>terazosin hcl</i>	64
SURE T INFUSION SET		AUTOSOFTXC 14PK23"	84	<i>terbinafine hcl</i>	23
23"/6MM	84	TANDEM MOBI		<i>terbutaline sulfate</i>	91
SURE T INFUSION SET		AUTOSOFTXC 14PK5"	84	<i>terconazole</i>	23
23"/8MM	84	TANDEM MOBI SYSTEM		<i>teriflunomide</i>	45
SURE T INFUSION SET		STARTER	84	<i>teriparatide</i>	77
32"/10MM	84	TANDEM MOBI TRUSTEEL		TERIPARATIDE	77
SURE T INFUSION SET		SUPP KIT	84	<i>testosterone</i>	66
32"/6MM	84	TANDEM T/SLIM ASFT 30		<i>testosterone cypionate</i>	65
SURE T INFUSION SET		PK10 23"	84	<i>testosterone enanthate</i>	66
32"/8MM	84	TANDEM T/SLIM ASFT 30		<i>tetrabenazine</i>	46
SURVANTA	89	PK14 23"	85	<i>tetracaine hcl</i>	88
SUSTOL	22	TANDEM T/SLIM ASFT XC		<i>tetracycline hcl</i>	16
SUSVIMO (IMPLANT 1ST		PK10 23"	85	TEVIMBRA	30
FILL)	88	TANDEM T/SLIM ASFT XC		TEZSPIRE	91
SUSVIMO (IMPLANT REFILL) ..	88	PK14 23"	85	THALOMID	31
SUTAB	61	TANDEM T/SLIM TRUSTL		THAM	58
<i>syeda</i>	70	PK10 23"	85	THEO-24	91
SYFOVRE	88	<i>tapentadol hcl</i>	10	<i>theophylline</i>	91

<i>theophylline er</i>	91	TPOXX	35	<i>tri-mili</i>	71
THIOLA	63	TRADJENTA	51	<i>trimipramine maleate</i>	21
THIOLA EC	63	TRALEMENT	58	TRINTELLIX	21
<i>thioridazine hcl</i>	34	<i>tramadol hcl</i>	10	TRIPTODUR	67
<i>thiotepa</i>	30	<i>tramadol hcl (er biphasic)</i>	10	TRISENOX	30
<i>thiothixene</i>	34	<i>tramadol hcl er</i>	10	<i>tri-sprintec</i>	71
THREONINE	58	<i>tramadol-acetaminophen</i>	10	TRIUMEQ	35
THROMBIN-JMI	38	<i>trandolapril</i>	43	TRIUMEQ PD	35
THROMBIN-JMI EPISTAXIS	38	<i>trandolapril-verapamil hcl er</i>	43	<i>tri-vylibra</i>	71
THROMBOGEN	38	<i>tranexamic acid</i>	38	<i>tri-vylibra lo</i>	71
THYMOGLOBULIN	75	<i>tranexamic acid-nacl</i>	38	TRODELVY	30
<i>tiadylt er</i>	43	TRANSDERM SCOP	22	TROGARZO	35
<i>tiagabine hcl</i>	19	<i>tranylcypromine sulfate</i>	21	<i>tromethamine</i>	58
TIBSOVO	30	TRAVASOL	58	TROPHAMINE	58
<i>ticagrelor</i>	33	<i>travoprost (bak free)</i>	87	<i>trospium chloride</i>	64
TICE BCG	30	TRAZIMERA	30	<i>trospium chloride er</i>	64
TICOVAC	76	<i>trazodone hcl</i>	21	TRUE COMFORT SAFETY	
TIGAN	22	TRELEGY ELLIPTA	91	PEN NEEDLE	85
<i>tigecycline</i>	16	TRELSTAR MIXJECT	66	TRULICITY	51
TIGLUTIK	46	TREMFYA	74	TRUMENBA	76
<i>tilia fe</i>	71	TREMFYA ONE-PRESS	74	TRUQAP	30
<i>timolol hemihydrate</i>	87	TREMFYA PEN	74	TRYNGOLZA	43
<i>timolol maleate</i>	43, 87	TREMFYA-CD/UC INDUCTION	74	TRYPTOPHAN	58
<i>timolol maleate (once-daily)</i>	87	<i>treprostinil</i>	92	TRYPTYR	88
<i>tinidazole</i>	16	<i>tretinoin</i>	30, 50	TRYVIO	43
