
Effective July 2024

2024 Drug Formulary

For members covered through large employer groups with a 3-tier in-network pharmacy benefit or members with an out-of-network pharmacy benefit

Access PPO

Alliance

Alliant Plus

Core

Elect PPO

Omni PPO

Options PPO

Drug Formulary

INTRODUCTION



What is a formulary?

A formulary is a list of generic, brand, and specialty drugs. It is used by practitioners to identify drugs that offer the best overall value, considering effectiveness, safety, and cost.

How is the drug formulary developed?

The formulary is developed by the Kaiser Permanente Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is composed of physicians from various medical specialties, pharmacists, and a consumer member. The P&T Committee reviews and selects the most appropriate drugs in each class for the formulary based on safety, effectiveness, and cost.

The P&T Committee meets quarterly to review new and existing drugs to ensure that the formulary remains responsive to the needs of members and providers.

How do I search the formulary?

Drugs on the formulary are listed by therapeutic class. An alphabetical index is included at the end of this document to assist in locating specific drugs.

Drugs are listed by generic name if a generic is available. If there is no generic available, drugs are listed by the brand name. Drugs are organized by class and drug formulary tier. Drugs administered in a provider's office or in a clinic (e.g., drugs given intravenously) may not be listed on the formulary. For coverage of these drugs, refer to your Benefit Booklet.

How do I use the formulary to understand my drug coverage?

Drug coverage is based on an individual's contracted benefit. Coverage for a specific drug is subject to each member's medical coverage agreement. Please consult your Benefit Booklet or call Member Service if you have questions about your drug coverage.

Kaiser Permanente will only cover FDA-approved drugs used for non-experimental therapies. Most plans exclude experimental and investigational drugs, over-the-counter drugs, drugs used in the treatment of sexual dysfunction disorders, drugs for anticipated illnesses while traveling, drugs for weight loss, and drugs used for cosmetic purposes. Please consult your Benefit Booklet for limitations and exclusions, and plan specific benefit coverage.

Medications not listed in this document are not on the formulary at the time of publication. The most current information is online at www.kp.org/wa/formulary. Non-formulary drugs are not covered unless approved by the health plan as a coverage exception. The prescriber must contact Kaiser Permanente to determine the medical necessity of the non-formulary medication. An alternative formulary medication will be recommended when clinically appropriate. If a coverage exception is not approved, the patient is responsible for the full price of the drug.

Prior authorization and step therapy requests are considered based on coverage criteria requirements approved by the P&T Committee. To request review of an exception to Kaiser Permanente requirements for coverage of prescription drugs, you or your prescriber may contact

Kaiser Permanente Member Services at 1-888-630-4636 and request an exception. If the evidence your prescriber provides meets medical necessity, an exception may be approved. Exceptions to required therapy that may be approved include: contraindications, clinical factors associated with adverse reactions, clinical factors reducing effect, other risks of clinical harm, and barriers to compliance with clinical care. Your prescriber may also request temporary coverage while the exception request is being processed.

Generic drugs are substituted when available and allowed by your prescriber. When a generic is available, the brand-name drug is generally considered non-formulary and subject to a higher cost share.

The drug formulary is updated periodically and is subject to change. If a drug will be removed from the formulary, members who filled the drug in the prior three months will be notified by letter of the upcoming change. A formulary change notice will also be posted on the member website at least 60 days prior to the effective date.

Drug Formulary Tiers

Tier	Description
Tier 1	Preferred generic
Tier 2	Preferred brand
Tier 3	Non-preferred

What are the methods that Kaiser Permanente uses to ensure appropriate and safe use of formulary drugs?

Prior Authorization (PA)

The P&T Committee determines that certain drugs should require prior authorization before they will be covered. These drugs most often have alternatives on the formulary, safety concerns, or a high potential for inappropriate use. To request coverage for prior authorization drugs, you or your prescriber must contact Kaiser Permanente. Drugs requiring prior authorization are indicated with a “PA” superscript next to the drug name.

Step Therapy (ST)

Step therapy requires you to try certain preferred drugs before receiving coverage for the drug you were prescribed. Step therapy is added by the P&T Committee. Step therapy automatically looks at your prescription history when you fill the drug you were prescribed. If you have tried the preferred drugs required by step therapy, the drug you were prescribed will automatically be covered. To request step therapy exceptions, you or your prescriber must contact Kaiser Permanente. Drugs requiring step therapy are indicated with a “ST” superscript next to the drug name.

Quantity Limit (QL)

A quantity limit defines how much of a particular drug you can get during a specific time period or the maximum days supply that you can get at once. The P&T Committee determines if a drug should have a quantity limit. To request exceptions to quantity limits, your prescriber must contact Kaiser Permanente. Drugs with quantity limits are indicated with “QL” superscript next to the drug name.

High Dose Pain Medicine Prescriber Review

Members on high doses of certain pain medicines will need their prescriber to confirm safety standards are in place annually to continue coverage of therapy.

Drugs Limited to Select Pharmacies

Some drugs are required to be dispensed from a preferred specialty pharmacy vendor. Members with an out-of-network benefit may use other pharmacies; however, they may pay a higher cost share.

Please consult your Benefit Booklet for limitations and exclusions. Drugs limited to select pharmacies are listed on the www.kp.org/wa/formulary webpage.

Covered Diabetic Supplies

Some diabetic supplies may be covered at a Tier 1 cost share if they are filled as a prescription. These items are:

- Preferred blood glucose strips:
 - One Touch Verio
 - One Touch Ultra
 - Prodigy – prior authorization required
 - Contour Next – prior authorization required
 - Freestyle – prior authorization required
- Disposable insulin syringes and needles
- Lancing devices and lancets

Preferred blood glucose meters are covered only when filled through mail order pharmacy.

Mail Order Pharmacy Service

Mail order is convenient and efficiently utilizes Kaiser Permanente's resources. This service works best for drugs that must be taken on regular basis, such as birth control pills and drugs for high blood pressure, high cholesterol, or other chronic conditions.

To begin using mail order, ask your prescriber to send your prescription directly to the Mail Order Pharmacy. To transfer an existing prescription from a retail pharmacy, contact the Mail Order Pharmacy.

Address: Kaiser Permanente Mail Order Pharmacy
PO Box 34383
Seattle, WA 98124-1383

Phone: 800-245-RXRX (1-800-245-7979)

Fax: 206-630-7950, or toll-free 1-800-350-1683

Over-the-Counter (OTC) Drugs

A few plans offer coverage for OTC drugs. For these plans, a list of covered OTC drugs can be found in *Appendix A*. You may contact Member Service at 1-888-630-4636 to find if you have OTC drug coverage.

Preventative Medications and Preferred Contraceptives

In accordance with the Affordable Care Act (ACA) requirements for preventive services, most plans cover preventative care medicines and contraceptives in full. If your plan offers ACA benefits, all prescribed FDA approved contraceptive methods from the Kaiser Permanente

formulary list will be covered in full when obtained in-network. For plans with out-of-network (OON) benefits, contraceptives will be subject to the OON cost-share. The list of the preventative medications covered in full is available on the www.kp.org/wa/formulary webpage.

Please consult your Benefit Booklet under “Preventive Services” or call Member Service if you have questions about your coverage for these drugs.

If you request coverage for a non-preferred contraceptive, we will contact your provider to recommend a preferred generic or therapeutically equivalent product. If you and your provider determine that the preferred contraceptive(s) would be medically inappropriate, your provider must request a contraceptive waiver. If waiver is completed, the requested non-preferred contraceptive will be covered in full.

Excluded Prescription Products for Medications that have Over-The-Counter (OTC) Alternatives

There are certain prescription products that have the same or similar products available over-the-counter (OTC) without a prescription. In certain cases, Kaiser Permanente will not cover the prescription product. The following prescription drug products are excluded from coverage: esomeprazole magnesium (Nexium), omeprazole/sodium bicarbonate (Zegerid), budesonide nasal spray (Rhinocort Aqua), triamcinolone nasal spray (Nasacort), and fluticasone propionate nasal spray (Flonase).

Medical Benefit Injectable Drugs

Some drugs are given in a non-hospital setting such as home infusion, a medical office, a physician's office, or an infusion suite. These drugs are covered under the medical benefit but may require prior authorization or a non-hospital setting. The list of medical benefit injectable drugs is available on the www.kp.org/wa/formulary webpage.

How do I get additional information?

Please contact Member Service at 1-888-630-4636 with any questions or concerns regarding the information contained in this document.

The most current drug formulary is available at www.kp.org/wa/formulary.

Kaiser Foundation Health Plan of Washington

Table of Contents

Analgesics - Drugs for Pain and Inflammation	11
Analgesics - Drugs for Pain	12
Anesthetics	14
Anti-Addiction / Substance Abuse Treatment Agents	15
Antibacterials	16
Anticoagulants	18
Anticonvulsants - Drugs for Seizures	18
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	20
Antidepressants	20
Antiemetics - Drugs for Nausea and Vomiting	22
Antifungals	23
Antigout Agents	24
Antimigraine Agents	24
Antimyasthenic Agents	24
Antimycobacterials	25
Antineoplastics - Drugs for Cancer	25
Antiparasitics	27
Antiparkinson Agents	28
Antiplatelets	29
Antipsychotics - Drugs for Mood Disorders	29
Antivirals	30
Anxiolytics - Drugs for Anxiety	32
Bipolar Agents - Drugs for Mood Disorders	33
Blood Products and Modifiers - Drugs for Blood Disorders	33
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	33
Central Nervous System Agents - Drugs for Attention Deficit Disorder	38
Central Nervous System Agents - Drugs for Multiple Sclerosis	40
Central Nervous System Agents - Miscellaneous	40
Central Nervous System Agents	41
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	41
Dermatological Agents - Drugs for Skin Conditions	41
Diabetes - Antidiabetic Agents	47
Diabetes - Glucose Monitoring	48
Diabetes - Glycemic Agents	50
Diabetes - Insulins	50

Electrolytes / Minerals / Metals / Vitamins	52
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	53
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	54
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	55
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	56
Genitourinary Agents - Drugs for Prostate Conditions.....	57
Hormonal Agents - Adrenal	57
Hormonal Agents - Men's Health	58
Hormonal Agents - Pituitary	59
Hormonal Agents - Prostaglandins.....	60
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	60
Hormonal Agents - Sex Hormones and Birth Control	60
Hormonal Agents - Thyroid.....	64
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	64
Immunological Agents - Drugs for Vaccination.....	67
Inflammatory Bowel Disease Agents.....	68
Metabolic Bone Disease Agents - Drugs for Osteoporosis	69
Metabolic Bone Disease Agents - Other.....	69
Miscellaneous Therapeutic Agents.....	69
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	72
Ophthalmic Agents - Drugs for Glaucoma	74
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	75
Otic Agents - Drugs for Ear Conditions.....	75
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	76
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	77
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	79
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	79
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	80
Sleep Disorder Agents.....	80
Index of Drugs	82

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain and Inflammation			ibuprofen-famotidine	3	PA; QL
			INDOCIN	3	
ANAPROX DS	3		indomethacin er	1	
ARTHROTEC	3		indomethacin oral capsule	1	
CELEBREX	3		indomethacin oral suspension	3	
celecoxib oral	1		indomethacin rectal suppository 50 mg	3	
COXANTO	3	PA; QL	ketoprofen er	3	
DAYPRO	3		ketoprofen oral	3	
DICLOFENAC PATCH 1.3%	3		ketorolac tromethamine injection solution 15 mg/ml	1	
diclofenac potassium oral capsule	3	PA	KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	3	
diclofenac potassium oral tablet 25 mg	3	PA; QL	ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
diclofenac potassium oral tablet 50 mg	1		ketorolac tromethamine oral	3	
diclofenac sodium er	1		ketorolac tromethamine solution 30 mg/ml injection	1	
diclofenac sodium external gel 1 %	3		KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
diclofenac sodium external solution 1.5 %	3		KIPROFEN	3	
diclofenac sodium external solution 2 %	3	PA	LICART	3	
diclofenac sodium oral	1		LODINE	3	
diclofenac-misoprostol	3		LOFENA	3	PA; QL
DICLOFONO	3		meclofenamate sodium oral	1	
diflunisal oral	1		mefenamic acid oral	3	
DUEXIS	3	PA; QL	meloxicam oral capsule	3	
EC-NAPROSYN	3		MELOXICAM ORAL SUSPENSION	3	
ec-naproxen	3		meloxicam oral tablet	1	
ELYXYB	3	PA; QL	nabumetone oral	1	
etodolac	1		NALFON	3	
etodolac er	3				
fenoprofen calcium oral	3				
FLECTOR	3				
flurbiprofen oral	1				
ibuprofen oral suspension 100 mg/5ml	3				
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3		BELBUCA	3	PA; QL
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA	BENZHYDROCODONE-ACETAMINOPHEN	3	QL
NAPROSYN	3		BUPAP	3	
naproxen dr	3		buprenorphine	3	PA; QL
naproxen oral suspension	1		butalbital-acetaminophen capsule 50-300 mg oral	3	
naproxen oral tablet	1		BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	
naproxen oral tablet delayed release	3		butalbital-acetaminophen oral tablet	3	
naproxen sodium er	3		butalbital-apap-caff-cod	3	QL
naproxen sodium oral tablet 275 mg, 550 mg	1		butalbital-apap-caffeine oral capsule	3	
naproxen-esomeprazole mg	3	PA; QL	butalbital-apap-caffeine oral tablet	1	
OXAPROZIN ORAL CAPSULE	3	PA; QL	butalbital-asa-caff-codeine	3	QL
oxaprozin oral tablet	3		butalbital-aspirin-caffeine	1	
PENNSAID	3	PA	butorphanol tartrate nasal	3	QL
piroxicam oral	1		BUTRANS	3	PA; QL
RELAFEN DS	3	PA	codeine sulfate	1	QL
salsalate oral	1		CONZIP	3	PA; QL
SPRIX	3		DILAUDID ORAL	3	QL
sulindac oral	1		endocet	1	QL
TOLECTIN 600	3		ESGIC	3	
tolmetin sodium	1		fentanyl citrate buccal lozenge on a handle	3	PA; QL
VIMOVO	3	PA; QL	FENTANYL CITRATE BUCCAL TABLET	3	PA; QL
ZIPSOR	3	PA	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
ZYNRELEF	3		fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	3	PA; QL
Analgesics - Drugs for Pain			FENTORA	3	PA; QL
acetaminophen-codeine	1	QL	FIORICET	3	
ALLZITAL	3				
APADAZ	3	QL			
apap-caff-dihydrocodeine	3	QL			
ascomp-codeine	3	QL			
bac	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FIORICET/CODEINE	3	QL	OXYCODONE HCL ER	2	ST; QL
hydrocodone bitartrate er	3	PA; QL	oxycodone hcl oral capsule	3	QL
hydrocodone-acetaminophen oral solution	1	QL	oxycodone hcl oral concentrate	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	QL	oxycodone hcl oral solution	1	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL	oxycodone hcl oral tablet	1	QL
hydrocodone-ibuprofen	3	QL	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	PA; QL
hydromorphone hcl er	3	PA; QL	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	2	QL
hydromorphone hcl oral	1	QL	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
hydromorphone hcl rectal	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
HYSINGLA ER	3	PA; QL	OXYCONTIN	2	ST; QL
levorphanol tartrate oral	1	PA; QL	oxymorphone hcl	3	QL
meperidine hcl oral tablet	3	QL	oxymorphone hcl er	3	PA; QL
methadone hcl intensol	1	QL	pentazocine-naloxone hcl	3	QL
methadone hcl oral	1	QL	PERCOCET	3	QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	QL	PROLATE ORAL SOLUTION	3	PA; QL
methadose oral tablet soluble	1	QL	PROLATE ORAL TABLET	3	QL
METHADOSE SUGAR-FREE	3	QL	QDOLO	3	PA; QL
morphine sulfate (concentrate)	1	QL	ROXICODONE	3	QL
morphine sulfate er beads	3	ST; QL	ROXYBOND	3	PA; QL
morphine sulfate er oral capsule extended release 24 hour	3	PA; QL	SEGLENTIS	3	PA; QL
morphine sulfate er oral tablet extended release	1	ST; QL	tencon	3	
morphine sulfate oral	1	QL	TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
morphine sulfate rectal	1	QL			
MS CONTIN	3	ST; QL			
NALOCET	3	QL			
NUCYNTA	3	PA; QL			
NUCYNTA ER	3	PA; QL			

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL	lidocaine hcl external cream 3 %	3	
tramadol hcl er	3	PA; QL	LIDOCAINE HCL EXTERNAL CREAM 4.12 %	3	
TRAMADOL HCL ORAL SOLUTION	3	PA; QL	lidocaine hcl external lotion	3	PA
tramadol hcl oral tablet 100 mg, 50 mg	1	QL	lidocaine hcl external solution	3	
tramadol hcl oral tablet 25 mg	3	PA; QL	lidocaine hcl injection solution 0.5 %	1	
tramadol-acetaminophen	1	QL	LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/5ML, 200 MG/10ML	3	
TREZIX	3	QL	LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
XTAMPZA ER	3	PA; QL	lidocaine hcl solution 1 % injection	1	
Anesthetics			LIDOCAINE HCL SOLUTION 2 % INJECTION	3	
AGONEAZE	3		lidocaine hcl solution 2 % injection	1	
ANODYNE LPT	3		lidocaine hcl urethral/mucosal	1	
ASTERO	3		lidocaine-epinephrine solution 1 %-1:100000 injection	3	
BRUSELIX EXTERNAL CREAM	3		LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
COCAINE HCL NASAL	3		lidocaine-prilocaine	1	
CRYODOSE TA	3		LIDOCAN	3	
DERMACINRX LIDOGEL	3		LIDODERM	3	
EHA	3		LIDOMAR	3	
ethyl chloride	3		lidopin external cream 3 %	3	
GEBAUERS PAIN EASE	3		LIDOREX	3	
GEBAUERS SPRAY AND STRETCH	3		LIDORX	3	PA
glydo	1		LIDO-SORB	3	PA
GOPRELTO	3				
LDO PLUS	3				
LEVATIO	3				
LIDO BDK	3				
lidocaine external ointment 5 %	3				
lidocaine external patch 5 %	1				
lidocaine hcl (pf) injection solution 0.5 %, 1.5 %	3				
lidocaine hcl (pf) injection solution 1 %, 2 %	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LIDOTHOL EXTERNAL PATCH	3		goodsense nicotine mouth/throat gum 2 mg	2	
LIDOTRAL EXTERNAL CREAM	3		goodsense nicotine mouth/throat lozenge 4 mg	2	
LIDOTRAN	3		habitrol	1	
LIVIXIL PAK	3		KLOXXADO	3	
LYDEXA	3		LUCEMYRA	3	PA; QL
premium lidocaine	3		naloxone hcl injection	1	
PRILOVIX	3		naloxone hcl nasal	1	
PRILOVIX LITE	3		naltrexone hcl oral	1	
PRILOVIX LITE PLUS	3		NARCAN	2	
PRILOVIX PLUS	3		NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	2	
prilovix ultralite	1		NICORETTE MOUTH/THROAT GUM 2 MG	2	
prilovix ultralite plus	1		NICORETTE MOUTH/THROAT LOZENGE	2	
PROXIVOL	3		nicotine mini	2	
RELADOR PAK	3		nicotine polacrilex mini	2	
RELADOR PAK PLUS	3		nicotine polacrilex mouth/throat	2	
SOOTHEE	3		nicotine step 1	1	
XYLOCAINE	3		nicotine step 2	1	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 1 %-1:100000	3		nicotine step 3	1	
XYLOCAINE-MPF	3		nicotine transdermal kit	1	
ZERUVIA	3		nicotine transdermal patch 24 hour 21 mg/24hr	1	
ZIONODIL	3	PA	OPVEE	3	PA
ZIONODIL 100	3	PA	REXTOVY	3	
ZTLIDO	3		SUBOXONE	3	QL
Anti-Addiction / Substance Abuse Treatment Agents			varenicline tartrate	1	
acamprosate calcium	1		varenicline tartrate (starter)	1	
buprenorphine hcl sublingual	1	QL	varenicline tartrate(continue)	1	
buprenorphine hcl-naloxone hcl	1	QL	VIVITROL	2	QL
bupropion hcl er (smoking det)	1		ZIMHI	3	
disulfiram oral	1				
ft nicotine	2				
ft nicotine mini	2				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZUBSOLV	3	QL	cefuroxime axetil	1	
Antibacterials			cephalexin oral capsule 250 mg, 500 mg	1	
AEMCOLO	3	PA	cephalexin oral capsule 750 mg	3	
amoxicillin	1		cephalexin oral suspension reconstituted	1	
amoxicillin-potassium clavulanate	1		cephalexin oral tablet	3	
amoxicillin-potassium clavulanate er	3		CIPRO	3	
ampicillin	1		ciprofloxacin hcl oral	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 250 mg, 500 mg	1		clarithromycin er	3	
ARIKAYCE	3		clarithromycin oral	1	
AUGMENTIN	3		CLEOCIN	3	
AUGMENTIN ES-600	3		CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML	3	
avidoxy	1		clindamycin hcl oral	1	
azithromycin oral	1		clindamycin palmitate hcl	1	
BACTRIM	3		clindamycin phosphate vaginal	1	
BACTRIM DS	3		CLINDESSE	3	
BAXDELA ORAL	3	QL	colistimethate sodium (cba)	3	
BICILLIN L-A	2		COLY-MYCIN M	3	
cefaclor	3		demeclocycline hcl	3	
cefaclor er	3		dicloxacillin sodium	1	
cefadroxil	1		DIFICID	3	PA; QL
cefazolin sodium injection solution reconstituted 1 gm	1		DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	3	
cefdinir	1		DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	3	PA; QL
cefepime hcl injection	3		doxycycline hyclate oral capsule	1	
cefixime	1		doxycycline hyclate oral tablet	1	
cefpodoxime proxetil	3		doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	3	
cefprozil	1				
ceftazidime injection solution reconstituted 1 gm	1				
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3		mafenide acetate external	3	
doxycycline monohydrate oral capsule	1		methenamine hippurate	1	
doxycycline monohydrate oral suspension reconstituted	3		methenamine mandelate oral	3	
doxycycline monohydrate oral tablet	1		metronidazole oral capsule	3	
E.E.S. 400	3		metronidazole oral tablet	1	
E.E.S. GRANULES	3		metronidazole vaginal	1	
ERYPED 200	3		minocycline hcl er	3	PA
ERYPED 400	3		minocycline hcl oral capsule	1	
ERY-TAB	3		minocycline hcl oral tablet	3	
ERYTHROCIN STEARATE	3		MINOLIRA	3	PA
erythromycin base oral	3		mondoxyme nl	1	
erythromycin ethylsuccinate oral suspension reconstituted	1		moxifloxacin hcl oral	1	
erythromycin ethylsuccinate oral tablet	3		mupirocin calcium	1	
erythromycin oral	3		mupirocin external	1	
FIRVANQ	2		neomycin sulfate oral	1	
FLAGYL	3		neomycin-polymyxin b gu	3	
fosfomicin tromethamine	3		nitrofurantoin macrocrystal	1	
gentamicin sulfate external	1		nitrofurantoin monohydrate macrocrystals	1	
HIPREX	3		nitrofurantoin oral suspension 25 mg/5ml	1	
HUMATIN	3		NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	PA; QL
levofloxacin oral	1		NUVESSA	3	
LIKMEZ	3	PA	NUZYRA ORAL	3	QL
LINCOCIN	3		ofloxacin oral	3	
lincomycin hcl injection	3		penicillin v potassium	1	
linezolid oral suspension reconstituted	1	QL	SEYSARA	3	PA; QL
linezolid oral tablet	1		SILVADENE	3	
MACROBID	3		silver nitrate external	3	
MACRODANTIN	3		silver sulfadiazine external	1	
			SIVEXTRO ORAL	2	QL
			SOLODYN	3	PA

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SOLOSEC	3		ELIQUIS DVT/PE STARTER PACK	3	PA
ssd	1		enoxaparin sodium	1	
streptomycin sulfate intramuscular	3		fondaparinux sodium	1	QL
sulfadiazine oral	3		FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	3	
sulfamethoxazole-trimethoprim oral	1		FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	3	PA
SULFAMYLON	3		FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
sulfatrim pediatric	1		heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	1	
TARGADOX	3		heparin sodium (porcine) pf	1	
tazicef injection	1		jantoven	1	
tetracycline hcl oral capsule	3		LOVENOX	1	
TETRACYCLINE HCL ORAL TABLET	3		PRADAXA ORAL CAPSULE	1	
tinidazole oral	3		PRADAXA ORAL PACKET	3	PA; QL
trimethoprim oral	1		REGIOCIT	3	
VANCOGIN	3	PA; QL	SAVAYSA	3	PA
vancomycin hcl oral capsule	1	QL	warfarin sodium oral	1	
vancomycin hcl oral solution reconstituted	1		XARELTO ORAL SUSPENSION RECONSTITUTED	3	PA; QL
vandazole	1		XARELTO ORAL TABLET	2	PA
VIBRAMYCIN	3		XARELTO STARTER PACK	2	PA
XACIATO	3				
XEPI	3				
XIFAXAN	3	PA; QL			
ZITHROMAX ORAL	3				
ZITHROMAX TRI-PAK	3				
ZITHROMAX Z-PAK	3				
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL			
ZYVOX ORAL TABLET	3	PA			
Anticoagulants			Anticonvulsants - Drugs for Seizures		
ARIXTRA	3	PA; QL	APTIOM	3	PA; QL
dabigatran etexilate mesylate	1		BANZEL	3	QL
ELIQUIS	3	PA	BRIVIACT ORAL	3	PA; QL
			carbamazepine er	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
carbamazepine oral	1		LAMICTAL ODT	3	PA
CARBATROL	3		LAMICTAL STARTER	3	PA
CELONTIN	3		LAMICTAL XR	3	PA
clobazam oral suspension	3	QL	lamotrigine er	3	
clobazam oral tablet	1		lamotrigine oral kit	3	
DEPAKOTE	3		lamotrigine oral tablet	1	
DEPAKOTE ER	3		lamotrigine oral tablet chewable	1	
DEPAKOTE SPRINKLES	3		lamotrigine oral tablet dispersible	3	
DIACOMIT	3	PA; QL	lamotrigine starter kit-blue	3	
diazepam rectal	1	QL	lamotrigine starter kit-green	3	
DILANTIN INFATABS	3		lamotrigine starter kit-orange	3	
DILANTIN ORAL CAPSULE 100 MG	3		levetiracetam er	1	
DILANTIN ORAL CAPSULE 30 MG	2		levetiracetam oral	1	
DILANTIN ORAL SUSPENSION	3		LIBERVANT	3	PA; QL
DILANTIN-125	3		methsuximide	2	
divalproex sodium er	1		MOTPOLY XR	3	PA; QL
divalproex sodium oral	1		MYSOLINE	3	PA; QL
ELEPSIA XR	3	PA; QL	NAYZILAM	2	PA; QL
EPIDIOLEX	3	PA; QL	NEURONTIN	3	
epitol	1		ONFI	3	PA; QL
EPRONTIA	3	PA	oxcarbazepine	1	
ethosuximide oral	1		OXTELLAR XR	3	
felbamate oral suspension	3		pentobarbital sodium injection	3	
felbamate oral tablet	3	QL	phenobarbital oral	1	
FELBATOL	3	PA; QL	phenobarbital sodium injection solution 130 mg/ml	1	
FINTEPLA	3	PA; QL	phenytek	3	
FYCOMPA	3	PA; QL	phenytoin infatabs	1	
gabapentin oral capsule	1		phenytoin oral	1	
gabapentin oral solution	1		phenytoin sodium extended oral capsule 100 mg	1	
gabapentin oral tablet 600 mg, 800 mg	1				
KEPPRA ORAL	3				
KEPPRA XR	3				
lacosamide oral	1				
LAMICTAL	3	PA			

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
phenytoin sodium extended oral capsule 200 mg, 300 mg	3		XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL
phenytoin sodium injection	1		XCOPRI ORAL TABLET 25 MG	3	PA
primidone oral tablet 125 mg	3	PA	XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	3	PA; QL
primidone oral tablet 250 mg, 50 mg	1	QL			
QUDEXY XR	3	PA			
roweepra	1		ZARONTIN	3	
rufinamide	3	QL	ZONEGRAN	3	
SABRIL	3	PA	ZONISADE	3	PA
SPRITAM	3		zonisamide oral	1	
subvenite	1		ZTALMY	3	PA; QL
subvenite starter kit-blue	3		Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
subvenite starter kit-green	3		ADLARITY	3	PA
subvenite starter kit-orange	3		ARICEPT	3	
SYMPAZAN	3	QL	donepezil hcl	1	
TEGRETOL	3		EXELON	3	
TEGRETOL-XR	3		galantamine hydrobromide	1	
tiagabine hcl	3		galantamine hydrobromide er	1	
TOPAMAX	3		memantine hcl er	3	PA
TOPAMAX SPRINKLE	3	PA	memantine hcl oral solution	3	
topiramate er	3		memantine hcl oral tablet 10 mg, 5 mg	1	
topiramate oral	1		memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	3	
TRILEPTAL	3		NAMENDA TITRATION PAK	3	
TROKENDI XR	3	PA	NAMENDA XR	3	PA
valproic acid oral	1		NAMZARIC	3	
VALTOCO	2	PA; QL	rivastigmine	3	
vigabatrin oral packet	3		rivastigmine tartrate	1	
vigabatrin oral tablet	3	PA	Antidepressants		
vigadrone oral packet	3		amitriptyline hcl oral	1	
vigadrone oral tablet	3	PA			
vigpoder	3				
VIMPAT ORAL	3				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
amoxapine	1		escitalopram oxalate oral	1	
ANAFRANIL	3		FETZIMA	3	PA
APLENZIN	3		FETZIMA TITRATION	3	PA
AUVELITY	3	PA; QL	fluoxetine hcl (pmdd)	3	
bupropion hcl er (sr)	1		fluoxetine hcl oral capsule	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		fluoxetine hcl oral capsule delayed release	3	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PA	fluoxetine hcl oral solution	1	
bupropion hcl oral	1		fluoxetine hcl oral tablet	3	
CELEXA	3		fluvoxamine maleate	1	
chlordiazepoxide-amitriptyline	3	QL	fluvoxamine maleate er	3	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PA	FORFIVO XL	3	PA
citalopram hydrobromide oral solution	1		imipramine hcl oral	1	
citalopram hydrobromide oral tablet	1		imipramine pamoate	3	
clomipramine hcl oral	1		LEXAPRO	3	
CYMBALTA	3		LYBALVI	3	PA; QL
desipramine hcl oral	1		MARPLAN	3	
DESVENLAFAXINE ER (authorized generic Khedezla)	3	PA	mirtazapine oral	1	
desvenlafaxine succinate er	1		NARDIL	3	
doxepin hcl oral capsule	1		nefazodone hcl	3	
doxepin hcl oral concentrate	1		NORPRAMIN	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1		nortriptyline hcl oral	1	
duloxetine hcl oral capsule delayed release particles 40 mg	3		olanzapine-fluoxetine hcl	3	
EFFEXOR XR	3		PAMELOR	3	
EMSAM	3		PARNATE	3	
			paroxetine hcl	1	
			paroxetine hcl er	1	
			paroxetine mesylate	3	
			PAXIL	3	
			PAXIL CR	3	
			perphenazine-amitriptyline	1	
			phenelzine sulfate oral	1	
			PRISTIQ	3	
			protriptyline hcl	1	
			PROZAC	3	
			REMERON	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
REMERON SOLTAB	3		compro	1	
SERTRALINE HCL ORAL CAPSULE	3		DICLEGIS	3	PA
sertraline hcl oral concentrate	1		dimenhydrinate injection	1	
sertraline hcl oral tablet	1		doxylamine-pyridoxine	3	PA
SPRAVATO (56 MG DOSE)	3	PA; QL	dronabinol	1	
SPRAVATO (84 MG DOSE)	3	PA; QL	EMEND ORAL	3	
SYMBYAX	3		EMEND TRI-PACK	3	
tranylcypromine sulfate	1		GIMOTI	3	PA
trazodone hcl oral	1		granisetron hcl oral	1	
trimipramine maleate oral	3		MARINOL	3	
TRINTELLIX	3	PA; QL	meclizine hcl oral tablet 12.5 mg, 25 mg	3	
VENLAFAXINE BESYLATE ER	3		metoclopramide hcl injection	1	
venlafaxine hcl	1		metoclopramide hcl oral solution	1	
venlafaxine hcl er oral capsule extended release 24 hour	1		metoclopramide hcl oral tablet	1	
venlafaxine hcl er oral tablet extended release 24 hour	3		metoclopramide hcl oral tablet dispersible	3	
VIIBRYD	3	PA	ondansetron hcl injection	1	
vilazodone hcl	3	PA	ondansetron hcl oral	1	
WELLBUTRIN SR	3		ondansetron odt	1	
WELLBUTRIN XL	3		perphenazine oral	1	
ZOLOFT	3		PHENERGAN	3	
ZURZUVAE	3	PA; QL	prochlorperazine	1	
Antiemetics - Drugs for Nausea and Vomiting			prochlorperazine edisylate injection	1	
AKYNZEO ORAL	3		prochlorperazine maleate oral	1	
ANZEMET	3		promethazine hcl injection	3	
aprepitant oral	1		promethazine hcl oral	1	
aprepitant oral capsule 125 mg, 80 & 125 mg, 80 mg	1		promethazine hcl rectal	1	
aprepitant oral capsule 40 mg	3		promethegan	1	
BONJESTA	3	PA	REGLAN	3	
			SANCUSO	3	PA
			scopolamine	3	
			SYNDROS	3	
			TIGAN	3	PA

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TRANSDERM-SCOP	3		ketoconazole oral	1	
trimethobenzamide hcl oral	3	PA	ketodan	3	
VARUBI (180 MG DOSE)	3	PA; QL	klayesta	1	
Antifungals			LULICONAZOLE	3	
ANCOBON	3	PA; QL	LUZU	3	
BREXAFEMME	3	PA	miconazole 3	3	
ciclodan	1		MICONAZOLE-ZINC OXIDE-PETROLAT	3	
ciclopirox external	1		naftifine hcl	3	
ciclopirox olamine external	1		NAFTIN	3	
clotrimazole external	3		NOXAFIL ORAL PACKET	3	
clotrimazole mouth/throat	1		NOXAFIL ORAL SUSPENSION	3	PA; QL
clotrimazole-betamethasone	1		NOXAFIL ORAL TABLET DELAYED RELEASE	3	PA
CRESEMBA ORAL	2	PA; QL	nyamyc	1	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3		nystatin external	1	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3		nystatin mouth/throat	1	
econazole nitrate external	3		nystatin oral	1	
ECOZA	3		nystatin-triamcinolone	1	
ERTACZO	3		nystop	1	
EXELDERM	3		ORAVIG	3	
exoderm	3		oxiconazole nitrate	3	
fluconazole oral	1		OXISTAT	3	
flucytosine oral	2	QL	posaconazole oral suspension	3	PA; QL
griseofulvin microsize oral	1		posaconazole oral tablet delayed release	3	PA
griseofulvin ultramicrosize	1		SPORANOX	3	PA
GYNAZOLE-1	3		tavaborole	3	PA
itraconazole oral	1	PA	terbinafine hcl oral	1	
JUBLIA	3	PA	terconazole vaginal cream	1	
ketoconazole external cream	1		terconazole vaginal suppository	3	
ketoconazole external foam	3		TOLSURA	3	PA
ketoconazole external shampoo	1		VFEND	3	PA
			VIVJOA	3	PA; QL
			voriconazole oral	1	PA

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VUSION	3		IMITREX	3	
Antigout Agents			IMITREX STATDOSE REFILL	3	
allopurinol oral tablet 100 mg, 300 mg	1		IMITREX STATDOSE SYSTEM	3	
ALLOPURINOL ORAL TABLET 200 MG	3	PA	MAXALT	3	
colchicine oral	1		MAXALT-MLT	3	
colchicine-probenecid	1		MIGERGOT	2	
febuxostat	1		MIGRANAL	3	PA
GLOPERBA	3		naratriptan hcl	1	
MITIGARE	3		NURTEC	3	PA; QL
probenecid	1		QULIPTA	3	PA; QL
ULORIC	3		RELPAX	3	
Antimigraine Agents			REYVOW	3	PA; QL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA	rizatriptan benzoate	1	
AJOVY	3	PA	sumatriptan nasal	1	
almotriptan malate	3	PA	sumatriptan succinate oral	1	
CAMBIA	3	PA	sumatriptan succinate refill subcutaneous solution cartridge	1	
diclofenac potassium(migraine)	3	PA	sumatriptan succinate subcutaneous	1	
dihydroergotamine mesylate injection	1	QL	sumatriptan-naproxen sodium	3	PA
dihydroergotamine mesylate nasal	1		TOSYMRA	3	
eletriptan hydrobromide	3		TREXIMET	3	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA	TRUDHESA	3	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/ML	3	PA; QL	UBRELVY	3	PA; QL
ERGOMAR	2		ZAVZPRET	3	PA; QL
ergotamine-caffeine	1		ZEMBRACE SYMTOUCH	3	
FROVA	3	PA	zolmitriptan nasal	3	
frovatriptan succinate	3	PA	zolmitriptan oral	1	
			ZOMIG NASAL	3	
			Antimyasthenic Agents		
			MESTINON ORAL SOLUTION	2	
			MESTINON ORAL TABLET	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MESTINON ORAL TABLET EXTENDED RELEASE	3		BRUKINSA	2	PA; QL
pyridostigmine bromide er	1		CABOMETYX	3	PA; QL
pyridostigmine bromide oral	1		CALQUENCE	2	PA; QL
Antimycobacterials			capecitabine	1	QL
cycloserine oral	3		CAPRELSA	3	PA; QL
dapsone oral	1		CASODEX	3	
ethambutol hcl oral	1		COMETRIQ	3	PA; QL
isoniazid oral	1		COPIKTRA	3	PA; QL
MYAMBUTOL	3		COTELLIC	2	PA; QL
MYCOBUTIN	3		cyclophosphamide oral capsule	1	
PRETOMANID	3		CYCLOPHOSPHAMIDE ORAL TABLET	3	
PRIFTIN	2		DAURISMO	3	PA; QL
pyrazinamide oral	1		DROXIA	2	
rifabutin	1		EMCYT	3	QL
rifampin oral	1		ERIVEDGE	3	PA
SIRTURO	3	PA; QL	ERLEADA	3	PA; QL
TRECATOR	3		erlotinib hcl	1	PA
Antineoplastics - Drugs for Cancer			etoposide oral	1	QL
abiraterone acetate	1	QL	EULEXIN	3	
AFINITOR	3	PA; QL	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL
AFINITOR DISPERZ	2	PA; QL	everolimus oral tablet soluble	1	PA; QL
AKEEGA	3	PA; QL	exemestane	1	
ALECENSA	3	PA; QL	EXKIVITY	3	PA; QL
ALUNBRIG	3	PA; QL	FARESTON	3	PA
anastrozole oral	1		FEMARA	3	
ARIMIDEX	3		FOTIVDA	3	PA; QL
AROMASIN	3		FRUZAQLA	3	PA; QL
AUGTYRO	3	PA; QL	GAVRETO	3	PA; QL
AYVAKIT	3	PA; QL	gefitinib	2	PA; QL
BALVERSA	3	PA; QL	GILOTRIF	2	PA; QL
BESREMI	3	PA; QL	GLEEVEC	3	PA; QL
bexarotene	3	PA; QL	GLEOSTINE	2	
bicalutamide	1		HYCAMTIN ORAL	3	QL
BOSULIF	3	PA; QL	HYDREA	3	
BRAFTOVI	3	PA; QL	hydroxyurea oral	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
IBRANCE	3	PA; QL	LORBRENA	3	PA; QL
ICLUSIG	3	PA; QL	LUMAKRAS	3	PA; QL
IDHIFA	3	PA; QL	LYNPARZA	3	PA; QL
imatinib mesylate	1	QL	LYSODREN	3	PA
IMBRUVICA ORAL CAPSULE	2	PA; QL	LYTGOBI (12 MG DAILY DOSE)	3	PA; QL
IMBRUVICA ORAL SUSPENSION	3	PA; QL	LYTGOBI (16 MG DAILY DOSE)	3	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 420 MG	2	PA; QL	LYTGOBI (20 MG DAILY DOSE)	3	PA; QL
			MATULANE	2	QL
IMBRUVICA ORAL TABLET 280 MG	3	PA; QL	MEKINIST	2	PA; QL
INLYTA	3	PA; QL	MEKTOVI	3	PA; QL
INQOVI	3	PA; QL	mercaptopurine oral	1	
INREBIC	3	PA; QL	mesna	1	
IRESSA	3	PA; QL	MESNEX ORAL	2	
JAKAFI	3	PA; QL	MYLERAN	2	QL
JAYPIRCA	3	PA; QL	NERLYNX	3	PA; QL
KISQALI FEMARA	3	PA; QL	NEXAVAR	3	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; QL	NILANDRON	3	PA
			nilutamide	3	PA
KOSELUGO	3	PA; QL	NINLARO	3	PA; QL
KRAZATI	3	PA; QL	NUBEQA	3	PA; QL
lapatinib ditosylate	1	PA; QL	ODOMZO	3	PA; QL
lenalidomide	1	PA; QL	OGSIVEO	3	PA; QL
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 3 X 4 MG, 4 MG	3	PA; QL	OJEMDA	3	PA; QL
			OJJAARA	3	PA; QL
			ONUREG	3	PA; QL
			ORGOVYX	3	PA; QL
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 4 MG	3	PA	ORSERDU	3	PA; QL
			PANRETIN	3	PA; QL
letrozole oral	1		pazopanib hcl	1	PA; QL
leucovorin calcium injection solution 100 mg/10ml	3		PEMAZYRE	3	PA; QL
leucovorin calcium oral	1		PIQRAY	3	PA; QL
LEUKERAN	2		POMALYST	3	PA; QL
LONSURF	3	PA; QL	PURIXAN	3	PA
			QINLOCK	3	PA; QL
			RETEVMO	3	PA; QL
			REVLIMID	2	PA; QL

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
REZLIDHIA	3	PA; QL	VITRAKVI	3	PA; QL
ROZLYTREK	2	PA; QL	VIZIMPRO	3	PA; QL
RUBRACA	3	PA; QL	VONJO	3	PA; QL
RYDAPT	2	PA; QL	VOTRIENT	3	PA; QL
SCSEMBLIX	3	PA; QL	WELIREG	3	PA; QL
SIKLOS	3	PA; QL	XALKORI	3	PA; QL
SOLTAMOX	3		XELODA	3	PA; QL
sorafenib tosylate	1	PA	XOSPATA	3	PA; QL
SPRYCEL	2	PA; QL	XPOVIO (100 MG ONCE WEEKLY)	3	PA; QL
STIVARGA	2	PA	XPOVIO (40 MG ONCE WEEKLY)	3	PA; QL
sunitinib malate	1	PA; QL	XPOVIO (40 MG TWICE WEEKLY)	3	PA; QL
SUTENT	3	PA; QL	XPOVIO (60 MG ONCE WEEKLY)	3	PA; QL
TABLOID	2		XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL
TABRECTA	3	PA; QL	XPOVIO (80 MG ONCE WEEKLY)	3	PA; QL
TAFINLAR	2	PA; QL	XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL
TAGRISSE	2	PA; QL	XTANDI ORAL CAPSULE	2	PA; QL
TALZENNA	3	PA; QL	XTANDI ORAL TABLET	3	PA; QL
tamoxifen citrate oral	1		YONSA	3	PA; QL
TARCEVA	3	PA	ZEJULA	3	PA; QL
TARGRETIN	3	PA; QL	ZELBORAF	2	PA
TASIGNA	3	PA; QL	ZOLINZA	3	PA; QL
TAZVERIK	3	PA; QL	ZYDELIG	2	PA; QL
temozolomide	1	QL	ZYKADIA	3	PA; QL
TEPMETKO	3	PA; QL	ZYTIGA	3	PA; QL
THALOMID	2	PA; QL	Antiparasitics		
TIBSOVO	3	PA; QL	albendazole oral	1	
toremifene citrate	3	PA	ALINIA ORAL SUSPENSION RECONSTITUTED	2	
tretinoin oral	1	QL	ALINIA ORAL TABLET	3	
TRUQAP	3	PA; QL	atovaquone	1	
TUKYSA	3	PA; QL	BENZNIDAZOLE	3	QL
TURALIO	3	PA; QL	BILTRICIDE	3	
TYKERB	3	PA; QL			
VALCHLOR	3	PA; QL			
VANFLYTA	3	PA; QL			
VENCLEXTA	2	PA; QL			
VENCLEXTA STARTING PACK	2	PA; QL			
VERZENIO	3	PA; QL			
VIJOICE	3	PA; QL			