<i>tiopronin</i>	63	<i>tretinoin microsphere</i>	50	TUKYSA	30
<i>tiotropium bromide</i>	91	<i>tretinoin microsphere pump</i>	50	TURALIO	30
<i>tirofiban hcl in nacl</i>	33	TRETEN	38	<i>turqoz</i>	71
TISSEEL	79	TREXALL	73	TWIIST REFILL KIT	85
TIVDAK	30	TREZIX	10	TWIIST REFILL KIT/INFUSION	
TIVICAY	35	<i>triamcinolone acetonide</i>	46, 50, 65	SET	85
TIVICAY PD	35	TRIAMCINOLONE		TWIIST STARTER KIT	85
<i>tizanidine hcl</i>	92	DIACETATE	65	TWINRIX	76
TOBI PODHALER	91	TRIAMCINOLONE-		TWIRLA	71
TOBRADEX	87	BUPIVACAINE	65	TYBLUME	71
TOBRADEX ST	87	TRI-AMINO	58	<i>tydemy</i>	71
<i>tobramycin</i>	87, 91	<i>triamterene-hctz</i>	43	TYGACIL	16
<i>tobramycin sulfate</i>	16	<i>triazolam</i>	36	TYMLOS	77
<i>tobramycin-dexamethasone</i>	87	TRICITRASOL	18	TYPHIM VI	76
TOBREX	87	<i>triderm</i>	50	TYRUKO	45
TOLAK	50	<i>trientine hcl</i>	59	TYRVAYA	88
<i>tolcapone</i>	32	<i>tri-estarylla</i>	71	TYSABRI	45
<i>tolterodine tartrate</i>	64	<i>trifluoperazine hcl</i>	34	TYVASO	92
<i>tolterodine tartrate er</i>	64	<i>trifluridine</i>	87	TYVASO DPI INSTITUTIONAL	
<i>tolvaptan (hyponatremia)</i>	59	<i>trihexyphenidyl hcl</i>	32	KIT	92
TOPICORT	50	TRIJARDY XR	51	TYVASO DPI MAINTENANCE	
<i>topiramate</i>	19	TRIKAFTA	91	KIT	92
<i>topiramate er</i>	19	<i>tri-legest fe</i>	71	TYVASO DPI TITRATION KIT	92
<i>topotecan hcl</i>	30	<i>tri-linyah</i>	71	TYVASO REFILL KIT	92
<i>toremifene citrate</i>	30	<i>tri-lo-estarylla</i>	71	TYVASO STARTER KIT	92
TORISEL	73	<i>tri-lo-marzia</i>	71	TYZAVAN	16
<i>torpenz</i>	30	<i>tri-lo-mili</i>	71	UBRELVY	24
<i>torsemide</i>	43	<i>tri-lo-sprintec</i>	71	UCERIS	77
TOUJEO MAX SOLOSTAR	54	<i>trimethobenzamide hcl</i>	22	UDENYCA	37
TOUJEO SOLOSTAR	54	<i>trimethoprim</i>	16	UDENYCA ONBODY	37

UDSX MEDICATED SYSTEM ...	86	VARIVAX	76	<i>vestura</i>	71
UDSXMP MEDICATED		VARIZIG	73	VFEND	23
SYSTEM	86	VARUBI (180 MG DOSE)	22	VFEND IV	23
ULTIGUARD SAFEPAK		VASCEPA	43	V-GO 20	85
SYR/NEEDLE	55	<i>vasopressin</i>	67	V-GO 30	85
ULTIVA	10	<i>vasopressin +rfid</i>	67	V-GO 40	85
ULTOMIRIS	38	VASOPRESSIN-SODIUM		VIBATIV	17
ULTRA-CARE SAFETY		CHLORIDE	67	VIBERZI	61
LANCETS 30G	52	VASOSTRICT	68	VIDAZA	30
UNASYN	16	VAXCHORA	76	<i>vienva</i>	71
UNIFINE OTC PEN NEEDLES ..	85	VAXELIS	76	<i>vigabatrin</i>	20
UNIFINE PROTECT PEN		VAXNEUVANCE	76	VIGAFYDE	20
NEEDLE	85	VECAMEYL	43	VIJOICE	31
<i>unithroid</i>	72	VECTIBIX	30	<i>vilazodone hcl</i>	21
UNITUXIN	30	VECURONIUM BROMIDE	46	VIMIZIM	63
UPLIZNA	75	<i>vecuronium bromide</i>	46	VIMKUNYA	76
UPNEEQ	87	VEKLURY	35	<i>vinblastine sulfate</i>	30