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
chloroquine phosphate oral	1		bromocriptine mesylate oral	1	
COARTEM	3		carbidopa oral	1	
CROTAN	2		carbidopa-levodopa er	1	
DARAPRIM	3	PA; QL	carbidopa-levodopa oral tablet	1	
EMVERM	3		carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg	1	
hydroxychloroquine sulfate oral	1		carbidopa-levodopa oral tablet dispersible 25-250 mg	3	
IMPAVIDO	3	PA; QL	carbidopa-levodopa-entacapone	1	
ivermectin oral	3	PA	DHIVY	3	PA
KRINTAFEL	2		DUOPA	2	PA
LAMPIT	3		entacapone	1	
malathion	3		GOCOVRI	3	PA; QL
MEPRON	3	PA	INBRIJA	3	PA; QL
NATROBA	3		LODOSYN	3	
NEBUPENT	3		MIRAPEX ER	3	
nitazoxanide oral	2		NEUPRO	3	
OVIDE	3		NOURIANZ	3	PA; QL
PENTAM	3		ONGENTYS	3	PA; QL
pentamidine isethionate	3		OSMOLEX ER	3	PA
permethrin external	1		PARLODEL	3	
PLAQUENIL	3		pramipexole dihydrochloride	1	
praziquantel oral	1		pramipexole dihydrochloride er	3	
primaquine phosphate	1		rasagiline mesylate oral	1	PA
pyrimethamine oral	1	PA; QL	ropinirole hcl	1	
QUALAQUIN	3		ropinirole hcl er	3	
quinine sulfate	3		RYTARY	3	PA
SOVUNA	3		selegiline hcl oral	1	
spinosad	3		SINEMET	3	
STROMECTOL	3	PA	STALEVO 150	3	
Antiparkinson Agents			TASMAR	3	PA; QL
amantadine hcl oral	1		tolcapone	3	QL
APOKYN	3	PA; QL	trihexyphenidyl hcl	1	
apomorphine hcl subcutaneous	3	PA; QL			
AZILECT	3	PA			
benztropine mesylate	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XADAGO	3	PA	CLOZARIL	3	
ZELAPAR	3	QL	FANAPT	3	PA
Antiplatelets			FANAPT TITRATION PACK	3	PA
aspirin-dipyridamole er	1		fluphenazine decanoate injection	1	
BRILINTA	2		fluphenazine hcl	1	
CABLIVI	3	PA; QL	GEODON	3	
cilostazol	1		HALDOL DECANOATE	3	
clopidogrel bisulfate oral	1		haloperidol decanoate intramuscular	1	
dipyridamole oral	1		haloperidol lactate injection	1	
EFFIENT	3		haloperidol lactate oral concentrate 2 mg/ml	1	
PLAVIX	3		haloperidol oral	1	
prasugrel hcl	1		INVEGA	3	
YOSPRALA	3		INVEGA HAFYERA	2	
ZONTIVITY	3		INVEGA SUSTENNA	2	
Antipsychotics - Drugs for Mood Disorders			INVEGA TRINZA	2	QL
ABILIFY	3		LATUDA	3	PA
ABILIFY ASIMTUFII	2		loxapine succinate	1	
ABILIFY MAINTENA	2		lurasidone hcl	1	
ABILIFY MYCITE MAINTENANCE KIT	3	PA; QL	molindone hcl	3	
ABILIFY MYCITE STARTER KIT	3	PA; QL	NUPLAZID	3	PA; QL
aripiprazole oral solution	1		olanzapine	1	
aripiprazole oral tablet	1		paliperidone er	1	
aripiprazole oral tablet dispersible	3		PERSERIS	2	
ARISTADA	2	QL	pimozide	1	
ARISTADA INITIO	2		quetiapine fumarate	1	
asenapine maleate	3	PA	quetiapine fumarate er	1	
CAPLYTA	3	PA; QL	REXULTI	3	PA
chlorpromazine hcl injection	1		RISPERDAL	3	
chlorpromazine hcl oral concentrate	3		RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	1	
chlorpromazine hcl oral tablet	1				
clozapine oral tablet	1				
clozapine oral tablet dispersible	3				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	2		UZEDY	2	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	1		VERSACLOZ	3	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	2		VRAYLAR	3	PA; QL
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	1		ziprasidone hcl	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	2		ziprasidone mesylate	3	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	1		ZYPREXA	3	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	2		ZYPREXA RELPREVV	2	
risperidone microspheres er	1		ZYPREXA ZYDIS	3	
risperidone oral solution	1		Antivirals		
risperidone oral tablet	1		abacavir sulfate	1	
risperidone oral tablet dispersible	3		abacavir sulfate-lamivudine	1	
RYKINDO	2		acyclovir external cream	3	
SAPHRIS	3	PA	acyclovir external ointment	1	
SECUADO	3	PA	acyclovir oral	1	
SEROQUEL	3		adefovir dipivoxil	1	QL
SEROQUEL XR	3		APTIVUS	2	QL
thioridazine hcl oral	3		atazanavir sulfate	1	
thiothixene	1		BARACLUDGE ORAL SOLUTION	2	QL
trifluoperazine hcl	1		BARACLUDGE ORAL TABLET	3	PA; QL
			BIKTARVY	2	QL
			CIMDUO	2	QL
			COMPLERA	2	PA; QL
			darunavir	1	
			DELSTRIGO	3	PA; QL
			DENAVIR	3	
			DESCOVY	2	PA; QL
			DOVATO	2	QL
			EDURANT	2	
			efavirenz	1	
			efavirenz-emtricitabine-tenofo df	1	
			efavirenz-lamivudine-tenofovir	1	
			emtricitabine	1	
			emtricitabine-tenofovir df	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EMTRIVA ORAL CAPSULE	3	PA	nevirapine oral tablet	1	
EMTRIVA ORAL SOLUTION	2		NORVIR ORAL PACKET	2	
entecavir	1		NORVIR ORAL TABLET	3	
EPCLUSA	2	QL	ODEFSEY	2	QL
EPIVIR	3		oseltamivir phosphate oral	1	
etravirine	1		PAXLOVID (150/100)	2	QL
EVOTAZ	3	QL	PAXLOVID (300/100)	2	QL
famciclovir oral	1		PEGASYS	2	QL
fosamprenavir calcium	1	QL	penciclovir	3	
FUZEON	3	QL	PIFELTRO	3	PA; QL
GENVOYA	2		PREVYMIS ORAL	2	PA; QL
HARVONI	2	PA; QL	PREZCOBIX	2	QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3		PREZISTA ORAL SUSPENSION	2	
INTELENCE ORAL TABLET 25 MG	2		PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ISENTRESS HD	2		PREZISTA ORAL TABLET 600 MG, 800 MG	3	
ISENTRESS ORAL PACKET	3		RELENZA DISKHALER	2	
ISENTRESS ORAL TABLET	2		RETROVIR ORAL	3	
ISENTRESS ORAL TABLET CHEWABLE	2		REYATAZ ORAL CAPSULE	3	PA; QL
JULUCA	2	QL	REYATAZ ORAL PACKET	2	
KALETRA	3		ribavirin inhalation	3	
LAGEVRIO	2	QL	ribavirin oral	1	QL
lamivudine	1		rimantadine hcl	1	
lamivudine-zidovudine	1		ritonavir	1	
LEDIPASVIR-SOFOSBUVIR	2	PA; QL	RUKOBIA	3	PA; QL
LIVTENCITY	3	PA; QL	SELZENTRY ORAL SOLUTION	2	QL
lopinavir-ritonavir	1		SELZENTRY ORAL TABLET	3	QL
maraviroc	2	QL	SITAVIG	3	
MAVYRET	3	PA; QL	SOFOSBUVIR-VELPATASVIR	2	QL
nevirapine er	1		SOVALDI	3	PA; QL
nevirapine oral suspension	3		STRIBILD	2	PA; QL

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SUNLENCA ORAL	3	PA; QL	alprazolam oral tablet	1	QL
SYMFI	1		alprazolam oral tablet dispersible	3	QL
SYMFI LO	1		alprazolam xr	1	QL
SYMTUZA	2	QL	ATIVAN INJECTION SOLUTION 2 MG/ML	3	QL
TAMIFLU	2		ATIVAN ORAL	3	QL
tenofovir disoproxil fumarate	1		bupirone hcl oral	1	
TIVICAY	2		chlordiazepoxide hcl	1	QL
TIVICAY PD	2		clonazepam oral	1	QL
TRIUMEQ	2	QL	clorazepate dipotassium	1	QL
TRIUMEQ PD	2	QL	diazepam injection solution 10 mg/2ml	1	QL
TRUVADA	3	QL	diazepam intensol	3	QL
TYBOST	2	PA	diazepam oral concentrate	3	QL
valacyclovir hcl oral	1		diazepam oral solution	1	QL
VALCYTE	3	PA; QL	diazepam oral tablet	1	QL
valganciclovir hcl	1	QL	diazepam solution 5 mg/ml injection	1	QL
VALTREX	3		DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	QL
VEMLIDY	3	PA; QL	DORAL	3	QL
VIRACEPT	2		estazolam	3	QL
VIRAZOLE	3		HALCION	3	QL
VIREAD ORAL POWDER	2		hydroxyzine hcl oral	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		hydroxyzine pamoate oral	1	
VIREAD ORAL TABLET 300 MG	3	PA	KLONOPIN	3	QL
VOSEVI	2	PA; QL	lorazepam injection solution 2 mg/ml	1	QL
XERESE	3		lorazepam intensol	1	QL
XOFLUZA (40 MG DOSE)	3		lorazepam oral concentrate 2 mg/ml	1	QL
XOFLUZA (80 MG DOSE)	3		lorazepam oral tablet	1	QL
ZEPATIER	3	PA; QL	LOREEV XR	3	QL
ZIAGEN	3		meprobamate	3	
zidovudine	1		midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml	1	QL
ZOVIRAX	3				
Anxiolytics - Drugs for Anxiety					
alprazolam er	1	QL			
alprazolam intensol	3	QL			

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
midazolam hcl injection solution 10 mg/2ml, 5 mg/ml	1	QL	NIVESTYM	2	QL
midazolam hcl oral	3	QL	NYVEPRIA	3	PA; QL
oxazepam	1	QL	PROCRIT	2	PA
quazepam	3	QL	PROMACTA	3	PA; QL
triazolam	1	QL	PYRUKYND	3	PA; QL
VALIUM	3	QL	PYRUKYND TAPER PACK	3	PA; QL
VISTARIL	3		RELEUKO	3	PA; QL
XANAX	3	QL	RETACRIT	3	PA
XANAX XR	3	QL	STIMUFEND	3	PA; QL
Bipolar Agents - Drugs for Mood Disorders			TAVALISSE	3	PA; QL
EQUETRO	3		tranexamic acid oral	1	QL
lithium	1		UDENYCA	3	PA; QL
lithium carbonate er	1		VOYDEYA	3	PA; QL
lithium carbonate oral	1		XOLREMDI	3	PA; QL
LITHOBID	3		ZARXIO	2	QL
Blood Products and Modifiers - Drugs for Blood Disorders			Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
AGRYLIN	3		ACCUPRIL	3	
ALVAIZ	2	PA; QL	ACCURETIC	3	
aminocaproic acid oral	3		acebutolol hcl oral	1	
anagrelide hcl	1		acetazolamide sodium	3	
ARANESP (ALBUMIN FREE)	3	PA	ALDACTONE	3	
DOPTELET	3	PA; QL	aliskiren fumarate	3	PA
EPOGEN	2	PA	ALTACE	3	
FABHALTA	3	PA; QL	ALTOPREV	3	
FULPHILA	3	PA; QL	amiloride hcl oral	1	
FYLNETRA	3	PA; QL	amiloride-hydrochlorothiazide	1	
GRANIX	3	PA; QL	amiodarone hcl oral	1	
HEMLIBRA	2	PA; QL	amlodipine besylate oral	1	
JESDUVROQ	3	PA	amlodipine besylate-benazepril hcl	1	
LEUKINE	2		amlodipine besylate-valsartan	3	PA
MIRCERA	3	PA	amlodipine-atorvastatin	3	
MULPLETA	3	PA; QL	amlodipine-olmesartan	1	
NEULASTA	3	PA; QL	amlodipine-valsartan-hctz	3	
NEULASTA ONPRO	3	PA; QL			
NEUPOGEN	3	PA; QL			

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ASPRUZYO SPRINKLE	3	PA	cartia xt	1	
ATACAND	3		carvedilol	1	
ATACAND HCT	3		carvedilol phosphate er	3	
atenolol oral	1		CATAPRES-TTS-1	3	
atenolol-chlorthalidone	1		CATAPRES-TTS-2	3	
ATORVALIQ	3	PA	CATAPRES-TTS-3	3	
atorvastatin calcium oral	1		chlorthalidone	1	
AVALIDE	3		cholestyramine light	1	
AVAPRO	3		cholestyramine oral	1	
AZOR	3		clonidine	1	
benazepril hcl oral	1		CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
benazepril- hydrochlorothiazide	1		clonidine hcl oral	1	
BENICAR	3		colesevelam hcl	3	
BENICAR HCT	3		COLESTID	3	
BETAPACE	3		colestipol hcl	1	
BETAPACE AF	3		CONJUPRI	3	PA
betaxolol hcl oral	1		COREG	3	
BIDIL	3		COREG CR	3	
bisoprolol fumarate oral	1		CORGARD	3	
bisoprolol- hydrochlorothiazide	1		CORLANOR	3	PA
bumetanide oral	1		COZAAR	3	
BUMEX	3		CRESTOR	3	
BYSTOLIC	3		DEMSER	3	
CADUET	3		DIBENZYLIN	3	PA
CAMZYOS	3	PA; QL	digoxin injection	1	
candesartan cilexetil	3		digoxin oral solution	1	
candesartan cilexetil-hctz	3		digoxin oral tablet 125 mcg, 250 mcg	1	
captopril oral	1		digoxin oral tablet 62.5 mcg	3	
captopril- hydrochlorothiazide	1		diltiazem hcl er beads (generic Tiazac)	3	
CARDIZEM	3				
CARDIZEM CD	3				
CARDIZEM LA	3				
CARDURA	3				
CAROSPIR	3				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg (generic Cardizem CD)	1		epinephrine solution 1 mg/ml injection	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg (generic Cardizem CD)	3		EPINEPHRINE SOLUTION 1 MG/ML INJECTION	3	
diltiazem hcl er oral capsule extended release 12 hour	1		eplerenone	1	
diltiazem hcl er oral capsule extended release 24 hour	1		ethacrynic acid	1	PA
diltiazem hcl er oral tablet extended release 24 hour	3		EXFORGE	3	PA
diltiazem hcl oral	1		EXFORGE HCT	3	PA
dilt-xr	1		EZALLOR SPRINKLE	3	
DIOVAN	3		ezetimibe	1	
DIOVAN HCT	3		ezetimibe-simvastatin	1	
disopyramide phosphate	1		felodipine er	1	
DIURIL	2		fenofibrate micronized	1	
dofetilide	3	PA	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
doxazosin mesylate oral	1		fenofibrate oral capsule 150 mg, 50 mg	3	
droxidopa	3	PA; QL	fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	3	
DYRENIUM	3		fenofibrate oral tablet 160 mg, 54 mg	1	
EDARBI	3	PA	fenofibric acid	1	
EDARBYCLOR	3	PA	FENOGLIDE	3	
EDECIN	3	PA	FIBRICOR	3	
enalapril maleate oral solution	3		flecainide acetate	1	
enalapril maleate oral tablet	1		FLOLIPID	3	
enalapril-hydrochlorothiazide	1		fluvastatin sodium	3	
ENTRESTO	2	PA; QL	fluvastatin sodium er	3	
EPANED	3		fosinopril sodium	1	
epinephrine injection solution 10 mg/10ml	1		fosinopril sodium-hctz	1	
epinephrine pf	1		furosemide injection	1	
			furosemide oral	1	
			gemfibrozil oral	1	
			guanfacine hcl	1	
			HEMANGEOL	3	PA
			hydralazine hcl oral	1	
			hydrochlorothiazide oral	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HYZAAR	3		losartan potassium-hctz	1	
icosapent ethyl	3	PA	LOTENSIN	3	
indapamide	1		LOTENSIN HCT	3	
INDERAL LA	3		LOTREL	3	
INDERAL XL	3		lovastatin oral	1	
INNOPRAN XL	3		LOVAZA	3	
INPEFA	3	PA	matzim la	3	
INSPRA	3		METHYLDOPA	3	
irbesartan	1		metolazone	1	
irbesartan-hydrochlorothiazide	1		metoprolol succinate er	1	
ISORDIL TITRADOSE	3		metoprolol tartrate oral	1	
isosorb dinitrate-hydralazine	3		metoprolol-hydrochlorothiazide	1	
isosorbide dinitrate	1		metyrosine	3	
isosorbide mononitrate	1		mexiletine hcl oral	1	
isosorbide mononitrate er	1		MICARDIS	3	
isradipine	1		MICARDIS HCT	3	
JUXTAPID	3	PA; QL	midodrine hcl	1	
KAPSPARGO SPRINKLE	3		MINIPRESS ORAL CAPSULE 2 MG, 5 MG	3	
KATERZIA	3		minoxidil oral	1	
labetalol hcl oral	1		moexipril hcl	1	
LANOXIN	3		MULTAQ	3	
LANOXIN PEDIATRIC	3		nadolol oral	1	
LASIX	3		nebivolol hcl	1	
LESCOL XL	3		NEXICLON XR	3	
LEVAMLODIPINE MALEATE	3	PA	NEXLETOL	3	PA
LIPITOR	3		NEXLIZET	3	PA
LIPOFEN	3		niacin (antihyperlipidemic)	3	
lisinopril oral	1		niacin er (antihyperlipidemic)	3	
lisinopril-hydrochlorothiazide	1		niacor	3	
LIVALO	3		nicardipine hcl oral	1	
LODOCO	3	PA	nifedipine er	1	
LOPID	3		nifedipine er osmotic release	1	
LOPRESSOR	3		nifedipine oral	1	
losartan potassium oral	1		nimodipine oral	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nisoldipine er	3		phentolamine mesylate injection	1	
NITRO-BID	2		pindolol	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3		pitavastatin calcium	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2		PRALUENT	3	PA; QL
nitroglycerin rectal	1		pravastatin sodium	1	
nitroglycerin sublingual	1		prazosin hcl oral	1	
nitroglycerin transdermal	1		PRESTALIA	3	
nitroglycerin translingual	3		prevalite	1	
NITROLINGUAL	3		procainamide hcl injection	1	
NITROSTAT	3		PROCARDIA XL	3	
nitro-time oral capsule extended release 9 mg	1		propafenone hcl	1	
NORLIQVA	3	PA	propafenone hcl er	1	
NORPACE	3		propranolol hcl er	1	
NORPACE CR	2		propranolol hcl oral	1	
NORTHERA	3	PA; QL	PROSTIN VR	3	
NORVASC	3		QBRELIS	3	
NYMALIZE	3	QL	QUESTRAN	3	
olmesartan medoxomil oral	1		QUESTRAN LIGHT	3	
olmesartan medoxomil- hctz	1		quinapril hcl	1	
olmesartan-amlodipine- hctz	1		quinapril- hydrochlorothiazide	1	
omega-3-acid ethyl esters	3		quinidine gluconate er	1	
pacerone oral tablet 100 mg, 200 mg	1		quinidine sulfate	1	
PACERONE ORAL TABLET 400 MG	3		ramipril	1	
papaverine hcl injection	1		ranolazine er	1	
pentoxifylline er	1		RECTIV	2	
perindopril erbumine	1		REPATHA	3	PA
phenoxybenzamine hcl oral	1		REPATHA PUSHTRONEX SYSTEM	3	PA
			REPATHA SURECLICK	3	PA
			rosuvastatin calcium oral	1	
			simvastatin oral	1	
			SOANZ	3	PA
			sotalol hcl (af)	1	
			sotalol hcl oral	1	
			SOTYLIZE	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
spironolactone oral suspension	3		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
spironolactone oral tablet	1				
spironolactone-hctz	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
SULAR	3				
taztia xt	3				
TEKTURNA	3	PA	verapamil hcl er oral tablet extended release	1	
telmisartan	1				
telmisartan-amlodipine	3		verapamil hcl oral	1	
telmisartan-hctz	3		VERELAN	3	
TENORETIC 100	3		VERELAN PM	3	
TENORETIC 50	3		VERQUVO	3	PA
TENORMIN	3		VYNDAMAX	3	PA; QL
THALITONE	3		VYNDAQEL	3	PA; QL
tiadyt er	3		VYTORIN	3	
TIAZAC	3		WELCHOL	3	
TIKOSYN	3	PA	ZESTORETIC	3	
timolol maleate oral	1		ZESTRIL	3	
TOPROL XL	3		ZETIA	3	
toremide	1		ZOCOR	3	
trandolapril	1		ZYPITAMAG	3	
trandolapril-verapamil hcl er	3		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
triamterene oral	1		ADDERALL	2	
triamterene-hctz	1		ADDERALL XR	2	
TRIBENZOR	3		ADZENYS XR-ODT	3	PA
TRICOR	3		amphetamine sulfate	3	PA
TRILIPIX	3		amphetamine-dextroamphetamine	1	
VALSARTAN ORAL SOLUTION	3	PA; QL	amphetamine-dextroamphetamine er	1	
valsartan oral tablet	1		amphet-dextroamphet 3-bead er	3	PA; QL
valsartan-hydrochlorothiazide	1		APTENSIO XR	3	PA; QL
VASCEPA	3	PA	atomoxetine hcl	1	
VASERETIC	3		AZSTARYS	3	PA
VASOTEC	3		clonidine hcl er oral tablet extended release 12 hour	1	
VECAMYL	3		CONCERTA	2	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
COTEMPLA XR-ODT	3	PA; QL	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg (generic Concerta)	1	
DAYTRANA	3	PA; QL			
DESOXYN	3				
DEXEDRINE	3				
dexmethylphenidate hcl	1		METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (authorized generic Relexxii ER)	3	PA
dexmethylphenidate hcl er	3	PA; QL			
dextroamphetamine sulfate er	1		methylphenidate hcl er (xr) (generic Aptensio XR)	3	PA; QL
dextroamphetamine sulfate oral solution	3				
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1		methylphenidate hcl er oral tablet extended release (generic Methylin)	1	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	3		methylphenidate hcl er oral tablet extended release 24 hour (generic Methylin)	1	QL
DYANAVEL XR	3	PA	methylphenidate hcl oral solution (generic Methylin)	3	
EVEKEO	3	PA			
FOCALIN	3		methylphenidate hcl oral tablet (generic Ritalin)	1	
FOCALIN XR	3	PA; QL			
guanfacine hcl er	1		methylphenidate hcl oral tablet chewable (generic Methylin)	3	
INTUNIV	3				
JORNAY PM	3	PA; QL	MYDAYIS	3	PA; QL
lisdexamfetamine dimesylate	3	PA; QL	PROCENTRA	3	
methamphetamine hcl	3		QELBREE	3	PA
METHYLIN	3		QUILLICHEW ER	3	PA
methylphenidate (generic Aptensio XR)	3	PA; QL	QUILLIVANT XR	3	PA; QL
methylphenidate hcl er (cd) (generic Metadate)	1		RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg (generic Ritalin LA)	3	PA; QL	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	PA
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg (generic Ritalin LA, generic Methylin LA)	1	QL	relexxii oral tablet extended release 72 mg	1	
			RITALIN	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	PA; QL	PLEGRIDY	3	PA; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3	QL	PLEGRIDY STARTER PACK	3	PA; QL
STRATTERA	3		PONVORY	3	PA; QL
VYVANSE	3	PA; QL	PONVORY STARTER PACK	3	PA; QL
XELSTRYM	3	PA	REBIF	2	PA; QL
zenzedi oral tablet 10 mg, 5 mg	1		REBIF REBIDOSE	2	PA; QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3		REBIF REBIDOSE TITRATION PACK	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis			REBIF TITRATION PACK	2	PA; QL
AMPYRA	3	PA; QL	TASCENSO ODT	3	PA; QL
AUBAGIO	3	PA; QL	TECFIDERA	3	PA; QL
AVONEX PEN	2	PA; QL	teriflunomide	1	QL
AVONEX PREFILLED	2	PA; QL	VUMERITY	3	PA; QL
BAFIERTAM	3	PA; QL	ZEPOSIA	3	PA; QL
BETASERON	1	QL	ZEPOSIA 7-DAY STARTER PACK	3	PA; QL
COPAXONE	3	PA; QL	ZEPOSIA STARTER KIT	3	PA; QL
dalfampridine er	3	PA; QL	Central Nervous System Agents - Miscellaneous		
dimethyl fumarate oral	1		AUSTEDO	3	PA; QL
dimethyl fumarate starter pack	1		AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	3	PA; QL
EXTAVIA	3	QL	AUSTEDO XR PATIENT TITRATION	3	PA; QL
fingolimod hcl	1	QL	caffeine citrate oral	1	
GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL	CAFFEINE-SODIUM BENZOATE	3	
GILENYA ORAL CAPSULE 0.5 MG	3	PA; QL	DAYBUE	3	PA; QL
glatiramer acetate	1	QL	EXSERVAN	3	PA; QL
glatopa	1	QL	gabapentin (once-daily)	3	
KESIMPTA	3	PA; QL	GRALISE ORAL TABLET	3	
MAVENCLAD	3	PA; QL	HORIZANT	3	
MAYZENT	3	PA; QL	IMCIVREE	3	PA; QL
MAYZENT STARTER PACK	3	PA; QL	INGREZZA	3	PA; QL
			LYRICA	3	QL
			LYRICA CR	3	PA
			NUEDEXTA	3	PA

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
pregabalin er	3	PA	Dermatological Agents - Drugs for Skin Conditions		
pregabalin oral	1	QL	ABSORICA	3	
RADICAVA ORS	3	PA; QL	ABSORICA LD	3	
RADICAVA ORS STARTER KIT	3	PA; QL	ACANYA	3	
RELYVRIO	3	PA; QL	accutane	1	
RILUTEK ORAL TABLET 50 MG	3	PA; QL	ACIOXIA	3	
riluzole	1	QL	acitretin	1	QL
SAVELLA	3	PA	ACZONE	3	
SAVELLA TITRATION PACK	3	PA	adapalene external cream	1	
TEGLUTIK	3	QL	adapalene external gel	1	
TEGSEDI	3	PA; QL	ADAPALENE EXTERNAL PAD	3	
tetrabenazine	3	PA; QL	ADAPALENE EXTERNAL SOLUTION	3	
WAINUA	3	PA; QL	adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
XENAZINE	3	PA; QL	adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
Central Nervous System Agents			ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD	3	PA
SKYCLARYS	3	PA; QL	ADBRY	3	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			ADVANCED ALLERGY COLLECTION	3	
cevimeline hcl	3		AKLIEF	3	PA
chlorhexidine gluconate mouth/throat	1		ALA SCALP	3	
DEBACTEROL	3		ala-cort	3	
EVOXAC	3		ALADERM PLUS	3	
FIRST-MOUTHWASH BLM	3		alclometasone dipropionate	1	
kourzeq	1		ALTRENO	3	
lidocaine hcl mouth/throat	3		amcinonide	3	
lidocaine viscous hcl	1		AMELUZ	2	QL
oralone	1		ammonium lactate external	3	
perio gard	1		amnesteem	1	
pilocarpine hcl oral tablet 5 mg	1		AMZEEQ	3	
pilocarpine hcl oral tablet 7.5 mg	3		APEXICON E	3	
SALAGEN	3				
triamcinolone acetonide mouth/throat	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ARAZLO	3		calcipotriene-betameth diprop	3	
arzol silver nit applicators	3		calcitrene	1	
ATRALIN	3		calcitriol external	1	
avar cleanser	1		CARAC	3	PA
AVAR LS CLEANSER	3		cem-urea	3	
AVAR-E EMOLLIENT	3		CERACADE	3	
AVAR-E GREEN	3		ceramax external cream	3	
AVAR-E LS	3		CIBINQO	3	PA; QL
azelaic acid external	1		claravis	1	
AZELEX	2		CLEOCIN-T	3	
BENZAMYCIN	3		clindacin	3	
BENZOYL PEROX- HYDROCORTISONE	3		clindacin etz external swab	1	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %, 8 %	3		clindacin-p	1	
BENZOYL PEROXIDE FORTE- HC	3		CLINDAGEL	3	
benzoyl peroxide- erythromycin	1		clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	3	
betamethasone dipropionate aug	1		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
betamethasone dipropionate external	1		clindamycin phosphate external foam	3	
betamethasone valerate external	1		clindamycin phosphate external gel	1	
BIMZELX	3	PA; QL	clindamycin phosphate external lotion	1	
bp 10-1	3		clindamycin phosphate external solution	1	
brimonidine tartrate external	3		clindamycin phosphate external swab	1	
BRYHALI	3		clindamycin-tretinoin	3	
CABTREO	3	PA	clobetasol propionate e	1	
calcipotriene external cream	1		clobetasol propionate emulsion	3	
CALCIPOTRIENE EXTERNAL FOAM	3		clobetasol propionate external cream	1	
calcipotriene external ointment	1		clobetasol propionate external foam	3	
calcipotriene external solution	1		clobetasol propionate external gel	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
clobetasol propionate external liquid	3		DIFFERIN EXTERNAL CREAM	3	
clobetasol propionate external lotion	1		DIFFERIN EXTERNAL GEL 0.3 %	3	
clobetasol propionate external ointment	1		DIFFERIN EXTERNAL LOTION	2	
clobetasol propionate external shampoo	3		diflorasone diacetate	3	
clobetasol propionate external solution	1		DIPROLENE	3	
CLOBEX	3		doxepin hcl external	3	
CLOBEX SPRAY	3		doxycycline	3	
clocortolone pivalate	3		DRYSOL	2	
clodan	3		DUPIXENT	3	PA; QL
CLODERM	3		DYCLOPRO	3	
CONDYLOX	2		EFUDEX	3	
CORDRAN	2		ELIDEL	3	
dapsone external	3		EMULSION SB	3	
DERMACINRX UREA	3		ENSTILAR	3	
DERMA-SMOOTH/FS BODY	3		EPICERAM	3	
DERMA-SMOOTH/FS SCALP	3		EPIDUO	3	
DERMASO PLUS	3		EPIDUO FORTE	3	
desonide external cream	1		EPIFOAM	3	
desonide external gel	3		EPSOLAY	3	PA
desonide external lotion	1		ery	3	
desonide external ointment	1		ERYGEL	3	
DESOWEN	3		erythromycin external	1	
desoximetasone external cream	1		EUCRISA	3	PA; QL
desoximetasone external gel	1		FABIOR	3	
desoximetasone external liquid	3		FINACEA EXTERNAL FOAM	2	
desoximetasone external ointment	1		fluocinolone acetonide body	1	
DEXERYL	3		fluocinolone acetonide external	1	
diclofenac sodium external gel 3 %	3		fluocinolone acetonide scalp	1	
			fluocinonide emulsified base	1	
			fluocinonide external	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	PA	hydrocortisone valerate	1	
fluorouracil external cream 5 %	1		HYFTOR	3	PA; QL
fluorouracil external solution	1		HYLATOPIC PLUS	3	
flurandrenolide	3		ILIDERM	3	
fluticasone propionate external cream	1		imiquimod external cream 3.75 %	3	
fluticasone propionate external lotion	3		imiquimod external cream 5 %	1	
fluticasone propionate external ointment	1		imiquimod pump	3	
halcinonide	3		IMPOYZ	3	PA
halobetasol propionate external cream	1		isotretinoin oral	1	
halobetasol propionate external foam	3		ivermectin external cream	3	
halobetasol propionate external ointment	1		KAMDOY	3	
HALOG	3		KENALOG EXTERNAL	3	
HPR PLUS EXTERNAL CREAM	3		KERALYT EXTERNAL GEL 6 %	3	
HYDRO 40	3		KERALYT EXTERNAL SHAMPOO	3	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		KIVIK	3	
hydrocortisone butyrate external cream	1		KLARON	3	
hydrocortisone butyrate external lotion	3		KLISYRI	3	PA; QL
hydrocortisone butyrate external ointment	1		lactic acid e	3	
hydrocortisone butyrate external solution	1		lactic acid external	3	
hydrocortisone external cream 1 %	3		LEVULAN KERASTICK	2	QL
hydrocortisone external cream 2.5 %	1		LEXETTE	3	
hydrocortisone external lotion 2.5 %	1		LIDOCAINE-HYDROCORTISONE ACE EXTERNAL	3	
hydrocortisone external ointment 1 %, 2.5 %	1		LITFULO	3	PA; QL
			LOCOID	3	
			LOCOID LIPOCREAM	3	
			methoxsalen rapid	1	QL
			METROCREAM	3	
			METROGEL	3	
			METROLOTION	3	
			metronidazole external cream	1	
			metronidazole external gel 0.75 %	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
metronidazole external gel 1 %	3		PRAMOSONE EXTERNAL CREAM 1-2.5 %	3	
metronidazole external lotion	3		PRAMOSONE EXTERNAL LOTION	2	
MIMYX	3		PRUCLAIR	3	
MIRVASO	3		PRUDOXIN	3	
mometasone furoate external	1		PRUMYX	3	
NEOSALUS EXTERNAL CREAM	3		PYROGALLIC ACID	3	
NEO-SYNALAR	3		QBREXZA	3	PA; QL
neuac	1		RESORCINOL-SULFUR	3	
NORITATE	3		RETIN-A	1	
NUCORT	3		RETIN-A MICRO GEL 0.04 %, 0.1 %	1	
ONEXTON	3		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	
OPZELURA	3	PA; QL	RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	
ORACEA	3	PA	RHOFADE	3	
OVACE PLUS EXTERNAL CREAM	3		salicylic acid external foam	3	
OVACE PLUS EXTERNAL SHAMPOO	3		salicylic acid external gel	3	
OVACE PLUS WASH	3		salicylic acid external shampoo	3	
OVACE WASH	3		salicylic acid external solution	3	
PANDEL	3		salicylic acid wart remover	3	
PENLEN	3		SALIMEZ	3	
PHLAG SPRAY	3		SALIMEZ FORTE	3	
pimecrolimus cream 1 % external	1		SALVAX	3	
PIMECROLIMUS CREAM 1 % EXTERNAL	1		SALYCIM	3	
PLEXION	3		SALYNTRA	3	
PLEXION CLEANSER	3		SANTYL	2	
PLEXION CLEANSING CLOTH	3		selenium sulfide external lotion	1	
PODOCON-25	3		selenium sulfide external shampoo 2.25 %	3	
podofilox external	1		SERNIVO	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sodium sulfacetamide external shampoo 10 %	1		SYNERDERM	3	
sodium sulfacetamide wash	3		TACLONEX	3	
SOOLANTRA	3		tacrolimus external	1	
SORILUX	3		tazarotene external cream	1	
sss 10-5 external cream	3		TAZAROTENE EXTERNAL FOAM	3	
SSS 10-5 EXTERNAL FOAM	3		tazarotene external gel	1	
sulfacetamide sodium (acne)	1		TAZORAC EXTERNAL CREAM 0.05 %	2	
sulfacetamide sodium (cleans)	3		TAZORAC EXTERNAL CREAM 0.1 %	3	
sulfacetamide sodium external	3		TAZORAC EXTERNAL GEL	3	
sulfacetamide sodium-sulfur external cream	3		TEXACORT	3	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	3		TOLAK	3	PA
sulfacetamide sodium-sulfur external liquid 10-5 %	1		TOPICORT	3	
sulfacetamide sodium-sulfur external lotion 10-5 %	1		TOPICORT SPRAY	3	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	3		tovet	3	
sulfacetamide sodium-sulfur external pad	3		tretinoin external cream	1	
sulfacetamide sodium-sulfur external suspension	3		tretinoin external gel 0.01 %, 0.025 %	1	
sulfacetamide sod-sulfur wash	3		tretinoin external gel 0.05 %	3	
sulfacetamide-sulfur in urea	1		tretinoin microsphere external gel 0.04 %, 0.1 %	1	
sulfacleanse 8/4	3		tretinoin microsphere external gel 0.08 %	3	
sulfamez wash	3		tretinoin microsphere pump external gel 0.04 %, 0.1 %	1	
SUMADAN WASH	3		tretinoin microsphere pump external gel 0.08 %	3	
SUMAXIN	3		triamcinolone acetonide external aerosol solution	3	
synalar	1		triamcinolone acetonide external cream	1	
			triamcinolone acetonide external lotion	1	
			triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
triamcinolone acetonide external ointment 0.05 %	3		Diabetes - Antidiabetic Agents		
triamcinolone in absorbase	3		acarbose oral	1	
triderm	1		ACTOPLUS MET	3	
TWYNEO	3	PA	ACTOS	3	
ULTRAVATE	3		ALOGLIPTIN BENZOATE	3	PA
UMECTA MOUSSE	3		ALOGLIPTIN-METFORMIN HCL	3	PA
URAMAXIN	3		ALOGLIPTIN-PIOGLITAZONE	3	PA
urea external cream 39 %, 41 %, 45 %, 47 %	3		BEXAGLIFLOZIN	3	PA
urea external cream 40 %	1		BRENZAVVY	3	PA
UREA EXTERNAL FOAM	3		BYDUREON BCISE AUTOINJECTOR	3	PA; QL
urea hydrating	3		BYETTA 10 MCG PEN	3	PA; QL
urea nail	3		BYETTA 5 MCG PEN	3	PA; QL
uredeb	3		CYCLOSET	3	PA
uremez-40	1		DAPAGLIFLOZIN PRO-METFORMIN ER	3	PA; QL
URESOL	3		DAPAGLIFLOZIN PROPANEDIOL	3	PA; QL
VANOS	3		DUETACT	3	
VANOXIDE-HC	3		FARXIGA	3	PA; QL
VECTICAL	1		glimepiride	1	
VEREGEN	3		glipizide er	1	
VIRASAL	3		glipizide oral tablet 10 mg, 5 mg	1	
VTAMA	3	PA; QL	glipizide oral tablet 2.5 mg	3	PA
WINLEVI	3	PA	glipizide xl	1	
WYNZORA	3	PA; QL	glipizide-metformin hcl	1	
XALIX	3		GLUCOTROL XL	3	
XERALUX	3		GLUMETZA	3	PA
xurea	3		glyburide micronized	3	
ZACLIR CLEANSING	3		glyburide oral	1	
zenatane	1		glyburide-metformin	3	
ZIANA	3		GLYXAMBI	3	PA; QL
ZITHRANOL	3		INVOKAMET	3	PA; QL
ZONALON	3		INVOKAMET XR	3	PA; QL
ZORYVE	3	PA	INVOKANA	3	PA; QL
ZYCLARA	3		JANUMET	3	PA
ZYCLARA PUMP	3				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
JANUMET XR	3	PA	SYMLINPEN 120	3	
JANUVIA	3	PA	SYMLINPEN 60	3	
JARDIANCE	2	QL	SYNJARDY	3	PA; QL
JENTADUETO	3	PA	SYNJARDY XR	3	PA; QL
JENTADUETO XR	3	PA	TRADJENTA	3	PA
metformin hcl er	1		TRIJARDY XR	3	PA; QL
metformin hcl er (mod)	3	PA	TRULICITY	3	PA; QL
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	3	PA	VICTOZA	2	PA; QL
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	3		XIGDUO XR	3	PA; QL
			XULTOPHY	3	PA; QL
			ZITUVIO	3	PA
			Diabetes - Glucose Monitoring		
metformin hcl oral solution	1				
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		ACCU-CHEK FASTCLIX LANCET KIT	1	
			ACCU-CHEK GUIDE CONTROL	1	
metformin hcl oral tablet 625 mg	3	PA; QL	ACCU-CHEK GUIDE TEST STRIPS	1	PA; QL
migliitol	3	PA	ACCU-CHEK SMARTVIEW CONTROL	1	
MOUNJARO	3	PA; QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
nateglinide	3		AGAMATRIX CONTROL LEVEL 2	1	
ONGLYZA	3	PA	AGAMATRIX CONTROL LEVEL 4	1	
OZEMPIC	2	PA; QL	AUTOLET II CLINISAFE	1	
pioglitazone hcl	3		AUTOLET LANCING DEVICE	1	
pioglitazone hcl- glimepiride	3		BLULINK CONTROL HIGH & LOW	1	
pioglitazone hcl- metformin hcl	3		CARESENS CONTROL SOLUTION A/B	1	
QTERN	3	PA; QL	CARESENS LANCETS 30G	1	
repaglinide	3		CARETOUCH CONTROL SOL LEVEL 2	1	
RIOMET	3		CARETOUCH LANCING/EJECTOR	1	
RYBELSUS	3	PA; QL	CHEMSTRIP 10 MD	2	
saxagliptin hcl	3	PA			
saxagliptin-metformin er	3	PA			
SEGLUROMET	3	PA; QL			
SITAGLIPTIN	3	PA			
SOLIQUA	3	PA; QL			
STEGLATRO	3	PA; QL			
STEGLUJAN	3	PA; QL			

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CHEMSTRIP 10/SG	2		GENTEEL LANCING KIT (BLUE)	1	
CHEMSTRIP 2 GP	2		GOJJI CONTROL	1	
CHEMSTRIP 5 OB	2		GOJJI LANCING DEVICE/CLEAR CAP	1	
CHEMSTRIP 7	2		LANCETS	1	
CHEMSTRIP 9	2		MICROLET NEXT LANCING DEVICE	1	
CHOSEN LANCETS 30G	1		ONETOUCH DELICA PLUS LANCING	1	
CHOSEN LANCING DEVICE	1		ONETOUCH DELICA SAFETY LANCING	1	
CHOSEN SAFETY LANCETS 28G	1		ONETOUCH ULTRA 2 KIT W/DEVICE	1	
CLEVER CHOICE COMFORT EZ	1		ONETOUCH ULTRA IN VITRO LIQUID	1	
COMFORT TOUCH TWIST LANCET 30G	1		ONETOUCH ULTRA IN VITRO STRIP	1	QL
CONTOUR CONTROL SOLUTION	1		ONETOUCH ULTRA TEST	1	QL
CONTOUR NEXT CONTROL SOLUTION	1		ONETOUCH VERIO FLEX SYSTEM KIT	1	
CONTOUR NEXT GEN TEST STRIPS	1	PA; QL	ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
DIASTIX REAGENT	3		ONETOUCH VERIO TEST STRIPS	1	QL
DIATHRIVE GLUCOSE CONTROL SOLN	1		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
DIATHRIVE LANCING DEVICE	1		PIP GLUCOSE CONTROL SOLUTION	1	
DROPLET GENTEEL LANCING DEVICE	1		TECHLITE LANCETS 26G	1	
EASY TALK PLUS II CONTROL	1		TRUE METRIX LEVEL 1	1	
EASY TOUCH LANCING DEVICE	1		TRUE METRIX LEVEL 2	1	
EASY TRAK II CONTROL	1		TRUE METRIX LEVEL 3	1	
EASYMAX 15 LEVEL 2-3 CONTROL	1		UNISTRIP CONTROL IN VITRO SOLUTION LOW	1	
EASYMAX CONTROL	1		VERIFINE SAFE LANCET MINI 21G	1	
GLUCOSE CONTROL SOLUTIONS	1		VERIFINE SAFE LANCET MINI 23G	1	
EMBRACE LANCING DEVICE/EJECTOR	1		VERIFINE SAFE LANCET MINI 28G	1	
EMBRACE TALK GLUCOSE CONTROL	1				
FREESTYLE TEST	1	PA; QL			