UPTRAVI	92	VELCADE	30	<i>vincristine sulfate</i>	30
UPTRAVI TITRATION	92	VELETRI	92	<i>vinorelbine tartrate</i>	30
<i>urea</i>	50	<i>velivet</i>	71	<i>viorele</i>	71
<i>ursodiol</i>	61	VELSIPITY	74	VIRACEPT	35
UVADEX	30	VELTASSA	59	VIREAD	35
UZEDY	34	VENCLEXTA	30	VISTOGARD	79
VABOMERE	16	VENCLEXTA STARTING		VISUDYNE	88
VABYSMO	88	PACK	30	<i>vitamin d (ergocalciferol)</i>	58
<i>valacyclovir hcl</i>	35	VENELEX	50	<i>vitamin k1</i>	58
VALCHLOR	31	VENIPUNCTURE PX1		VITRAKVI	30
<i>valganciclovir hcl</i>	35	PHLEBOTOMY	12	VIVAGUARD LANCETS 30G ...	53
VALINE	58	<i>venlafaxine hcl</i>	21	VIVAGUARD LANCING	
<i>valproate sodium</i>	19	<i>venlafaxine hcl er</i>	21	DEVICE	53
<i>valproic acid</i>	20	VENOFER	58	VIVAGUARD SAFETY	
<i>valrubicin</i>	30	VEOPOZ	74	LANCETS 28G	53
<i>valsartan</i>	43	VEOZAH	80	VIVITROL	12
<i>valsartan-hydrochlorothiazide</i>	43	<i>verapamil hcl</i>	43	VIVOTIF	76
VALSTAR	30	<i>verapamil hcl er</i>	43	VIZIMPRO	30
VALTOCO 10 MG DOSE	20	VERIFINE INSULIN PEN		<i>volnea</i>	71
VALTOCO 15 MG DOSE	20	NEEDLE	85	VONJO	31
VALTOCO 20 MG DOSE	20	VERIFINE INSULIN SYRINGE ..	55	VONVENDI	38
VALTOCO 5 MG DOSE	20	VERIFINE PLUS PEN		VORANIGO	31
<i>valtya 1/35</i>	71	NEEDLE	85	VORAXAZE	31
<i>valtya 1/50</i>	71	VERIFINE SAFE LANCET		<i>voriconazole</i>	23
<i>vancomycin hcl</i>	17	MINI 21G	53	VORTEX VALVE CHAMBER-	
VANCOMYCIN HCL IN		VERIFINE SAFE LANCET		PEDI MASK	85
DEXTROSE	16	MINI 23G	53	VORTEX VALVED HOLDING	
<i>vancomycin hcl in dextrose</i>	16	VERIFINE SAFE LANCET		CHAMBER	85
VANCOMYCIN HCL IN NACL ..	17	MINI 28G	53	VOSEVI	35
<i>vancomycin hcl in nacl</i>	17	VERIFINE SAFE LANCET		VOXZOGO	63
VANDAZOLE	17	MINI 30G	53	VOYDEYA	38
VANFLYTA	30	VERQUVO	43	VOYXACT	64
VANRAFIA	64	VERSACLOZ	34	VPRIV	62
VAQTA	76	VERSAPENN (AG)		VRAYLAR	34
<i>varenicline tartrate</i>	13	ANHYDROUS	86	VTAMA	50
<i>varenicline tartrate (starter)</i>	13	VERSAPENN (AL) ANHYD		VUMERITY	45
<i>varenicline tartrate(continue)</i>	13	LIPID	86	<i>vyfemla</i>	71
VARITHENA	44	VERZENIO	30	VYKAT XR	80

VYLEESI.....	46	XOSPATA.....	31	<i>zafirlukast</i>	91
<i>vylibra</i>	71	XPOVIO (100 MG ONCE WEEKLY).....	31	<i>zaleplon</i>	92
VYLOY.....	31	XPOVIO (40 MG ONCE WEEKLY).....	31	ZALTRAP	31
VYNDAMAX.....	43	XPOVIO (40 MG TWICE WEEKLY).....	31	ZARONTIN	20
VYVANSE.....	44	XPOVIO (40 MG TWICE WEEKLY).....	31	ZARXIO	37
VYVGART.....	24	XPOVIO (60 MG ONCE WEEKLY).....	31	ZAVZPRET	24
VYVGART HYTRULO.....	24	XPOVIO (60 MG TWICE WEEKLY).....	31	ZEJULA	31
VYXEOS.....	31	XPOVIO (80 MG ONCE WEEKLY).....	31	ZELBORAF	31
WAINUA.....	46	XPOVIO (80 MG TWICE WEEKLY).....	31	ZELSUVMI	50
WAKIX.....	92	XROMI.....	31	<i>zelvysia</i>	63
<i>warfarin sodium</i>	18	XTAMPZA ER.....	10	ZEMAIRA	91
<i>water for irrigation, sterile</i>	59	XTANDI.....	31	ZEMDRI	17
WELIREG	31	<i>xulane</i>	71	ZEMPLAR	78
<i>wera</i>	71	XULTOPHY.....	51	<i>zenatane</i>	50
WEZLANA	74	XURIDEN.....	63	ZENPEP	62
WIDE-SEAL DIAPHRAGM 60 ...	85	XYLOCAINE.....	12	ZEPATIER	36
WIDE-SEAL DIAPHRAGM 65 ...	85	XYLOCAINE MPF +RFID.....	12	ZEPOSIA	45
WIDE-SEAL DIAPHRAGM 70 ...	85	XYLOCAINE/EPINEPHRINE.....	12	ZEPOSIA 7-DAY STARTER PACK	45
WIDE-SEAL DIAPHRAGM 75 ...	85	XYLOCAINE-MPF.....	12	ZEPOSIA STARTER KIT	45
WIDE-SEAL DIAPHRAGM 80 ...	85	XYLOCAINE-MPF +RFID.....	12	ZEPZELCA	31
WIDE-SEAL DIAPHRAGM 85 ...	85	XYLOCAINE- MPF/EPINEPHRINE.....	12	ZERBAXA	17
WIDE-SEAL DIAPHRAGM 90 ...	85	XYNTHA.....	38	ZEVALIN Y-90	31
WIDE-SEAL DIAPHRAGM 95 ...	85	XYNTHA SOLOFUSE.....	38	ZEVTERA	17
WILATE	38	XYWAV.....	92	ZIAGEN	36
WINREVAIR	92	<i>yargesa</i>	62	<i>zidovudine</i>	36
WINRHO SDF	73	YASMIN 28	71	ZIIHERA	31
<i>wixela inhub</i>	91	YAZ	71	ZILBRYSQ	79
<i>wymzya fe</i>	71	YCANTH.....	50	ZILXI	50
WYNZORA	50	YERVOY.....	31	<i>zinc chloride</i>	58
XACIATO	17	YESINTEK.....	74, 75	<i>zinc sulfate</i>	58
XALIX	50	YF-VAX.....	76	ZINPLAVA	73
<i>xarah fe</i>	71	YONDELIS.....	31	<i>ziprasidone hcl</i>	34
XARELTO	18	YONI FIT BLADDER SUPPORT KIT 1.....	85	<i>ziprasidone mesylate</i>	34
XARELTO STARTER PACK ...	18	YONI FIT BLADDER SUPPORT KIT 2.....	85	ZIRABEV	31
XATMEP	73	YONI FIT BLADDER SUPPORT KIT 3.....	85	ZIRGAN	87
XCOPRI	20	YONI FIT BLADDER SUPPORT KIT 4.....	85	ZITHROMAX	17
XELJANZ	73	YONI FIT BLADDER SUPPORT KIT 5.....	85	ZITHROMAX TRI-PAK	17
XELJANZ XR	73	YORVIPATH.....	80	ZITHROMAX Z-PAK	17
XELPROS	87	<i>yulithira</i>	31	ZOKINVY	85
<i>xelria fe</i>	71	YUPELRI	91	ZOLADEX	66
XEMBIFY	73	YUTREPIA	92	<i>zoledronic acid</i>	77
XEOMIN	78	<i>yuvaferm</i>	71	ZOLINZA	31
XEPI	17	<i>zafemy</i>	71	<i>zolmitriptan</i>	24
XERAC AC	50			<i>zolpidem tartrate</i>	92
XERAVA	17			<i>zolpidem tartrate er</i>	92
XERMELO	61			<i>zonisamide</i>	20
XIAFLEX	85			ZONTIVITY	33
XIFAXAN	17			ZORTRESS	75
XIGDUO XR	51			ZORYVE	50
XIIDRA	88			ZOSYN	17
XOFIGO	31			<i>zovia 1/35 (28)</i>	71
XOFLUZA (40 MG DOSE)	36			ZTALMY	20
XOFLUZA (80 MG DOSE)	36			ZUBSOLV	12
XOLAIR	91			<i>zumandimine</i>	71
XOLREMDI	37				

ZURZUVAE	21
ZUSDURI	31
ZYCUBO	58
ZYDELIG	31
ZYKADIA	31
ZYLET	88
ZYNLONTA	31
ZYNRELEF	11
ZYNYZ	31
ZYPREXA RELPREVV	34
ZYVOX	17