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VERIFINE SAFE LANCET MINI 30G	1		FIASP FLEXTOUCH	3	
VIVAGUARD INO CONTROL SOLUTION	1		FIASP PENFILL	3	
VIVAGUARD LANCETS 30G	1		FIASP PUMPCART	3	
VIVAGUARD LANCING DEVICE	1		HUMALOG	2	
VIVAGUARD SAFETY LANCETS 28G	1		HUMALOG KWIKPEN	2	
Diabetes - Glycemic Agents			HUMALOG MIX 50/50 KWIKPEN	3	
BAQSIMI ONE PACK	2		HUMALOG MIX 50/50 VIAL	3	
BAQSIMI TWO PACK	2		HUMALOG MIX 75/25 KWIKPEN	3	
diazoxide oral	2		HUMALOG MIX 75/25 VIAL	3	
GLUCAGEN HYPOKIT	2		HUMALOG TEMPO PEN	3	PA
glucagon emergency kit	1		HUMALOG U-100 JUNIOR KWIKPEN	2	
GLUCAGON EMERGENCY KIT	3		HUMALOG U-100 VIAL	2	
GVOKE HYPOPEN 1-PACK	3	QL	HUMULIN 70/30 KWIKPEN	1	
GVOKE HYPOPEN 2-PACK	3	QL	HUMULIN 70/30 VIAL	1	
GVOKE KIT	3	PA; QL	HUMULIN N KWIKPEN	1	
GVOKE PFS	3	QL	HUMULIN N VIAL	1	
PROGLYCEM	3		HUMULIN R U-500 KWIKPEN	1	
ZEGALOGUE	3	PA	HUMULIN R U-500 VIAL	1	
Diabetes - Insulins			HUMULIN R VIAL	1	
ADMELOG	3		INSULIN ASP PROT & ASP FLEXPEN	3	
ADMELOG SOLOSTAR	3		INSULIN ASPART	3	
AFREZZA	3	PA	INSULIN ASPART FLEXPEN	3	
APIDRA SOLOSTAR	3		INSULIN ASPART PENFILL	3	
APIDRA VIAL	3		INSULIN ASPART PROT & ASPART	3	
AQ INSULIN SYRINGE	1		INSULIN ASPART PROT & ASPART	3	
BASAGLAR KWIKPEN	3	PA	INSULIN DEGLUDEC	2	PA
BASAGLAR TEMPO PEN	3	PA	INSULIN DEGLUDEC FLEXTOUCH	2	PA
BD ULTRA-FINE INSULIN SYRINGES	1		INSULIN GLARGINE MAX SOLOSTAR	3	PA
DROPSAFE SAFETY SYRINGE/NEEDLE	1				
FIASP	3				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PA	NOVOLIN N FLEXPEN RELION	3	PA
INSULIN GLARGINE-YFGN	1		NOVOLIN N RELION	3	PA
INSULIN LISPRO	2		NOVOLIN N VIAL	3	PA
INSULIN LISPRO (1 UNIT DIAL)	2		NOVOLIN R FLEXPEN	3	PA
INSULIN LISPRO JUNIOR KWIKPEN	3		NOVOLIN R FLEXPEN RELION	3	PA
INSULIN LISPRO PROT & LISPRO	3		NOVOLIN R RELION	3	PA
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, 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 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	1		NOVOLIN R VIAL	3	PA
LANTUS SOLOSTAR	3	PA	NOVOLOG 70/30 FLEXPEN RELION	3	
LANTUS U-100 VIAL	3	PA	NOVOLOG FLEXPEN	3	
LEVEMIR FLEXPEN	2	PA	NOVOLOG FLEXPEN RELION	3	
LEVEMIR U-100 VIAL	2	PA	NOVOLOG MIX 70/30 FLEXPEN	3	
LYUMJEV KWIKPEN	3	PA	NOVOLOG MIX 70/30 RELION	3	
LYUMJEV TEMPO PEN	3	PA	NOVOLOG MIX 70/30 VIAL	3	
LYUMJEV VIAL	3	PA	NOVOLOG MIX 70/30 VIAL	3	
NOVOLIN 70/30 FLEXPEN	3	PA	NOVOLOG PENFILL	3	
NOVOLIN 70/30 FLEXPEN RELION	3	PA	NOVOLOG RELION	3	
NOVOLIN 70/30 RELION	3	PA	NOVOLOG U-100 VIAL	3	
NOVOLIN 70/30 VIAL	3	PA	REZVOGLAR KWIKPEN	3	PA
NOVOLIN N FLEXPEN	3	PA	SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	PA
			SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	PA
			SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
			TOUJEO MAX SOLOSTAR	3	PA
			TOUJEO SOLOSTAR	3	PA
			TRESIBA	3	PA
			TRESIBA FLEXTOUCH	3	PA
			ULTIGUARD SAFEPACK SYR/NEEDLE	1	
			VERIFINE INSULIN SYRINGE	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Electrolytes / Minerals / Metals / Vitamins			JADENU	3	PA; QL
ACCRUFER	3	PA	JADENU SPRINKLE	3	PA; QL
ARGYLE STERILE SALINE	1		JYNARQUE ORAL TABLET 30 MG	3	PA; QL
argyle sterile water	3		JYNARQUE ORAL TABLET THERAPY PACK	3	PA; QL
CARBAGLU	3	PA; QL	KIONEX	3	
carglumic acid	3	PA; QL	klor-con	1	
CARNITOR ORAL	3		klor-con 10	1	
CARNITOR SF	3		klor-con m10	1	
CHEMET	3		klor-con m15	2	
curity sterile saline	1		klor-con m20	1	
CUVRIOR	3	PA; QL	klor-con/ef	3	
cyanocobalamin injection solution 1000 mcg/ml	1		K-PHOS	3	
cytra k crystals	1		K-PHOS NO 2	3	
deferasirox granules	1	QL	K-PHOS-NEUTRAL	3	
deferasirox oral packet	1	QL	k-prime	3	
deferasirox oral tablet	1		K-TAB	3	
deferasirox oral tablet soluble	1		levocarnitine oral solution	1	
deferiprone	3	PA; QL	levocarnitine oral tablet	1	
DODEX	3		levocarnitine sf	1	
DRISDOL	3		LOKELMA	3	PA
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3		ORACIT	2	
effer-k oral tablet effervescent 25 meq	3		ORAL CITRATE	2	
ergocalciferol oral capsule	1		phospha 250 neutral	1	
EXJADE	3	PA; QL	phosphorous	1	
FERRIPROX ORAL SOLUTION	3	PA	phospho-trin 250 neutral	1	
FERRIPROX ORAL TABLET	3	PA; QL	PHOSPHO-TRIN K500	3	
FERRIPROX TWICE-A-DAY	3	PA; QL	PHOXILLUM B22K4/0	3	
folic acid injection	1		PHOXILLUM BK4/2.5	3	
folic acid oral tablet 1 mg	1		phytonadione injection	1	
FOLVITE-D	3		phytonadione oral	1	
iodine strong oral	3		POKONZA	3	PA; QL
			pot & sod cit-cit ac	1	
			potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
potassium chloride crys er oral tablet extended release 15 meq	2		vitamin k1 injection	1	
potassium chloride er oral capsule extended release	1		water for irrigation, sterile	3	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1		wes-phos 250 neutral	1	
potassium chloride er oral tablet extended release 15 meq	2		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
potassium chloride oral	1		ACIPHEX	3	PA
potassium citrate er	1		CARAFATE	3	
potassium citrate-citric acid	1		cimetidine hcl	1	
SAMSCA	3	PA; QL	cimetidine oral	1	
sod citrate-citric acid	1		CYTOTEC	3	
sodium chloride (pf)	1		DEXILANT	3	PA
sodium chloride irrigation	1		dexlansoprazole	3	PA
sodium fluoride oral solution	1		esomeprazole magnesium oral packet	3	PA
sodium fluoride oral tablet 1.1 (0.5 f) mg	1		famotidine oral suspension reconstituted	1	
sodium fluoride oral tablet 2.2 (1 f) mg	3		famotidine oral tablet 20 mg, 40 mg	1	
sodium fluoride oral tablet chewable	1		FIRST-LANSOPRAZOLE	3	
sodium polystyrene sulfonate	1		FIRST-OMEPRAZOLE	3	
sps	1		KONVOMEP	3	PA
sterile water for irrigation	3		lansoprazole oral capsule delayed release	1	
SYPRINE	3	PA; QL	lansoprazole oral tablet delayed release dispersible	3	PA
tolvaptan	3	PA; QL	misoprostol oral	1	
tricitrates	1		NEXIUM ORAL PACKET	3	PA
trientine hcl	3	PA; QL	nizatidine	3	
UROCIT-K 10	3		omeprazole oral capsule delayed release	1	
UROCIT-K 15	3		OMEPRAZOLE+SYRSPE ND SF ALKA	3	
UROCIT-K 5	3		omeprazole-sodium bicarbonate oral packet	3	PA
VELTASSA	3	PA	pantoprazole sodium oral packet	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		pantoprazole sodium oral tablet delayed release	1	
			PEPCID	3	
			PREVACID	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PREVACID SOLUTAB	3	PA	glycopyrrolate injection solution	1	
PRILOSEC	3		glycopyrrolate oral solution	3	
PROTONIX ORAL	3		glycopyrrolate oral tablet 1 mg, 2 mg	1	
rabeprazole sodium oral tablet delayed release	1	ST	GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
sucralfate oral	1		GOLYTELY	3	
VOQUEZNA	3	PA	HELIDAC THERAPY	2	
ZEGERID ORAL PACKET	3	PA	hyoscyamine sulfate er	3	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			hyoscyamine sulfate injection	3	
alosetron hcl	3	QL	hyoscyamine sulfate oral	3	
AMITIZA	3	PA; QL	hyoscyamine sulfate sublingual	3	
amoxicill-clarithro-lansopraz	3		hyosyne	3	
ANASPAZ	3		IBSRELA	3	PA; QL
BENTYL	3		KRISTALOSE	3	
bis subcit-metronid-tetracyc	3	PA	lactulose encephalopathy	1	
bismuth/metronidaz/tetracyclin	3	PA	lactulose oral packet	3	
CHENODAL	3		lactulose oral solution	1	
chlordiazepoxide-clidinium	1	QL	LEVBIID	3	
CLENPIQ	3		LEVSIN	3	
constulose	1		LEVSIN/SL	3	
cromolyn sodium oral	3		LIBRAX	3	QL
CUVPOSA	3		LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	PA; QL
dicyclomine hcl intramuscular	3		LINZESS ORAL CAPSULE 72 MCG	3	PA
dicyclomine hcl oral	1		LOMOTIL	3	
diphenoxylate-atropine	1		loperamide hcl oral capsule	1	
enulose	1		LOTRONEX	3	PA; QL
GASTROCROM	3		lubiprostone	3	PA; QL
GATTEX	3	PA; QL	methscopolamine bromide oral	3	
gavilyte-c	1		MOTTEGRITY	3	PA; QL
gavilyte-g	1		MOTOFEN	3	
generlac	1				
GLYCATE	3				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MOVANTIK	3	PA; QL	ursodiol oral capsule 300 mg	1	
MOVIPREP	3		ursodiol oral tablet	1	
MYTESI	3		VIBERZI	3	PA
na sulfate-k sulfate-mg sulf	3		VOQUEZNA DUAL PAK	3	PA
nulev	3		VOQUEZNA TRIPLE PAK	3	PA
OMECLAMOX-PAK	3		VOWST	3	PA; QL
opium	1	QL	XERMELO	3	PA; QL
oscimin	3		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
peg 3350-kcl-na bicarb-nacl	1		betaine	3	
peg-3350/electrolytes	1		BUPHENYL	3	PA; QL
peg-3350/electrolytes/ascorbic acid	3		CERDELGA	2	PA; QL
peg-kcl-nacl-nasulf-na asc-c	3		CHOLBAM	3	PA; QL
PEG-PREP	3		CREON	2	
PLENVU	3		CRYSVITA	3	PA; QL
PYLERA	3	PA	CYSTADANE	3	
RELISTOR ORAL	3	PA; QL	CYSTAGON	2	PA
RELISTOR SUBCUTANEOUS	2	PA	EVRYSDI	3	PA; QL
RELTONE	3	PA; QL	GALAFOLD	3	PA; QL
REZDIFFRA	3	PA; QL	JAVYGTOR	3	PA; QL
ROBINUL	3		KUVAN	3	PA; QL
ROBINUL-FORTE	3		miglustat	3	PA; QL
SEROSTIM	3	PA; QL	MYALEPT	3	PA; QL
SUFLAVE	3		nitisinone oral capsule 10 mg, 2 mg, 5 mg	3	PA; QL
SUPREP BOWEL PREP KIT	3		nitisinone oral capsule 20 mg	3	PA
SUTAB	3		NITYR	3	PA; QL
SYMPROIC	3	PA; QL	OCALIVA	3	PA; QL
TALICIA	3		OLPRUVA (2 GM DOSE)	3	PA; QL
TRULANCE	3	PA; QL	OLPRUVA (3 GM DOSE)	3	PA; QL
URSO 250	3		OLPRUVA (4 GM DOSE)	3	PA; QL
URSO FORTE	3		OLPRUVA (5 GM DOSE)	3	PA; QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA; QL	OLPRUVA (6 GM DOSE)	3	PA; QL
			OLPRUVA (6.67 GM DOSE)	3	PA; QL
			OPFOLDA	3	PA

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	3	PA; QL	ENTADFI	3	PA
ORFADIN ORAL CAPSULE 20 MG	3	PA	FEM PH	3	
ORFADIN ORAL SUSPENSION	3	PA; QL	fesoterodine fumarate er	3	PA
PANCREAZE	3		FILSPARI	3	PA; QL
PERTZYE	3		flavoxate hcl	1	
PHEBURANE	3	PA; QL	FOSRENOL ORAL PACKET	3	
PROCYSBI	3	PA; QL	FOSRENOL ORAL TABLET CHEWABLE	3	PA; QL
RAVICTI	3	PA; QL	GELNIQUE	3	PA
sapropterin dihydrochloride	3	PA; QL	GEMTESA	3	PA
sodium phenylbutyrate oral	3	QL	INTRAROSA	3	PA; QL
STRENSIQ	3	PA; QL	lanthanum carbonate	3	QL
SUCRAID	3	PA	LITHOSTAT	3	
VIOKACE	3		me/naphos/mb/hyo1	3	
VOXZOGO	3	PA; QL	mirabegron er	3	PA
yargesa	3	PA; QL	MYRBETRIQ	3	PA
ZAVESCA	3	PA; QL	oxybutynin chloride er	1	
ZENPEP	2		oxybutynin chloride oral tablet 2.5 mg	3	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			oxybutynin chloride oral tablet 5 mg	1	
acetic acid irrigation	1		oxybutynin chloride solution 5 mg/5ml oral	1	
AURYXIA	3	PA; QL	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML ORAL	3	PA
bethanechol chloride oral	1		OXYTROL	3	PA
calcium acetate (phos binder)	1		penicillamine oral capsule	1	PA; QL
calcium acetate oral tablet 667 mg	1		penicillamine oral tablet	2	PA; QL
CERVIDIL	2		PENTOSAN POLYSULFATE SODIUM ORAL	2	
CUPRIMINE	3	PA; QL	phenazo oral tablet 200 mg	1	
darifenacin hydrobromide er	1		phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
DEPEN TITRATABS	3	PA; QL	PREPIDIL	2	
DETROL	3		PYRIDIUM	3	
DETROL LA	3		RENACIDIN	3	
ELMIRON	2		RENVELA	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RIMSO-50	3		FLOMAX	3	
RIVFLOZA	3	PA; QL	JALYN ORAL CAPSULE 0.5-0.4 MG	3	
sevelamer carbonate	1		PROSCAR	3	
sevelamer hcl	1	PA	RAPAFLO	3	
solifenacin succinate	1		silodosin	1	
THIOLA	3	PA	tamsulosin hcl	1	
THIOLA EC	3	PA	terazosin hcl	1	
tiopronin oral tablet	3		UROXATRAL	3	
tiopronin oral tablet delayed release	3	PA	Hormonal Agents - Adrenal		
tolterodine tartrate	1		AGAMREE	3	PA; QL
tolterodine tartrate er	1		ALKINDI SPRINKLE	3	PA; QL
TOVIAZ	3	PA	BETAMETHASONE SODIUM PHOSPHATE INJECTION	3	
tropium chloride	1		CORTEF	3	
tropium chloride er	1		CORTISONE ACETATE ORAL	3	
urelle	3		deflazacort oral tablet	3	PA; QL
uretron d/s	3		DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2	
uribel oral capsule	3		DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	3	
URIBEL ORAL TABLET	3		DEXABLISS	3	
URIMAR-T	3		DEXAMETHASONE (LA)	3	
urin ds	3		DEXAMETHASONE ACETATE INJECTION	3	
URNEVA	3		dexamethasone intensol	2	
UROGESIC-BLUE	3		dexamethasone oral elixir	1	
uro-mp	3		dexamethasone oral solution	1	
VELPHORO	3	PA; QL	dexamethasone oral tablet	1	
VESICARE	3		dexamethasone oral tablet therapy pack	3	
VESICARE LS	3		dexamethasone sod phosphate pf injection solution	1	
vilamit mb	3				
VILEVEV MB	3				
Genitourinary Agents - Drugs for Prostate Conditions					
alfuzosin hcl er	1				
AVODART	3				
CARDURA XL	3				
dutasteride oral	1				
dutasteride-tamsulosin hcl	3				
finasteride oral tablet 5 mg	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1		prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	3	
dexamethasone sodium phosphate injection solution prefilled syringe	1		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3		prednisolone sodium phosphate oral tablet dispersible	3	
dexamethasone sodium phosphate solution 10 mg/ml injection	1		prednisone intensol	3	
DEXONTO 0.4%	3		prednisone oral	1	
EMFLAZA	3	PA; QL	RAYOS	3	PA
fludrocortisone acetate oral	1		SOLU-CORTEF	2	
HEMADY	3	PA	SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 125 MG	3	
HIDEX 6-DAY	3		TAPERDEX 12-DAY	3	
hydrocortisone oral	1		TAPERDEX 6-DAY	3	
KENALOG INJECTION	3		TAPERDEX 7-DAY	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3		TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	3	
MEDROL ORAL TABLET 2 MG	2		triamcinolone acetate suspension 40 mg/ml injection	3	
MEDROL ORAL TABLET THERAPY PACK	3		TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	3	
METHYLPREDNISOLONE ACE-LIDO	3		TRIAMCINOLONE DIACETATE INJECTION	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	3		Hormonal Agents - Men's Health		
methylprednisolone oral	1		ANDRODERM	3	PA; QL
methylprednisolone sodium succ injection solution reconstituted 125 mg	1		ANDROGEL PUMP	3	QL
ORAPRED ODT	3		danazol oral	1	
PEDIAPRED	3		DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1	
prednisolone oral solution	1		FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	3	PA; QL
prednisolone oral tablet	3		JATENZO	3	PA

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
KYZATREX	3	PA	EGRIFTA SV	3	QL
METHITEST	3	PA	ELIGARD	2	
methyltestosterone oral	3	PA	FENSOLVI (6 MONTH)	3	
NATESTO	3	PA; QL	GENOTROPIN	3	PA; QL
TESTIM	3	QL	GENOTROPIN MINIQUICK	3	PA; QL
TESTONE CIK	3		HUMATROPE	3	PA; QL
testosterone cypionate intramuscular	1		INCRELEX	3	PA; QL
testosterone enanthate intramuscular	1		ISTURISA	3	PA; QL
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	QL	lanreotide acetate	3	PA
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA; QL	leuprolide acetate injection	1	
testosterone transdermal solution	3	PA; QL	LUPRON DEPOT (1- MONTH)	2	
TLANDO	3	PA	LUPRON DEPOT (3- MONTH)	2	
VOGELXO	3	QL	LUPRON DEPOT (4- MONTH) INTRAMUSCULAR KIT 30MG	2	
VOGELXO PUMP	3	QL	LUPRON DEPOT (6- MONTH) INTRAMUSCULAR KIT 45MG	2	
XYOSTED	3	PA	LUPRON DEPOT-PED (1-MONTH)	2	
Hormonal Agents - Pituitary			LUPRON DEPOT-PED (3-MONTH)	2	
ACTHAR	2	PA; QL	MYCAPSSA	3	PA; QL
cabergoline	1		NGENLA	3	PA; QL
CORTROPHIN	2	PA; QL	NOCDURNA	3	PA
DDAVP	3		NORDITROPIN FLEXPRO	3	PA; QL
DDAVP PF	3		NUTROPIN AQ NUSPIN 10	3	PA; QL
desmopressin ace spray refrig	1		NUTROPIN AQ NUSPIN 20	3	PA; QL
desmopressin acetate injection	1		NUTROPIN AQ NUSPIN 5	3	PA; QL
DESMOPRESSIN ACETATE NASAL	2		octreotide acetate	1	
desmopressin acetate oral	1		OMNITROPE	2	PA; QL
desmopressin acetate pf	1		ORLISSA	3	PA; QL
desmopressin acetate spray	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RECORLEV	3	PA; QL	aranelle	1	
SAIZEN	3	PA; QL	ashlyna	1	
SANDOSTATIN	3	PA	aubra eq	1	
SANDOSTATIN LAR DEPOT	2	QL	aurovela 1.5/30	1	
SIGNIFOR	3	PA; QL	aurovela 1/20	1	
SKYTROFA	3	PA; QL	aurovela 24 fe	1	
SOGROYA	3	PA; QL	aurovela fe 1.5/30	1	
SOMATULINE DEPOT	3	PA	aurovela fe 1/20	1	
SOMAVERT	3	PA; QL	aviane	1	
SYNAREL	3	QL	ayuna	1	
ZOMACTON	3	PA; QL	azurette	1	
Hormonal Agents - Prostaglandins			BALCOLTRA	3	
KORLYM	3	PA; QL	balziva	1	
MIFEPREX	1		BEYAZ	3	
mifepristone oral tablet 200 mg	1		BIJUVA	3	
mifepristone oral tablet 300 mg	3	PA; QL	blisovi 24 fe	1	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents			blisovi fe 1.5/30	1	
EVISTA	3		blisovi fe 1/20	1	
OSPHENA	3	PA	briellyn	1	
raloxifene hcl	1		camila	1	
Hormonal Agents - Sex Hormones and Birth Control			camrese	1	
ACTIVELLA	3		camrese lo	1	
afirmelle	1		charlotte 24 fe	3	
aftera	1		chateal eq	1	
AFTERPILL	1		CLIMARA	1	
ALORA	3		CLIMARA PRO	3	
altavera	1		COMBIPATCH	3	
alyacen 1/35	1		covaryx	3	
alyacen 7/7/7	1		covaryx hs	3	
amabelz	3		CRINONE	3	
amethyst	3		cryselle-28	1	
ANGELIQ	3		curae	1	
ANNOVERA	3		cyred eq	1	
apri	1		dasetta 1/35	1	
			dasetta 7/7/7	1	
			daysee	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
deblitane	1		estradiol transdermal gel	3	
DELESTROGEN	2		estradiol transdermal patch twice weekly	1	
delyla	1		estradiol transdermal patch weekly	1	
DEPO-ESTRADIOL	2		estradiol vaginal	1	
DEPO-PROVERA	3		estradiol valerate intramuscular	1	
DEPO-SUBQ PROVERA 104	3		estradiol-norethindrone acet	3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1		ESTRING	2	
DIVIGEL	3		ESTROGEL	3	
dolishale	3		ethynodiol diac-eth estradiol	1	
dotti	1		etonogestrel-ethinyl estradiol	1	
drospiren-eth estrad-levomefol	3		EVAMIST	3	
drospirenone-ethinyl estradiol	1		falmina	1	
DUAVEE	3		FEMRING	2	
econtra one-step	1		finzala	3	
eemt	3		FIRST-PROGESTERONE VGS	3	
eemt hs	3		fyavolv	3	
ELESTRIN	3		gemmily	3	
elinest	1		hailey 1.5/30	1	
ELLA	2		hailey 24 fe	1	
eluryng	1		hailey fe 1.5/30	1	
emzahn	1		hailey fe 1/20	1	
ENDOMETRIN	3		haloette	1	
enilloring	1		heather	1	
enpresse-28	1		her style	1	
enskyce	1		iclevia	1	
errin	1		IMVEXXY MAINTENANCE PACK	3	
est estrogens-methyltest	3		IMVEXXY STARTER PACK	3	
est estrogens-methyltest ds	3		incassia	1	
est estrogens-methyltest hs	3		introvale	1	
estarylla	1		isibloom	1	
ESTRACE	3				
estradiol oral	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
jaimiess	1		levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	
jasmiel	1		levonorg-eth estrad triphasic	1	
jencycla	1		levora 0.15/30 (28)	1	
jinteli	3		LILETTA (52 MG)	3	
jolessa	1		LO LOESTRIN FE	3	
joyeaux	3		LOESTRIN 1.5/30 (21)	3	
juleber	1		LOESTRIN 1/20 (21)	3	
junel 1.5/30	1		LOESTRIN FE 1.5/30	3	
junel 1/20	1		LOESTRIN FE 1/20	3	
junel fe 1.5/30	1		lojaimiess	1	
junel fe 1/20	1		loryna	1	
junel fe 24	1		low-ogestrel	1	
kaitlib fe	3		lo-zumandimine	1	
kalliga	1		lutera	1	
kariva	1		lyleq	1	
kelnor 1/35	1		lyllana	1	
kelnor 1/50	1		lyza	1	
kurvelo	1		marlissa	1	
larin 1.5/30	1		medroxyprogesterone acetate	1	
larin 1/20	1		megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
larin 24 fe	1		megestrol acetate oral suspension 625 mg/5ml	3	
larin fe 1.5/30	1		megestrol acetate oral tablet	1	
larin fe 1/20	1		MENEST	3	
layolis fe	3		MENOSTAR	3	
leena	1		merzee	3	
lessina	1		mibelas 24 fe	3	
levonest	1		microgestin 1.5/30	1	
levonorgest-eth est & eth est	3		microgestin 1/20	1	
levonorgest-eth estrad 91-day	1		microgestin 24 fe	1	
levonorgest-eth estradiol-iron	3		microgestin fe 1.5/30	1	
levonorgestrel	1				
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
microgestin fe 1/20	1		nortrel 1/35 (28)	1	
mili	1		nortrel 7/7/7	1	
mimvey	3		NUVARING	3	
MINIVELLE	3		nylia 1/35	1	
MIRENA (52 MG)	2		nylia 7/7/7	1	
mono-linyah	1		nymyo	1	
my choice	1		ocella	1	
my way	1		opcicon one-step	1	
MYFEMBREE	3	PA; QL	OPILL	1	
NATAZIA	3		option 2	1	
necon 0.5/35 (28)	1		ORIAHNN	3	PA; QL
new day	1		PARAGARD INTRAUTERINE COPPER	2	
NEXTSTELLIS	3				
nikki	1		philith	1	
nora-be	1		pimtrea	1	
norelgestromin-eth estradiol	1		PLAN B ONE-STEP	3	
norethin ace-eth estrad-fe oral capsule	3		portia-28	1	
norethin ace-eth estrad-fe oral tablet	1		PREMARIN ORAL	3	PA
norethin ace-eth estrad-fe oral tablet chewable	3		PREMARIN VAGINAL	2	
norethindrone acetate oral	1		PREMPHASE	3	
norethindrone acet-ethinyl est	1		PREMPRO	3	
norethindrone oral	1		progesterone intramuscular	1	
norethindrone-eth estradiol	3		progesterone oral	1	
norethindron-ethinyl estradiol	3		PROMETRIUM	3	
norethin-eth estradiol-fe	3		PROVERA	3	
norgestimate-eth estradiol	1		react	1	
norgestimate-ethinyl estradiol triphasic	1		reclipsen	1	
norlyroc	1		rivelsa	3	
nortrel 0.5/35 (28)	1		SAFYRAL	3	
nortrel 1/35 (21)	1		setlakin	1	
			sharobel	1	
			simliya	1	
			simpesse	1	
			SKYLA	2	
			SLYND	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sprintec 28	1		vylibra	1	
sronyx	1		wera	1	
syeda	1		wymzya fe	3	
take action	1		xulane	1	
tarina 24 fe	1		YASMIN 28	3	
tarina fe 1/20 eq	1		YAZ	3	
taysofy	3		yuvaferm	1	
TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	3	PA	zafemy	1	
TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	3		zovia 1/35 (28)	1	
			zumandimine	1	
tilia fe	3		Hormonal Agents - Thyroid		
tri-estarylla	1		ADTHYZA	3	
tri-legest fe	3		ARMOUR THYROID	3	
tri-linyah	1		CYTOMEL	3	
tri-lo-estarylla	1		ERMEZA	3	PA
tri-lo-marzia	1		euthyrox	3	
tri-lo-mili	1		levo-t	3	
tri-lo-sprintec	1		LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
tri-mili	1		levothyroxine sodium oral tablet	1	
tri-nymyo	1		levoxyl	3	
tri-sprintec	1		liothyronine sodium oral	1	
trivora (28)	1		methimazole oral	1	
tri-vylibra	1		NIVA THYROID	3	
tri-vylibra lo	1		NP THYROID	3	
turqoz	1		propylthiouracil oral	1	
TWIRLA	3		SYNTHROID	3	
tyblume	1		THYQUIDITY	3	
tydemy	3		THYROID ORAL	3	
VAGIFEM	3		TIROSINT	3	
velivet	1		TIROSINT-SOL	3	
vestura	1		unithroid	3	
vienva	1		Immunological Agents - Drugs for Immune System Stimulation or Suppression		
viorele	1		ABRILADA (1 PEN)	3	PA; QL
VIVELLE-DOT	3		ABRILADA (2 PEN)	3	PA; QL
volnea	1				
vyfemla	1				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ABRILADA (2 SYRINGE)	3	PA; QL	BENLYSTA	3	PA; QL
ACTEMRA ACTPEN	3	PA; QL	SUBCUTANEOUS		
ACTEMRA SUBCUTANEOUS	3	PA; QL	BERINERT	2	PA; QL
ACTIMMUNE	3	QL	CELLCEPT	3	
ADALIMUMAB-AACF (2 PEN)	3	PA; QL	CIMZIA	3	PA; QL
ADALIMUMAB-AATY (1 PEN)	3	PA; QL	CIMZIA (2 SYRINGE)	3	PA; QL
ADALIMUMAB-AATY (2 PEN)	3	PA; QL	CIMZIA STARTER KIT	3	PA; QL
ADALIMUMAB-AATY (2 SYRINGE)	3	PA; QL	CINRYZE	3	PA; QL
ADALIMUMAB-ADAZ	3	PA; QL	COSENTYX (300 MG DOSE)	2	PA; QL
ADALIMUMAB-ADBM (2 PEN)	3	PA; QL	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	3	PA; QL	COSENTYX SENSOREADY (300 MG)	2	PA; QL
ADALIMUMAB- ADBM(CD/UC/HS STRT)	3	PA; QL	COSENTYX SENSOREADY PEN	2	PA; QL
ADALIMUMAB- ADBM(PS/UV STARTER)	3	PA; QL	COSENTYX UNOREADY	2	PA; QL
ADALIMUMAB-FKJP	3	PA; QL	CUTAQUIG	3	PA; QL
ADALIMUMAB-FKJP (2 SYRINGE)	3	PA; QL	CUVITRU	2	PA; QL
ADALIMUMAB-RYVK (2 PEN)	3	PA; QL	cyclosporine modified	1	
AMJEVITA	2	PA; QL	cyclosporine oral	1	
AMJEVITA-PED 10KG TO <15KG	2	PA; QL	CYLTEZO (2 PEN)	3	PA; QL
AMJEVITA-PED 15KG TO <30KG	2	PA; QL	CYLTEZO (2 SYRINGE)	3	PA; QL
ANTIVENIN LATRODECTUS MACTANS	3		CYLTEZO-CD/UC/HS STARTER	3	PA; QL
ARAVA	3		CYLTEZO- PSORIASIS/UV STARTER	3	PA; QL
ARCALYST	3	PA; QL	ENBREL	2	PA; QL
ASTAGRAF XL	3		ENBREL MINI	2	PA; QL
AZASAN	3		ENBREL SURECLICK	2	PA; QL
azathioprine oral tablet 100 mg, 75 mg	3		ENSPRYNG	3	PA; QL
azathioprine oral tablet 50 mg	1		ENTYVIO SUBCUTANEOUS	3	PA; QL
			ENVARBUS XR	2	
			everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	QL
			FIRAZYR	3	PA; QL
			gengraf	1	
			HADLIMA	3	PA; QL

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HADLIMA PUSHTOUCH	3	PA; QL	IDACIO-PSORIASIS STARTER	3	PA; QL
HAEGARDA	3	PA; QL	IMOGAM RABIES-HT	3	
HEPAGAM B	3		IMURAN	3	
HIZENTRA	2	PA; QL	JOENJA	3	PA; QL
HULIO (2 PEN)	3	PA; QL	JYLAMVO	3	PA
HULIO (2 SYRINGE)	3	PA; QL	KEDRAB	3	
HUMIRA (2 PEN)	2	PA; QL	KEVZARA	3	PA; QL
HUMIRA (2 SYRINGE)	2	PA; QL	KINERET	3	PA; QL
HUMIRA-CD/UC/HS STARTER	2	PA; QL	leflunomide oral	1	
HUMIRA-PED<40KG CROHNS STARTER	2	PA; QL	LUPKYNIS	3	PA; QL
HUMIRA-PED>=40KG CROHNS START	2	PA; QL	methotrexate sodium	1	
HUMIRA-PED>=40KG UC STARTER	2	PA; QL	methotrexate sodium (pf)	1	
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA; QL	mycophenolate mofetil oral	1	
HYPERHEP B	2		mycophenolate sodium	1	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML	3		mycophenolic acid	1	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	3	PA	MYFORTIC	3	
HYPERTET	3		NABI-HB	2	
HYQVIA	2	PA; QL	NEORAL	3	
HYRIMOZ	3	PA; QL	OLUMIANT	3	PA; QL
HYRIMOZ-CROHNS/UC STARTER	3	PA; QL	OMVOH SUBCUTANEOUS	3	PA; QL
HYRIMOZ-PED<40KG CROHN STARTER	3	PA; QL	ORENCIA CLICKJECT	2	PA; QL
HYRIMOZ-PED>=40KG CROHN START	3	PA; QL	ORENCIA SUBCUTANEOUS	2	PA; QL
HYRIMOZ-PLAQUE PSORIASIS START	3	PA; QL	ORLADEYO	3	PA; QL
icatibant acetate	2	PA; QL	OTEZLA	2	PA; QL
IDACIO (2 PEN)	3	PA; QL	OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
IDACIO (2 SYRINGE)	3	PA; QL	OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	3	
IDACIO-CROHNS/UC STARTER	3	PA; QL	PROGRAF ORAL	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RAPAMUNE	3		ZORTRESS	3	QL
RASUVO	2		ZYMFENTRA (1 PEN)	3	PA; QL
REZUROCK	3	PA; QL	ZYMFENTRA (2 PEN)	3	PA; QL
RHOPHYLAC	3		ZYMFENTRA (2 SYRINGE)	3	PA; QL
RIDAURA	2	QL	Immunological Agents - Drugs for Vaccination		
RINVOQ	3	PA; QL	ABRYSVO	2	
RUCONEST	3	PA; QL	ACTHIB	2	
sajazir	2	PA; QL	ADACEL	2	
SANDIMMUNE ORAL	3		AFLURIA QUADRIVALENT	1	
SILIQ	3	PA; QL	AREXVY	2	
SIMLANDI (1 PEN)	3	PA; QL	BEXSERO	2	
SIMLANDI (2 PEN)	3	PA; QL	BIOTHRAX	3	
SIMPONI	3	PA; QL	BOOSTRIX	2	
sirolimus oral	1		COMIRNATY	2	
SKYRIZI PEN	2	PA; QL	DAPTACEL	2	
SKYRIZI SUBCUTANEOUS	2	PA; QL	ENGERIX-B	2	
SOTYKTU	3	PA; QL	FLUAD QUADRIVALENT	1	
SPEVIGO SUBCUTANEOUS	3	PA; QL	FLUARIX QUADRIVALENT	1	
STELARA SUBCUTANEOUS	2	PA; QL	FLUBLOK QUADRIVALENT	1	
tacrolimus oral	1		FLUCELVAX QUADRIVALENT	1	
TAKHZYRO	3	PA; QL	FLULAVAL QUADRIVALENT	1	
TALTZ	3	PA; QL	FLUMIST QUADRIVALENT	1	
TREMFYA	2	PA; QL	FLUZONE HIGH-DOSE QUADRIVALENT	1	
TREXALL	3		FLUZONE QUADRIVALENT	1	
VARIZIG	3		GARDASIL 9	2	
VELSIPITY	3	PA; QL	HAVRIX	2	
XATMEP	3	QL	HEPLISAV-B	2	
XELJANZ	2	PA; QL	HIBERIX	2	
XELJANZ XR	2	PA; QL	INFANRIX	2	
XEMBIFY	3	PA; QL	IPOL	2	
YUFLYMA (1 PEN)	3	PA; QL			
YUFLYMA (2 PEN)	3	PA; QL			
YUFLYMA (2 SYRINGE)	3	PA; QL			
YUFLYMA-CD/UC/HS STARTER	3	PA; QL			
YUSIMRY	3	PA; QL			

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
KINRIX	2		VAXNEUVANCE	2	
MENQUADFI	2		Inflammatory Bowel Disease Agents		
MENVEO	2		ANALPRAM-HC	3	
M-M-R II	2		anucort-hc	3	
MODERNA COVID-19 VAC 6M-11Y	2		ANUSOL-HC EXTERNAL	3	
NOVAVAX COVID-19 VACCINE	2		anusol-hc rectal	3	
PEDIARIX	2		APRISO	1	
PEDVAX HIB	2		AZULFIDINE	3	
PENBRAYA	2		AZULFIDINE EN-TABS	3	
PENTACEL	2		balsalazide disodium	1	
PFIZER COVID-19 VAC-TRIS 5-11Y	2		budesonide er	3	PA; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y	2		budesonide oral (generic Entocort)	1	
PNEUMOVAX 23	2		budesonide rectal	3	
PREHEVBRIO	2		CANASA	3	
PREVNAR 20	2		COLAZAL	3	
PRIORIX	2		CORTENEMA	3	
PROQUAD	2		CORTIFOAM	2	
QUADRACEL	2		DELZICOL	3	PA
RECOMBIVAX HB	2		DIPENTUM	3	PA; QL
ROTARIX	2		EOHILIA	3	PA; QL
ROTATEQ	2		hemmorex-hc rectal suppository 25 mg	3	
SHINGRIX	2		HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3	
SPIKEVAX	2		hydrocortisone (perianal) external cream 1 %	3	
TDVAX	2		hydrocortisone (perianal) external cream 2.5 %	1	
TETANUS-DIPHTHERIA TOXOIDS TD	2		hydrocortisone ace-pramoxine external cream 1-1 %	3	
TRUMENBA	2		hydrocortisone acetate rectal	3	
TWINRIX	3		hydrocortisone rectal	1	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2		LIALDA	3	
VARIVAX	2		lidocaine-hydrocort (perianal)	3	
VAXELIS	2				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL	3		ATELVIA	3	
lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %	3		BINOSTO	3	
LIDOCORT	3		calcitonin (salmon) injection	3	
mesalamine er oral capsule 500 mg	1	PA	calcitonin (salmon) nasal	1	
mesalamine er oral capsule 0.375 gm	1		FORTEO	3	PA; QL
mesalamine oral capsule delayed release 400 mg	1	ST	FOSAMAX	3	
mesalamine oral tablet delayed release 1.2 gm	1		FOSAMAX PLUS D	3	
mesalamine oral tablet delayed release 800 mg	3	PA	ibandronate sodium oral	1	
mesalamine rectal	1		MIACALCIN	3	
mesalamine-cleanser	3		risedronate sodium oral tablet	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA	risedronate sodium oral tablet delayed release	3	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	PA	teriparatide	3	PA; QL
PROCORT	3		teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	3	PA; QL
PROCTOCORT	3		TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; QL
PROCTOFOAM HC	2		TYMLOS	3	PA
procto-med hc	1		Metabolic Bone Disease Agents - Other		
proctosol hc	1		calcitriol oral	1	
proctozone-hc	1		cinacalcet hcl	1	PA
ROWASA	3		doxercalciferol oral	3	
SFROWASA	3		paricalcitol oral	3	
sulfasalazine oral	1		RAYALDEE	3	PA
TARPEYO	3	PA; QL	ROCALTROL	3	
UCERIS ORAL	3	PA; QL	SENSIPAR	3	PA
UCERIS RECTAL	3		ZEMPLAR ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis			Miscellaneous Therapeutic Agents		
ACTONEL	3		ADVOCATE INSULIN PEN NEEDLE	1	
alendronate sodium	1		AEROCHAMBER HOLDING CHAMBER	2	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AEROCHAMBER MINI CHAMBER	2		BREATHE COMFORT CHAMBER/CHILD	2	
AEROCHAMBER MV	2		BREATHE EASE LARGE	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2		BREATHE EASE MEDIUM	2	
AEROCHAMBER PLUS FLO-VU INTERM	2		BREATHE EASE SMALL	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2		BREATHERITE VALVED MDI CHAMBER	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		BYLVAY	3	PA; QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		BYLVAY (PELLETS)	3	PA; QL
AEROCHAMBER PLUS FLOW VU	2		CAYA	2	
AEROCHAMBER W/FLOWSIGNAL	2		CLEVER CHOICE HOLDING CHAMBER	2	
ALCOHOL PREP PADS PAD , 70 %	1		COMFORT EZ PRO PEN NEEDLES	1	
ALCOHOL PREP PADS SHEET 70 %	1		COMPACT SPACE CHAMBER	2	
AQINJECT PEN NEEDLE	1		COMPACT SPACE CHAMBER/LG MASK	2	
ASSURE ID DUO PRO PEN NEEDLES	1		COMPACT SPACE CHAMBER/MED MASK	2	
ASSURE ID PRO PEN NEEDLES	1		COMPACT SPACE CHAMBER/SM MASK	2	
AUM ALCOHOL PREP PADS	1		CYTOTINE ORAL POWDER	3	
AUM INSULIN SAFETY PEN NEEDLE	1		deferoxamine mesylate injection solution reconstituted 500 mg	1	
AUM MINI INSULIN PEN NEEDLE	1		DEFERFAL	3	
AUM PEN NEEDLE	1		DOJOLVI	3	PA; QL
AUM READYGARD DUO PEN NEEDLE	1		DROPSAFE ALCOHOL PREP	1	
AUM SAFETY PEN NEEDLE	1		EASIVENT	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		EDETATE CALCIUM DISODIUM INJECTION	3	
BD ULTRA-FINE PEN NEEDLES	1		EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
BREATHE COMFORT CHAMBER/ADULT	2		ENDARI	3	PA; QL
			ergoloid mesylates oral	3	
			FEMCAP	2	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FIRDAPSE	3	PA; QL	OMNIPOD 5 G6 INTRO (GEN 5)	3	PA
FLEXICHAMBER	2		OMNIPOD 5 G6 PODS (GEN 5)	3	PA
FLEXICHAMBER ADULT MASK/SMALL	2		OMNIPOD 5 G7 INTRO (GEN 5)	3	PA; QL
FLEXICHAMBER CHILD MASK/LARGE	2		OMNIPOD 5 G7 PODS (GEN 5)	3	PA
FLEXICHAMBER CHILD MASK/SMALL	2		OMNIPOD CLASSIC PODS (GEN 3)	3	PA
GLUCAGEN DIAGNOSTIC	2		OMNIPOD DASH INTRO (GEN 4)	3	PA
GLUCAGON HCL (DIAGNOSTIC)	2		OMNIPOD DASH PDM (GEN 4)	3	PA
GRASTEK	3	PA	OMNIPOD DASH PODS (GEN 4)	3	PA
INCONTROL ULTICARE PEN NEEDLES	1		OMNIPOD GO	3	PA
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 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	1		OMNIPOD POD PALS	3	PA
IWILFIN	3	PA; QL	OPTICHAMBER DIAMOND	2	
KERENDIA	3	PA; QL	OPTICHAMBER DIAMOND-LG MASK	2	
LIVMARLI	3	PA; QL	OPTICHAMBER DIAMOND-MD MASK	2	
methergine	1		OPTICHAMBER DIAMOND-SM MASK	2	
methylegonovine maleate	1		ORALAIR	3	PA
MICROCHAMBER DEVICE	2		ORALAIR ADULT STARTER PACK	3	PA
NOVOFINE PEN NEEDLE	1		ORALAIR CHILDRENS STARTER PACK	3	PA
NOVOFINE PLUS PEN NEEDLE	1		OXBRYTA	3	PA; QL
NOZIN NASAL SANITIZER	1		PALFORZIA	3	PA; QL
NOZIN NASAL SANITIZER POPSWAB	1		PANDA MASK LARGE	2	
ODACTRA	3	PA	PANDA MASK MEDIUM	2	
			PANDA MASK SMALL	2	
			PARI VORTEX ADULT MASK	2	
			PEDIATRIC PANDA MASK	2	
			PHEXXI	3	
			PIP PEN NEEDLES 31G X 5MM	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PIP PEN NEEDLES 32G X 4MM	1		WIDE-SEAL DIAPHRAGM 70	2	
pocket spacer	2		WIDE-SEAL DIAPHRAGM 75	2	
PRO COMFORT SPACER ADULT	2		WIDE-SEAL DIAPHRAGM 80	2	
PRO COMFORT SPACER CHILD	2		WIDE-SEAL DIAPHRAGM 85	2	
PRO COMFORT SPACER INFANT	2		WIDE-SEAL DIAPHRAGM 90	2	
PROCARE SPACER/ADULT MASK	2		WIDE-SEAL DIAPHRAGM 95	2	
PROCARE SPACER/CHILD MASK	2		XPHOZAH	3	PA; QL
PURE COMFORT SAFETY PEN NEEDLE	1		ZILBRYSQ	3	PA; QL
PURE COMFORT SPACER CHAMBER	2		ZOKINVY	3	PA; QL
RAGWITEK	3	PA	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
RAYA SURE PEN NEEDLE	1		ACULAR	2	
SAFETY PEN NEEDLES	1		ACULAR LS	3	
SOHONOS	3	PA; QL	ACUVAIL	3	
TAVNEOS	3	PA; QL	ALOCRIL	3	
TREE MIX 9	3		ALOMIDE	2	
UNIFINE PROTECT PEN NEEDLE	1		ALREX	3	
VEOZAH	3	PA	AZASITE	3	
VERIFINE INSULIN PEN NEEDLE	1		azelastine hcl ophthalmic	1	
VERIFINE PLUS PEN NEEDLE	1		bacitracin ophthalmic	1	
V-GO 20	3	PA	bepotastine besilate	3	
V-GO 30	3	PA	BEPREVE	3	
V-GO 40	3	PA	BESIVANCE	3	
VISTOGARD	3	PA; QL	BETADINE OPHTHALMIC PREP	3	
VORTEX VALVED HOLDING CHAMBER	2		bromfenac sodium (once-daily)	3	
WIDE-SEAL DIAPHRAGM 60	2		bromfenac sodium ophthalmic	3	
WIDE-SEAL DIAPHRAGM 65	2		BROMSITE	3	
			CILOXAN	2	
			ciprofloxacin hcl ophthalmic	1	
			cromolyn sodium ophthalmic	1	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
dexamethasone sodium phosphate ophthalmic	1		neomycin-polymyxin-dexameth ophthalmic ointment	1	
diclofenac sodium ophthalmic	1		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
difluprednate	1		neomycin-polymyxin-hc ophthalmic	3	
DUREZOL	3		NEVANAC	3	
epinastine hcl	3		OCUFLOX	3	
erythromycin ophthalmic	1		ofloxacin ophthalmic	1	
EYSUVIS	3	PA	olopatadine hcl ophthalmic solution 0.2 %	3	
FLAREX	3		POVIDONE-IODINE OPHTHALMIC	3	
fluorometholone	1		PRED FORTE	3	
flurbiprofen sodium	1		PRED MILD	2	
FML FORTE	2		PREDNISOL ACE-MOXIFLOX-BROMFEN	3	
FML LIQUIFILM	3		prednisolone acetate ophthalmic	1	
gatifloxacin ophthalmic	1		prednisolone acetate p-f	1	
gentamicin sulfate ophthalmic	1		PREDNISOLONE ACETATE-NEPAFENAC	3	
ILEVRO	3		PREDNISOLONE ACET-MOXIFLOXACIN	3	
INVELTYS	3		prednisolone sodium phosphate ophthalmic	3	
ketorolac tromethamine ophthalmic	1		PREDNISOLON-GATIFLOX-BROMFENAC	3	
KLARITY-A	3		PREDNISOLON-MOXIFLOX-BROMFENAC	3	
KLARITY-L	3		PREDNISOLON-MOXIFLOX-NEPAFENAC	3	
levofloxacin ophthalmic	3		PROLENSA	3	
LOTEMAX	3		sulfacetamide sodium ophthalmic	1	
LOTEMAX SM	3		TOBRADEX	2	
loteprednol etabonate	3		TOBRADEX ST	3	
MAXIDEX	3		tobramycin ophthalmic	1	
MAXITROL OPHTHALMIC OINTMENT	3				
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3				
moxifloxacin hcl (2x day)	1				
moxifloxacin hcl ophthalmic	1				
NATACYN	2				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tobramycin-dexamethasone	1		dorzolamide hcl-timolol mal	1	
TOBREX	2		dorzolamide hcl-timolol mal pf	3	
trifluridine	1		IOPIDINE	3	
UPNEEQ	3	PA	ISTALOL	3	
VIGAMOX	2		IYUZEH	3	
XDEMVY	3	PA; QL	KEVEYIS	3	PA; QL
ZERVIATE	3		latanoprost ophthalmic	1	
ZIRGAN	3		LATANOPROST-TIMOLOL MALEATE	3	
Ophthalmic Agents - Drugs for Glaucoma					
acetazolamide er	1		levobunolol hcl	1	
acetazolamide oral	1		LUMIGAN	2	
ALPHAGAN P	3		methazolamide oral	1	
apraclonidine hcl	3		ORMALVI	3	PA; QL
AZOPT	3		PHOSPHOLINE IODIDE	3	
betaxolol hcl ophthalmic	1		pilocarpine hcl ophthalmic	1	
BETIMOL	3		RHOPRESSA	3	PA
BETOPTIC-S	2		ROCKLATAN	3	PA
bimatoprost ophthalmic	1		SIMBRINZA	3	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	3		tafluprost (pf)	3	
brimonidine tartrate ophthalmic solution 0.2 %	1		timolol maleate (once-daily)	3	
brimonidine tartrate-timolol	3		timolol maleate ocudose	3	
BRIMONIDINE-DORZOLAMIDE	3		timolol maleate ophthalmic	1	
brinzolamide	1		timolol maleate pf	3	
carteolol hcl	1		TIMOLOL-BRIMON-DORZOL-LATANOPR	3	
COMBIGAN	3		TIMOLOL-BRIMONIDINE-DORZOLAMID	3	
COSOPT	3		TIMOLOL-DORZOLAMID-LATANOPROST	3	
COSOPT PF	3		TIMOPTIC OCUDOSE	3	
dichlorphenamide	3	PA; QL	TRAVATAN Z	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3		travoprost (bak free)	1	
dorzolamide hcl solution 2 % ophthalmic	1		VUITY	3	PA
			VYZULTA	3	PA

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XALATAN	3		neomycin-polymyxin-gramicidin	1	
XELPROS	3		neo-polycin	3	
ZIOPTAN	3		neo-polycin hc	1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions			OXERVATE	3	PA; QL
ACUICYN	3		phenylephrine hcl ophthalmic	1	
AKTEN	3		polycin	1	
ALCAINE	3		polymyxin b-trimethoprim	1	
altacaine	3		PREDNISOLONE-BROMFENAC	3	
altafrin	1		PREDNISOLONE-GATIFLOXACIN	3	
atropine sulfate ophthalmic ointment	1		PREDNISOLONE-MOXIFLOXACIN	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	1		proparacaine hcl ophthalmic	3	
atropine sulfate ophthalmic solution 1 %	1		RESTASIS	3	PA
AVENOVA	3		RESTASIS MULTIDOSE	3	PA
bacitracin-polymyxin b	1		sulfacetamide-prednisolone	1	
bacitra-neomycin-polymyxin-hc	1		tetracaine hcl ophthalmic	3	
CEQUA	2	PA	TROPICAMIDE-CYCLOPENTOLATE-PE	3	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	2		TROPICAMIDE-PHENYLEPHRINE	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	3		TROPIC-PROPARACA-PE-KETOROLAC	3	
CYCLOMYDRIL	3		TYRVAYA	3	PA
cyclopentolate hcl ophthalmic	1		VERKAZIA	3	PA; QL
cyclosporine ophthalmic	1	PA	VEVYE	3	PA; QL
CYSTADROPS	3	PA	XIIDRA	2	PA
CYSTARAN	3		ZYLET	3	
			Otic Agents - Drugs for Ear Conditions		
GELFILM OPHTHALMIC	3		acetic acid otic	1	
homatropaire	1		CETRAXAL	3	
KLARITY-C DROPS	3	PA; QL	CIPRO HC	2	
LACRISERT	2		ciprofloxacin hcl otic	3	
MIEBO	3	PA; QL	ciprofloxacin-dexamethasone	1	
neomycin-bacitracin zn-polymyx	3				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CIPROFLOXACIN-FLUOCINOLONE PF	3		flunisolide nasal	1	
CORTISPORIN-TC	3		guaifenesin-codeine	2	QL
DERMOTIC	3		HYCODAN	3	
flac	1		hydrocod poli-chlorphe poli er	3	
fluocinolone acetonide otic	1		hydrocodone bit-homatrop mbr	1	
hydrocortisone-acetic acid	3		hydromet	1	
neomycin-polymyxin-hc otic	1		HYPERSAL	3	
ofloxacin otic	1		INFASURF	3	
OTOVEL	3		ipratropium bromide nasal	1	
PRAMOTIC	3		KARBINAL ER	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			levocetirizine dihydrochloride oral	1	
ADRENALIN NASAL	3		maxi-tuss ac	2	QL
azelastine hcl nasal	1		MICLARA LQ	3	
azelastine-fluticasone	3		mometasone furoate nasal	3	PA
benzonatate oral capsule 100 mg, 200 mg	1		nebusal inhalation nebulization solution 3 %	1	
benzonatate oral capsule 150 mg	3		NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
BROMFED DM	3		olopatadine hcl nasal	1	
BROMPHENIRAMINE MALEATE INTRAMUSCULAR	3		OMNARIS	3	PA
carbinoxamine maleate	1		potassium iodide oral	2	
cetirizine hcl oral solution	3		promethazine vc	1	
CLARINEX	3		promethazine-codeine oral solution	3	PA
CLARINEX-D 12 HOUR	3		promethazine-dm	1	
clemastine fumarate oral	1		pseudoephedrine-bromphen-dm	3	
CUROSURF	3		pulmosal	1	
cyproheptadine hcl oral	1		QNASL	3	PA
desloratadine	1		QNASL CHILDRENS	3	PA
diphenhydramine hcl injection	1		RYALTRIS	3	PA
diphenhydramine hcl oral elixir	3		RYCLORA	3	
DYMISTA	3		ryvent	1	
epinephrine hcl (nasal)	3				

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
sodium chloride inhalation nebulization solution 10 %	3		albuterol sulfate oral	1	
SSKI	2		ALVESCO	2	
SURVANTA	2		ANORO ELLIPTA	3	PA
TUXARIN ER	3	QL	arformoterol tartrate	3	PA
XHANCE	3	PA	ARNUITY ELLIPTA	3	PA
ZETONNA	3	PA	ASMANEX (120 METERED DOSES)	2	ST
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			ASMANEX (14 METERED DOSES)	2	ST
ACCOLATE	3		ASMANEX (30 METERED DOSES)	2	ST
acetylcysteine inhalation	1		ASMANEX (60 METERED DOSES)	2	ST
ADVAIR DISKUS	3		ASMANEX HFA	2	ST
ADVAIR HFA	2		ATROVENT HFA	2	
AIRDUO RESPICLICK 113/14	3	PA	AUVI-Q	3	PA
AIRDUO RESPICLICK 232/14	3	PA	BEVESPI AEROSPHERE	3	PA
AIRDUO RESPICLICK 55/14	3	PA	BREO ELLIPTA	3	PA
AIRSUPRA	3	PA	breyana	1	PA; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	BREZTRI AEROSPHERE	3	PA
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	3	QL	BROVANA	3	PA
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL	budesonide inhalation	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		budesonide-formoterol fumarate	1	PA; QL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		COMBIVENT RESPIMAT	2	
			cromolyn sodium inhalation	1	
			DALIRESP	3	
			DUAKLIR PRESSAIR	3	PA
			DULERA	3	PA; QL
			elixophyllin	1	
			epinephrine injection solution auto-injector	1	
			EPINEPHRINE PROFESSIONAL	3	
			EPINEPHRINESNAP	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EPINEPHRINESNAP-EMS	3		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
EPINEPHRINESNAP-V	3		montelukast sodium oral	1	
EPIPEN 2-PAK	3		NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EPIPEN JR 2-PAK	3		NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EPISNAP	3		OFEV	2	PA; QL
ESBRIET	3	PA; QL	PERFOROMIST	3	
FASENRA PEN	3	PA; QL	pirfenidone oral capsule	2	PA; QL
FLUTICASONE FUROATE-VILANTEROL	3	PA	pirfenidone oral tablet 267 mg, 801 mg	1	PA; QL
FLUTICASONE PROPIONATE DISKUS	2	PA	pirfenidone oral tablet 534 mg	2	PA; QL
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA	PROAIR RESPICLICK	3	QL
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2		PROVENTIL HFA	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	2		PULMICORT FLEXHALER	3	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1		PULMICORT SUSPENSION	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	PA	QVAR REDIHALER	3	PA
formoterol fumarate inhalation	3		roflumilast	3	
INCRUSE ELLIPTA	3	PA	SEREVENT DISKUS	2	ST
ipratropium bromide inhalation	1		SINGULAIR	3	
ipratropium-albuterol	1		SPIRIVA HANDIHALER	1	
isoproterenol hcl injection	3		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST
levalbuterol hcl inhalation	3		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
			STIOLTO RESPIMAT	2	
			STRIVERDI RESPIMAT	2	PA
			SYMBICORT	3	PA; QL
			terbutaline sulfate injection	3	

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
terbutaline sulfate oral	1		tobramycin inhalation nebulization solution 300 mg/4ml	3	PA; QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL	tobramycin nebulization solution 300 mg/5ml inhalation	1	PA; QL
THEO-24	3		TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	PA; QL
theophylline er	1		TRIKAFTA	3	PA; QL
theophylline oral	1				
tiotropium bromide monohydrate	1				
TRELEGY ELLIPTA	3	PA	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
TUDORZA PRESSAIR	3		ADCIRCA	3	PA; QL
VENTOLIN HFA	3	QL	ADEMPAS	3	PA; QL
wixela inhub	1		alyq	1	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL	ambrisentan	1	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL	bosentan	1	PA; QL
XOPENEX HFA	3		LETAIRIS	3	PA; QL
YUPELRI	3	PA	LIQREV	3	PA; QL
zafirlukast	3		OPSUMIT	2	PA; QL
zileuton er	3	PA; QL	OPSYNVI	3	PA; QL
ZYFLO	3	PA; QL	ORENITRAM	3	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			ORENITRAM MONTH 1	3	PA; QL
BETHKIS	3	PA; QL	ORENITRAM MONTH 2	3	PA; QL
BRONCHITOL	3	PA; QL	ORENITRAM MONTH 3	3	PA; QL
BRONCHITOL TOLERANCE TEST	3	PA; QL	REVATIO ORAL SUSPENSION RECONSTITUTED	3	PA; QL
CAYSTON	3	PA; QL	REVATIO ORAL TABLET	3	PA
KALYDECO	3	PA; QL	sildenafil citrate oral suspension reconstituted	1	PA; QL
KITABIS PAK	3	PA; QL	sildenafil citrate oral tablet 20 mg	1	PA
ORKAMBI	3	PA; QL	tadalafil (pah)	1	
PULMOZYME	2		TADLIQ	3	PA; QL
SYMDEKO	3	PA; QL	TRACLEER	3	PA; QL
TOBI NEBULIZER	3	PA; QL	TYVASO	2	PA; QL
TOBI PODHALER	3	PA; QL	TYVASO DPI INSTITUTIONAL KIT	3	PA; QL
			TYVASO DPI MAINTENANCE KIT	3	PA; QL

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TYVASO DPI TITRATION KIT	3	PA; QL	orphenadrine-aspirin-caffeine	3	
TYVASO REFILL	2	PA; QL	ORPHENGESIC FORTE	3	QL
TYVASO STARTER	2	PA; QL	OZOBAX DS	3	
UPTRAVI ORAL	2	PA; QL	ROBAXIN	3	
UPTRAVI TITRATION	2	PA; QL	SOMA	3	PA; QL
VENTAVIS	2	PA; QL	tizanidine hcl oral capsule	3	
WINREVAIR	3	PA; QL	tizanidine hcl oral tablet	1	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm			ZANAFLEX	3	
AMRIX	3	PA; QL	Sleep Disorder Agents		
BACLOFEN ORAL SOLUTION	3		AMBIEN	3	QL
baclofen oral suspension	3	PA	AMBIEN CR	3	QL
baclofen oral tablet 10 mg, 20 mg, 5 mg	1		AMYTAL SODIUM	3	
baclofen oral tablet 15 mg	3		armodafinil	1	
carisoprodol oral	3	PA; QL	BELSOMRA	3	PA
chlorzoxazone oral tablet 250 mg	1		DAYVIGO	3	PA; QL
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	QL	doxepin hcl oral tablet	3	
cyclobenzaprine hcl er	3	PA; QL	EDLUAR	3	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL	eszopiclone	1	QL
cyclobenzaprine hcl oral tablet 7.5 mg	3	QL	flurazepam hcl	1	QL
DANTRIUM ORAL	3		HETLIOZ	3	PA; QL
dantrolene sodium oral	1		HETLIOZ LQ	3	PA; QL
FEXMID	3	QL	LUMRYZ	3	PA; QL
FLEQSUVY	3	PA	LUNESTA	3	QL
LORZONE	3	QL	modafinil oral	1	
LYVISPAH	3	QL	NUVIGIL	3	
metaxalone	3	QL	PROVIGIL	3	
methocarbamol injection	1		QUVIVIQ	3	PA; QL
methocarbamol oral	1	QL	ramelteon	3	
NORGESIC	3		RESTORIL	3	QL
NORGESIC FORTE	3	QL	ROZEREM	3	
orphenadrine citrate er	1	QL	SILENOR	3	
orphenadrine citrate injection	3		SODIUM OXYBATE	3	PA; QL
			SUNOSI	3	PA; QL
			tasimelteon	3	PA; QL
			temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL

Effective Date: 07/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
temazepam oral capsule 22.5 mg	3	QL	ZOLPIDEM TARTRATE ORAL CAPSULE	3	PA; QL
WAKIX	3	PA; QL	zolpidem tartrate oral tablet	1	QL
XYREM	3	PA; QL	zolpidem tartrate sublingual	3	QL
XYWAV	3	PA; QL			
zaleplon	1	QL			
zolpidem tartrate er	3	QL			

Index of Drugs

A

abacavir sulfate.....	30	ACTOPLUS MET	47	ADVANCED ALLERGY	
abacavir sulfate-lamivudine		ACTOS	47	COLLECTION	41
.....	30	ACUICYN	74	ADVOCATE INSULIN PEN	
ABILIFY	29	ACULAR.....	72	NEEDLE	69
ABILIFY ASIMTUFII	29	ACULAR LS.....	72	ADZENYS XR-ODT.....	38
ABILIFY MAINTENA.....	29	ACUVAIL.....	72	AEMCOLO.....	16
ABILIFY MYCITE		acyclovir	30	AEROCHAMBER	
MAINTENANCE KIT ...	29	ACZONE	41	HOLDING CHAMBER..	69
ABILIFY MYCITE		ADACEL.....	67	AEROCHAMBER MINI	
STARTER KIT	29	ADALIMUMAB-AACF (2		CHAMBER.....	69
abiraterone acetate	25	PEN).....	64	AEROCHAMBER MV	69
ABRILADA (1 PEN).....	64	ADALIMUMAB-AATY (1		AEROCHAMBER PLS	
ABRILADA (2 PEN).....	64	PEN).....	64	FLOVU MTHPIECE	69
ABRILADA (2 SYRINGE).....	64	ADALIMUMAB-AATY (2		AEROCHAMBER PLUS	
ABRYSVO	67	PEN).....	64	FLO-VU INTERM	69
ABSORICA	41	ADALIMUMAB-AATY (2		AEROCHAMBER PLUS	
ABSORICA LD.....	41	SYRINGE)	64	FLO-VU LARGE	69
acamprosate calcium.....	15	ADALIMUMAB-ADAZ.....	65	AEROCHAMBER PLUS	
ACANYA.....	41	ADALIMUMAB-ADBAM (2		FLO-VU MEDIUM.....	69
acarbose.....	47	PEN).....	65	AEROCHAMBER PLUS	
ACCOLATE	76	ADALIMUMAB-ADBAM (2		FLO-VU SMALL	69
ACCRUFER.....	51	SYRINGE)	65	AEROCHAMBER PLUS	
ACCU-CHEK FASTCLIX		ADALIMUMAB-		FLOW VU	70
LANCET KIT	48	ADBAM(CD/UC/HS STRT)		AEROCHAMBER	
ACCU-CHEK GUIDE		.....	65	W/FLOWSIGNAL	70
CONTROL	48	ADALIMUMAB-		AFINITOR.....	25
ACCU-CHEK GUIDE TEST		ADBAM(PS/UV STARTER)		AFINITOR DISPERZ	25
STRIPS.....	48	.....	65	afirmelle.....	60
ACCU-CHEK SMARTVIEW		ADALIMUMAB-FKJP.....	65	AFLURIA QUADRIVALENT	
CONTROL	48	ADALIMUMAB-FKJP (2		.....	67
ACCU-CHEK SOFTCLIX		SYRINGE)	65	AFREZZA	50
LANCET DEVICE KIT.....	48	ADALIMUMAB-RYVK (2		aftera.....	60
ACCUPRIL.....	33	PEN).....	65	AFTERPILL	60
ACCURETIC.....	33	adapalene.....	41	AGAMATRIX CONTROL	
accutane.....	41	ADAPALENE	41	LEVEL 2	48
acebutolol hcl.....	33	adapalene-benzoyl peroxide		AGAMATRIX CONTROL	
acetaminophen-codeine .	12	.....	41	LEVEL 4	48
acetazolamide.....	73	ADAPALENE-BENZOYL		AGAMREE.....	57
acetazolamide er.....	73	PEROXIDE	41	AGONEAZE.....	14
acetazolamide sodium....	33	ADBRY.....	41	AGRYLIN.....	33
acetic acid.....	56, 75	ADCIRCA	79	AIMOVIG	24
acetylcysteine	76	ADDERALL.....	38	AIRDUO RESPICLICK	
ACIOXIA.....	41	ADDERALL XR.....	38	113/14.....	77
ACIPHEX.....	53	adefovir dipivoxil	30	AIRDUO RESPICLICK	
acitretin.....	41	ADEMPAS	79	232/14.....	77
ACTEMRA	64	ADLARITY	20	AIRDUO RESPICLICK	
ACTEMRA ACTPEN	64	ADMELOG.....	50	55/14	77
ACTHAR.....	59	ADMELOG SOLOSTAR	50	AIRSUPRA	77
ACTHIB	67	ADRENALIN	76	AJOVY	24
ACTIMMUNE	64	ADTHYZA.....	64	AKEEGA.....	25
ACTIVELLA	60	ADVAIR DISKUS	76	AKLIEF.....	41
ACTONEL.....	69	ADVAIR HFA	77	AKTEN.....	74
				AKYNZEO	22

ALA SCALP	41	AMBIEN CR.....	80	ANDRODERM	58
ala-cort	41	ambrisentan.....	79	ANDROGEL PUMP.....	58
ALADERM PLUS	41	amcinonide	41	ANGELIQ	60
albendazole	27	AMELUZ.....	41	ANNOVERA.....	60
albuterol sulfate.....	77	amethyst.....	60	ANODYNE LPT.....	14
ALBUTEROL SULFATE .	77	amiloride hcl.....	33	ANORO ELLIPTA.....	77
albuterol sulfate hfa.....	77	amiloride-		ANTIVENIN	
ALBUTEROL SULFATE		hydrochlorothiazide	33	LATRODECTUS	
HFA	77	aminocaproic acid	33	MACTANS	65
ALCAINE	74	amiodarone hcl	33	anucort-hc.....	68
alclometasone dipropionate		AMITIZA	54	anusol-hc.....	68
.....	41	amitriptyline hcl.....	20	ANUSOL-HC.....	68
ALCOHOL PREP PADS .	70	AMJEVITA.....	65	ANZEMET	22
ALDACTONE.....	33	AMJEVITA-PED 10KG TO		APADAZ.....	12
ALECENSA.....	25	<15KG	65	apap-caff-dihydrocodeine	12
alendronate sodium.....	69	AMJEVITA-PED 15KG TO		APEXICON E.....	41
alfuzosin hcl er.....	57	<30KG	65	APIDRA SOLOSTAR	50
ALINIA.....	27	amlodipine besylate.....	33	APIDRA VIAL.....	50
aliskiren fumarate.....	33	amlodipine besylate-		APLENZIN	21
ALKINDI SPRINKLE.....	57	benazepril hcl.....	33	APOKYN	28
allopurinol	24	amlodipine besylate-		apomorphine hcl	28
ALLOPURINOL.....	24	valsartan	33	apraclonidine hcl	73
ALLZITAL	12	amlodipine-atorvastatin ...	33	aprepitant	22
almotriptan malate.....	24	amlodipine-olmesartan ...	33	apri.....	60
ALOCRIL.....	72	amlodipine-valsartan-hctz	33	APRISO.....	68
ALOGLIPTIN BENZOATE		ammonium lactate.....	41	APTENSIO XR.....	38
.....	47	amnesteem.....	41	APTIOM.....	18
ALOGLIPTIN-METFORMIN		amoxapine.....	21	APTIVUS	30
HCL	47	amoxicill-clarithro-lansopraz		AQ INSULIN SYRINGE ...	50
ALOGLIPTIN-		.....	54	AQINJECT PEN NEEDLE	
PIOGLITAZONE	47	amoxicillin.....	16	.....	70
ALOMIDE	72	amoxicillin-potassium		aranelle	60
ALORA	60	clavulanate.....	16	ARANESP (ALBUMIN	
alosetron hcl	54	amoxicillin-potassium		FREE).....	33
ALPHAGAN P	73	clavulanate er.....	16	ARAVA.....	65
alprazolam	32	amphetamine sulfate	38	ARAZLO.....	41
alprazolam er.....	32	amphetamine-		ARCALYST.....	65
alprazolam intensol	32	dextroamphetamine.....	38	AREXVY.....	67
alprazolam xr	32	amphetamine-		arformoterol tartrate.....	77
ALREX.....	72	dextroamphetamine er.	38	ARGYLE STERILE SALINE	
altacaine	74	amphet-dextroamphet 3-		.....	51
ALTACE	33	bead er	38	argyle sterile water.....	51
altafrin	74	ampicillin.....	16	ARICEPT	20
altavera.....	60	ampicillin sodium.....	16	ARIKAYCE	16
ALTOPREV.....	33	AMPYRA	39	ARIMIDEX	25
ALTRENO.....	41	AMRIX.....	79	aripiprazole.....	29
ALUNBRIG	25	AMYTAL SODIUM	80	ARISTADA.....	29
ALVAIZ.....	33	AMZEEQ	41	ARISTADA INITIO.....	29
ALVESCO.....	77	ANAFRANIL.....	21	ARIXTRA.....	18
alyacen 1/35	60	anagrelide hcl	33	armodafinil.....	80
alyacen 7/7/7	60	ANALPRAM-HC.....	68	ARMOUR THYROID	64
alyq	79	ANAPROX DS	11	ARNUITY ELLIPTA	77
amabelz.....	60	ANASPAZ.....	54	AROMASIN	25
amantadine hcl.....	28	anastrozole.....	25	ARTHROTEC	11
AMBIEN.....	80	ANCOBON	23	arzol silver nit applicators	41

ascomp-codeine.....	12	aurovela fe 1/20.....	60	balziva.....	60
asenapine maleate.....	29	AURYXIA.....	56	BANZEL.....	18
ashlyna.....	60	AUSTEDO.....	40	BAQSIMI ONE PACK.....	49
ASMANEX (120 METERED DOSES).....	77	AUSTEDO XR.....	40	BAQSIMI TWO PACK.....	49
ASMANEX (14 METERED DOSES).....	77	AUSTEDO XR PATIENT TITRATION.....	40	BARACLUDE.....	30
ASMANEX (30 METERED DOSES).....	77	AUTOLET II CLINISAFE..	48	BASAGLAR KWIKPEN....	50
ASMANEX (60 METERED DOSES).....	77	AUTOLET LANCING DEVICE.....	48	BASAGLAR TEMPO PEN	50
ASMANEX HFA.....	77	AUVELITY.....	21	BAXDELA.....	16
aspirin-dipyridamole er...	28	AUVI-Q.....	77	BD AUTOSHIELD DUO PEN NEEDLES.....	70
ASPRUZYO SPRINKLE .	33	AVALIDE.....	34	BD ULTRA-FINE INSULIN SYRINGES.....	50
ASSURE ID DUO PRO PEN NEEDLES.....	70	AVAPRO.....	34	BD ULTRA-FINE PEN NEEDLES.....	70
ASSURE ID PRO PEN NEEDLES.....	70	avar cleanser.....	41	BELBUCA.....	12
ASTAGRAF XL.....	65	AVAR LS CLEANSER....	41	BELSOMRA.....	80
ASTERO.....	14	AVAR-E EMOLLIENT....	41	benazepril hcl.....	34
ATACAND.....	33	AVAR-E GREEN.....	41	benazepril- hydrochlorothiazide	34
ATACAND HCT.....	33	AVAR-E LS.....	41	BENICAR.....	34
atazanavir sulfate.....	30	AVENOVA.....	75	BENICAR HCT.....	34
ATELVIA.....	69	aviane.....	60	BENLYSTA.....	65
atenolol.....	33	avidoxy.....	16	BENTYL.....	54
atenolol-chlorthalidone....	33	AVODART.....	57	BENZAMYCIN.....	41
ATIVAN.....	32	AVONEX PEN.....	39	BENZHYDROCODONE- ACETAMINOPHEN	12
atomoxetine hcl.....	38	AVONEX PREFILLED	39	BENZNIDAZOLE.....	27
ATORVALIQ.....	34	ayuna.....	60	benzonatate.....	76
atorvastatin calcium.....	34	AYVAKIT.....	25	BENZOYL PEROX- HYDROCORTISONE	41
atovaquone.....	27	AZASAN.....	65	BENZOYL PEROXIDE	41
ATRALIN.....	41	AZASITE.....	72	BENZOYL PEROXIDE FORTE- HC.....	41
atropine sulfate.....	74, 75	azathioprine.....	65	benzoyl peroxide- erythromycin.....	41
ATROPINE SULFATE....	74	azelaic acid.....	41	benztropine mesylate	28
ATROVENT HFA.....	77	azelastine hcl.....	72, 76	bepotastine besilate	72
AUBAGIO.....	39	azelastine-fluticasone.....	76	BEPREVE.....	72
aubra eq.....	60	AZELEX.....	41	BERINERT.....	65
AUGMENTIN.....	16	AZILECT.....	28	BESIVANCE.....	72
AUGMENTIN ES-600.....	16	azithromycin.....	16	BESREMI.....	25
AUGTYRO.....	25	AZOPT.....	74	BETADINE OPHTHALMIC PREP.....	72
AUM ALCOHOL PREP PADS.....	70	AZOR.....	34	betaine.....	55
AUM INSULIN SAFETY PEN NEEDLE.....	70	AZSTARYS.....	38	betamethasone dipropionate.....	42
AUM MINI INSULIN PEN NEEDLE.....	70	AZULFIDINE.....	68	betamethasone dipropionate aug.....	42
AUM PEN NEEDLE.....	70	AZULFIDINE EN-TABS ..	68	BETAMETHASONE SODIUM PHOSPHATE57	
AUM READYGARD DUO PEN NEEDLE.....	70	azurette.....	60	betamethasone valerate ..	42
AUM SAFETY PEN NEEDLE.....	70	B		BETAPACE.....	34
aurovela 1.5/30.....	60	bac.....	12	BETAPACE AF.....	34
aurovela 1/20.....	60	bacitracin.....	72	BETASERON.....	40
aurovela 24 fe.....	60	bacitracin-polymyxin b	75		
aurovela fe 1.5/30.....	60	bacitra-neomycin- polymyxin-hc.....	75		
		baclofen.....	79, 80		
		BACLOFEN.....	79		
		BACTRIM.....	16		
		BACTRIM DS.....	16		
		BAFIERTAM.....	40		
		BALCOLTRA.....	60		
		balsalazide disodium.....	68		
		BALVERSA.....	25		

betaxolol hcl.....	34, 74	brimonidine tartrate ...	42, 74	BYETTA 5 MCG PEN.....	47
bethanechol chloride	56	brimonidine tartrate-timolol		BYLVAY	70
BETHKIS	79	.....	74	BYLVAY (PELLETS)	70
BETIMOL.....	74	BRIMONIDINE-		BYSTOLIC.....	34
BETOPTIC-S	74	DORZOLAMIDE	74	C	
BEVESPI AEROSPHERE77		brinzolamide	74	cabergoline	59
BEXAGLIFLOZIN	47	BRIVIACT	18	CABLIVI.....	29
bexarotene.....	25	BROMFED DM	76	CABOMETYX	25
BEXSERO	67	bromfenac sodium.....	72	CABTREO	42
BEYAZ.....	60	bromfenac sodium (once-		CADUET.....	34
bicalutamide.....	25	daily).....	72	caffeine citrate	40
BICILLIN L-A.....	16	bromocriptine mesylate ...	28	CAFFEINE-SODIUM	
BIDIL	34	BROMPHENIRAMINE		BENZOATE.....	40
BIJUVA.....	60	MALEATE	76	calcipotriene	42
BIKTARVY.....	30	BROMSITE.....	72	CALCIPOTRIENE	42
BILTRICIDE	27	BRONCHITOL	79	calcipotriene-betameth	
bimatoprost.....	74	BRONCHITOL		diprop	42
BIMZELX.....	42	TOLERANCE TEST.....	79	calcitonin (salmon).....	69
BINOSTO	69	BROVANA	77	calcitrene	42
BIOTHRAX	67	BRUKINSA	25	calcitriol	42, 69
bis subcit-metronid-tetracyc		BRUSELIX.....	14	calcium acetate	56
.....	54	BRYHALI	42	calcium acetate (phos	
bismuth/metronidaz/tetracyc		budesonide.....	68, 77	binder)	56
lin.....	54	budesonide er	68	CALQUENCE	25
bisoprolol fumarate.....	34	budesonide-formoterol		CAMBIA.....	24
bisoprolol-		fumarate	77	camila.....	60
hydrochlorothiazide.....	34	bumetanide.....	34	camrese.....	60
blisovi 24 fe.....	60	BUMEX	34	camrese lo	60
blisovi fe 1.5/30	60	BUPAP	12	CAMZYOS	34
blisovi fe 1/20.....	60	BUPHENYL	55	CANASA.....	68
BLULINK CONTROL HIGH		buprenorphine.....	12	candesartan cilexetil.....	34
& LOW	48	buprenorphine hcl	15	candesartan cilexetil-hctz	34
BONJESTA.....	22	buprenorphine hcl-naloxone		capecitabine	25
BOOSTRIX	67	hcl.....	15	CAPLYTA	29
bosentan.....	79	bupropion hcl	21	CAPRELSA	25
BOSULIF	25	bupropion hcl er (smoking		captopril.....	34
bp 10-1	42	det).....	15	captopril-	
BRAFTOVI.....	25	bupropion hcl er (sr).....	21	hydrochlorothiazide	34
BREATHE COMFORT		bupropion hcl er (xl).....	21	CARAC.....	42
CHAMBER/ADULT	70	BUPROPION HCL ER (XL)		CARAFATE	53
BREATHE COMFORT		.....	21	CARBAGLU.....	51
CHAMBER/CHILD.....	70	buspirone hcl	32	carbamazepine	19
BREATHE EASE LARGE	70	butalbital-acetaminophen.	12	carbamazepine er	18
BREATHE EASE MEDIUM		BUTALBITAL-		CARBATROL.....	19
.....	70	ACETAMINOPHEN	12	carbidopa.....	28
BREATHE EASE SMALL	70	butalbital-apap-caff-cod ...	12	carbidopa-levodopa.....	28
BREATHERITE VALVED		butalbital-apap-caffeine ...	12	carbidopa-levodopa er.....	28
MDI CHAMBER.....	70	butalbital-asa-caff-codeine		carbidopa-levodopa-	
BRENZAVVY	47	.....	12	entacapone	28
BREO ELLIPTA.....	77	butalbital-aspirin-caffeine.	12	carbinoxamine maleate ...	76
BREXAFEMME.....	23	butorphanol tartrate.....	12	CARDIZEM.....	34
breyna	77	BUTRANS	12	CARDIZEM CD	34
BREZTRI AEROSPHERE77		BYDUREON BCISE		CARDIZEM LA.....	34
briellyn.....	60	AUTOINJECTOR	47	CARDURA.....	34
BRILINTA	29	BYETTA 10 MCG PEN....	47	CARDURA XL.....	57

CARESENS CONTROL	CHEMSTRIP 2 GP.....48	CLEOCIN PHOSPHATE..16
SOLUTION A/B 48	CHEMSTRIP 5 OB.....48	CLEOCIN-T .....42
CARESENS LANCETS 30G	CHEMSTRIP 7.....48	CLEVER CHOICE
..... 48	CHEMSTRIP 9.....48	COMFORT EZ .....48
CARETOUCH CONTROL	CHENODAL.....54	CLEVER CHOICE
SOL LEVEL 2..... 48	chlordiazepoxide hcl.....32	HOLDING CHAMBER..70
CARETOUCH	chlordiazepoxide-	CLIMARA .....60
LANCING/EJECTOR.. 48	amitriptyline.....21	CLIMARA PRO .....60
carglumic acid..... 51	chlordiazepoxide-clidinium	clindacin .....42
carisoprodol 80	.....54	clindacin etz.....42
CARNITOR..... 51	chlorhexidine gluconate..41	clindacin-p .....42
CARNITOR SF..... 51	chloroquine phosphate ...27	CLINDAGEL .....42
CAROSPIR..... 34	chlorpromazine hcl.....29	clindamycin hcl.....16
carteolol hcl..... 74	chlorthalidone .....34	clindamycin palmitate hcl.16
cartia xt..... 34	chlorzoxazone.....80	clindamycin phosphate...16,
carvedilol 34	CHOLBAM.....55	42
carvedilol phosphate er... 34	cholestyramine.....34	clindamycin phosphate-
CASODEX..... 25	cholestyramine light.....34	benzoyl peroxide .....42
CATAPRES-TTS-1..... 34	CHOSEN LANCETS 30G48	clindamycin-tretinoin.....42
CATAPRES-TTS-2..... 34	CHOSEN LANCING	CLINDESSE .....16
CATAPRES-TTS-3..... 34	DEVICE 48	clobazam .....19
CAYA 70	CHOSEN SAFETY	clobetasol propionate .....42
CAYSTON 79	LANCETS 28G.....48	clobetasol propionate e ...42
cefaclor..... 16	CIBINQO .....42	clobetasol propionate
cefaclor er..... 16	ciclodan .....23	emulsion .....42
cefadroxil 16	ciclopirox .....23	CLOBEX.....42
cefazolin sodium 16	ciclopirox olamine.....23	CLOBEX SPRAY .....42
cefdinir..... 16	cilostazol.....29	clocortolone pivalate.....42
cefepime hcl..... 16	CILOXAN.....72	clodan.....42
cefixime 16	CIMDUO.....30	CLODERM.....42
cefpodoxime proxetil..... 16	cimetidine .....53	clomipramine hcl .....21
cefprozil 16	cimetidine hcl.....53	clonazepam .....32
ceftazidime 16	CIMZIA .....65	clonidine .....34
ceftriaxone sodium 16	CIMZIA (2 SYRINGE).....65	clonidine hcl.....34
cefuroxime axetil 16	CIMZIA STARTER KIT ...65	clonidine hcl er.....38
CELEBREX..... 11	cinacalcet hcl .....69	CLONIDINE HCL ER.....34
celecoxib..... 11	CINRYZE.....65	clopidogrel bisulfate.....29
CELEXA 21	CIPRO.....16	clorazepate dipotassium ..32
CELLCEPT 65	CIPRO HC.....75	clotrimazole .....23
CELONTIN..... 19	ciprofloxacin hcl .. 16, 72, 75	clotrimazole-betamethasone
cem-urea 42	ciprofloxacin-	.....23
cephalexin 16	dexamethasone.....75	clozapine .....29
CEQUA..... 75	CIPROFLOXACIN-	CLOZARIL .....29
CERACADE..... 42	FLUOCINOLONE PF...75	COARTEM.....27
ceramax..... 42	citalopram hydrobromide .21	COCAINE HCL .....14
CERDELGA..... 55	CITALOPRAM	codeine sulfate.....12
CERVIDIL..... 56	HYDROBROMIDE.....21	COLAZAL .....68
cetirizine hcl..... 76	claravis .....42	colchicine.....24
CETRAXAL..... 75	CLARINEX.....76	colchicine-probenecid.....24
cevimeline hcl 41	CLARINEX-D 12 HOUR ..76	colesevelam hcl .....34
charlotte 24 fe..... 60	clarithromycin.....16	COLESTID.....34
chateal eq..... 60	clarithromycin er.....16	colestipol hcl .....34
CHEMET 51	clemastine fumarate.....76	colistimethate sodium (cba)
CHEMSTRIP 10 MD..... 48	CLENPIQ.....54	.....16
CHEMSTRIP 10/SG..... 48	CLEOCIN .....16	COLY-MYCIN M .....16

COMBIGAN.....	74	COTELLIC.....	25	dalfampridine er.....	40
COMBIPATCH.....	60	COTEMPLA XR-ODT.....	38	DALIRESP.....	77
COMBIVENT RESPIMAT	77	covaryx.....	60	danazol.....	58
COMETRIQ.....	25	covaryx hs.....	60	DANTRIUM.....	80
COMFORT EZ PRO PEN		COXANTO.....	11	dantrolene sodium.....	80
NEEDLES.....	70	COZAAR.....	34	DAPAGLIFLOZIN PRO-	
COMFORT TOUCH TWIST		CREON.....	55	METFORMIN ER.....	47
LANCET 30G.....	48	CRESEMBA.....	23	DAPAGLIFLOZIN	
COMIRNATY.....	67	CRESTOR.....	34	PROPANEDIOL.....	47
COMPACT SPACE		CRINONE.....	60	dapsone.....	25, 42
CHAMBER.....	70	cromolyn sodium.....	54, 72, 77	DAPTACEL.....	67
COMPACT SPACE		CROTAN.....	28	DARAPRIM.....	28
CHAMBER/LG MASK.....	70	CRYODOSE TA.....	14	darifenacin hydrobromide er	
COMPACT SPACE		cryselle-28.....	60	.....	56
CHAMBER/MED MASK		CRYSVITA.....	55	darunavir.....	30
.....	70	CUPRIMINE.....	56	dasetta 1/35.....	60
COMPACT SPACE		curae.....	60	dasetta 7/7/7.....	60
CHAMBER/SM MASK.....	70	curity sterile saline.....	51	DAURISMO.....	25
COMPLERA.....	30	CUROSURF.....	76	DAYBUE.....	40
compro.....	22	CUTAQUIG.....	65	DAYPRO.....	11
CONCERTA.....	38	CUVITRU.....	65	daysee.....	60
CONDYLOX.....	42	CUVPOSA.....	54	DAYTRANA.....	38
CONJUPRI.....	34	CUVRIOR.....	52	DAYVIGO.....	80
constulose.....	54	cyanocobalamin.....	52	DDAVP.....	59
CONTOUR CONTROL		cyclobenzaprine hcl.....	80	DDAVP PF.....	59
SOLUTION.....	48	cyclobenzaprine hcl er.....	80	DEBACTEROL.....	41
CONTOUR NEXT		CYCLOGYL.....	75	deblitane.....	60
CONTROL SOLUTION.....	48	CYCLOMYDRIL.....	75	deferasirox.....	52
CONTOUR NEXT GEN		cyclopentolate hcl.....	75	deferasirox granules.....	52
TEST STRIPS.....	48	cyclophosphamide.....	25	deferiprone.....	52
CONZIP.....	12	CYCLOPHOSPHAMIDE.....	25	deferoxamine mesylate.....	70
COPAXONE.....	40	cycloserine.....	25	deflazacort.....	57
COPIKTRA.....	25	CYCLOSET.....	47	DELESTROGEN.....	60
CORDRAN.....	42	cyclosporine.....	65, 75	DELSTRIGO.....	30
COREG.....	34	cyclosporine modified.....	65	delyla.....	60
COREG CR.....	34	CYLTEZO (2 PEN).....	65	DELZICOL.....	68
CORGARD.....	34	CYLTEZO (2 SYRINGE).....	65	demeclocycline hcl.....	16
CORLANOR.....	34	CYLTEZO-CD/UC/HS		DEM SER.....	34
CORTEF.....	57	STARTER.....	65	DENAVIR.....	30
CORTENEMA.....	68	CYLTEZO-PSORIASIS/UV		DEPAKOTE.....	19
CORTIFOAM.....	68	STARTER.....	65	DEPAKOTE ER.....	19
CORTISONE ACETATE.....	57	CYMBALTA.....	21	DEPAKOTE SPRINKLES.....	19
CORTISPORIN-TC.....	75	cyproheptadine hcl.....	76	DEPEN TITRATABS.....	56
CORTROPHIN.....	59	cyred eq.....	60	DEPO-ESTRADIOL.....	60
COSENTYX (300 MG		CYSTADANE.....	55	DEPO-MEDROL.....	57
DOSE).....	65	CYSTADROPS.....	75	DEPO-PROVERA.....	60
COSENTYX 150 MG/ML	65	CYSTAGON.....	55	DEPO-SUBQ PROVERA	
COSENTYX		CYSTARAN.....	75	104.....	60
SENSOREADY (300 MG)		CYTOMEL.....	64	DEPO-TESTOSTERONE.....	58
.....	65	CYTOTEC.....	53	DERMACINRX LIDOGEL.....	14
COSENTYX		CYTOTINE.....	70	DERMACINRX UREA.....	42
SENSOREADY PEN.....	65	cytra k crystals.....	52	DERMA-SMOOTH/FS	
COSENTYX UNOREADY.....	65	D		BODY.....	43
COSOFT.....	74	dabigatran etexilate		DERMA-SMOOTH/FS	
COSOFT PF.....	74	mesylate.....	18	SCALP.....	43

DERMASO PLUS.....	43	DIATHRIVE LANCING		DIVIGEL.....	60
DERMOTIC.....	75	DEVICE	49	DODEX	52
DESCOVY	30	diazepam.....	19, 32	dofetilide.....	35
DESFERAL.....	70	DIAZEPAM	32	DOJOLVI.....	70
desipramine hcl.....	21	diazepam intensol	32	dolishale.....	61
desloratadine	76	diazoxide	49	donepezil hcl.....	20
desmopressin ace spray		DIBENZYLIN	34	DOPTLET.....	33
refrig	59	dichlorphenamide.....	74	DORAL.....	32
desmopressin acetate	59	DICLEGIS.....	22	DORYX MPC.....	16
DESMOPRESSIN		DICLOFENAC PATCH		dorzolamide hcl.....	74
ACETATE	59	1.3%	11	DORZOLAMIDE HCL.....	74
desmopressin acetate pf.	59	diclofenac potassium.....	11	dorzolamide hcl-timolol mal	
desmopressin acetate spray		diclofenac		.....	74
.....	59	potassium(migraine)....	24	dorzolamide hcl-timolol mal	
desogestrel-ethinyl estradiol		diclofenac sodium 11, 43, 72		pf.....	74
.....	60	diclofenac sodium er	11	dotti.....	61
desonide.....	43	diclofenac-misoprostol....	11	DOVATO	30
DESOWEN	43	DICLOFONO	11	doxazosin mesylate.....	35
desoximetasone.....	43	dicloxacillin sodium.....	16	doxepin hcl	21, 43, 80
DESOXYN.....	38	dicyclomine hcl.....	54	doxercalciferol.....	69
DESVENLAFAXINE ER..	21	DIFFERIN.....	43	doxycycline	43
desvenlafaxine succinate er		DIFICID	16	doxycycline hyclate	16
.....	21	diflorasone diacetate	43	DOXYCYCLINE HYCLATE	
DETROL.....	56	DIFLUCAN.....	23	.....	17
DETROL LA.....	56	diflunisal	11	doxycycline monohydrate	17
DEXABLISS.....	57	difluprednate.....	72	doxylamine-pyridoxine....	22
dexamethasone.....	57	digoxin.....	34	DRISDOL	52
DEXAMETHASONE (LA)	57	dihydroergotamine mesylate		dronabinol.....	22
DEXAMETHASONE		.....	24	DROPLET GENTEEL	
ACETATE	57	DILANTIN.....	19	LANCING DEVICE	49
dexamethasone intensol.	57	DILANTIN INFATABS.....	19	DROPSAFE ALCOHOL	
dexamethasone sod		DILANTIN-125	19	PREP.....	70
phosphate pf.....	57	DILAUDID.....	12	DROPSAFE SAFETY	
dexamethasone sodium		diltiazem hcl.....	35	SYRINGE/NEEDLE	50
phosphate.....	57, 58, 72	diltiazem hcl er.....	34, 35	drosipren-eth estrad-	
DEXAMETHASONE		diltiazem hcl er beads.....	34	levomefol	61
SODIUM PHOSPHATE	57	diltiazem hcl er coated		drosiprenone-ethinyl	
DEXEDRINE.....	38	beads.....	34	estradiol	61
DEXERYL.....	43	dilt-xr	35	DROXIA.....	25
DEXILANT	53	dimenhydrinate	22	droxidopa.....	35
dexlansoprazole.....	53	dimethyl fumarate.....	40	DRYSOL.....	43
dexmethylphenidate hcl..	38	dimethyl fumarate starter		DUAKLIR PRESSAIR.....	77
dexmethylphenidate hcl er		pack.....	40	DUAVEE.....	61
.....	38	DIOVAN.....	35	DUETACT.....	47
DEXONTO 0.4%	58	DIOVAN HCT.....	35	DUEXIS.....	11
dextroamphetamine sulfate		DIPENTUM.....	68	DULERA.....	77
.....	38, 39	diphenhydramine hcl	76	duloxetine hcl.....	21
dextroamphetamine sulfate		diphenoxylate-atropine ...	54	DUOPA	28
er.....	38	DIPROLENE.....	43	DUPIXENT	43
DHIVY	28	dipyridamole	29	DUREZOL	72
DIACOMIT	19	disopyramide phosphate..	35	dutasteride.....	57
DIASTIX REAGENT	48	disulfiram.....	15	dutasteride-tamsulosin hcl	
DIATHRIVE GLUCOSE		DIURIL	35	.....	57
CONTROL SOLN	49	divalproex sodium	19	DYANAVEL XR.....	39
		divalproex sodium er	19	DYCLOPRO.....	43

DYMISTA.....	76	EMBRACE LANCING		EPINEPHRINE	
DYRENIUM.....	35	DEVICE/EJECTOR	49	PROFESSIONAL	77
E		EMBRACE PEN NEEDLES		EPINEPHRINESNAP	77
E.E.S. 400	17	.....	70	EPINEPHRINESNAP-EMS	
E.E.S. GRANULES	17	EMBRACE TALK		.....	77
EASIVENT.....	70	GLUCOSE CONTROL.	49	EPINEPHRINESNAP-V ...	77
EASY TALK PLUS II		EMCYT.....	25	EIPEN 2-PAK	77
CONTROL	49	EMEND	22	EIPEN JR 2-PAK	77
EASY TOUCH LANCING		EMEND TRI-PACK.....	22	EPISNAP	77
DEVICE	49	EMFLAZA.....	58	epitol	19
EASY TRAK II CONTROL		EMGALITY	24	EPIVIR	31
.....	49	EMSAM	21	eplerenone.....	35
EASYMAX 15 LEVEL 2-3		emtricitabine	30	EPOGEN	33
CONTROL	49	emtricitabine-tenofovir df	30	EPRONTIA	19
EASYMAX CONTROL....	49	EMTRIVA	30	EPSOLAY.....	43
EC-NAPROSYN.....	11	EMULSION SB	43	EQUETRO.....	33
ec-naproxen.....	11	EMVERM.....	28	ergocalciferol	52
econazole nitrate.....	23	emzahh	61	ergoloid mesylates	70
econtra one-step	61	enalapril maleate.....	35	ERGOMAR.....	24
ECOZA	23	enalapril-		ergotamine-caffeine.....	24
EDARBI	35	hydrochlorothiazide	35	ERIVEDGE	25
EDARBYCLOR	35	ENBREL.....	65	ERLEADA.....	25
EDECRIN	35	ENBREL MINI.....	65	erlotinib hcl	25
EDETATE CALCIUM		ENBREL SURECLICK....	65	ERMEZA	64
DISODIUM.....	70	ENDARI.....	70	errin.....	61
EDLUAR.....	80	endocet	12	ERTACZO	23
EDURANT	30	ENDOMETRIN.....	61	ery.....	43
eemt.....	61	ENGERIX-B.....	67	ERYGEL.....	43
eemt hs.....	61	enilloring.....	61	ERYPED 200	17
efavirenz.....	30	enoxaparin sodium.....	18	ERYPED 400	17
efavirenz-emtricitab-tenofo		enpresse-28.....	61	ERY-TAB.....	17
df	30	enskyce	61	ERYTHROCIN STEARATE	
efavirenz-lamivudine-		ENSPRYNG.....	65	.....	17
tenofovir.....	30	ENSTILAR	43	erythromycin	17, 43, 72
effer-k.....	52	ENTACAPONE.....	28	erythromycin base.....	17
EFFER-K.....	52	ENTADFI.....	56	erythromycin ethylsuccinate	
EFFEXOR XR.....	21	entecavir.....	30	.....	17
EFFIENT.....	29	ENTRESTO	35	ESBRIET.....	77
EFUDEX.....	43	ENTYVIO.....	65	escitalopram oxalate	21
EGRIFTA SV	59	enulose.....	54	ESGIC.....	12
EHA.....	14	ENVARUSUS XR	65	esomeprazole magnesium	
ELEPSIA XR.....	19	EOHILIA	68	.....	53
ELESTRIN	61	EPANED.....	35	est estrogens-methyltest..	61
eletriptan hydrobromide..	24	EPCLUSA.....	31	est estrogens-methyltest ds	
ELIDEL	43	EPICERAM.....	43	.....	61
ELIGARD.....	59	EPIDIOLEX.....	19	est estrogens-methyltest hs	
elinst.....	61	EPIDUO.....	43	.....	61
ELIQUIS	18	EPIDUO FORTE	43	estarylla.....	61
ELIQUIS DVT/PE		EPIFOAM	43	estazolam	32
STARTER PACK.....	18	epinastine hcl.....	72	ESTRACE.....	61
elixophyllin	77	epinephrine.....	35, 77	estradiol.....	61
ELLA	61	EPINEPHRINE.....	35	estradiol valerate.....	61
ELMIRON	56	epinephrine hcl (nasal)....	76	estradiol-norethindrone acet	
eluryng.....	61	epinephrine pf.....	35	.....	61
ELYXYB	11			ESTRING	61

ESTROGEL	61	FEMARA	25	FLEXICHAMBER CHILD	
eszopiclone.....	80	FEMCAP	70	MASK/SMALL	70
ethacrynic acid.....	35	FEMRING.....	61	FLOLIPID	35
ethambutol hcl.....	25	fenofibrate.....	35	FLOMAX.....	57
ethosuximide.....	19	fenofibrate micronized	35	FLUAD QUADRIVALENT	67
ethyl chloride.....	14	fenofibric acid.....	35	FLUARIX QUADRIVALENT	
ethynodiol diac-eth estradiol		FENOGLIDE.....	35	.....	67
.....	61	fenoprofen calcium.....	11	FLUBLOK QUADRIVALENT	
etodolac.....	11	FENSOLVI (6 MONTH) ...	59	.....	67
etodolac er.....	11	fentanyl.....	12	FLUCELVAX	
etonogestrel-ethinyl		fentanyl citrate	12	QUADRIVALENT	67
estradiol	61	FENTANYL CITRATE	12	fluconazole	23
etoposide.....	25	FENTORA	12	flucytosine.....	23
etravirine.....	31	FERRIPROX.....	52	fludrocortisone acetate	58
EUCRISA.....	43	FERRIPROX TWICE-A-		FLULAVAL	
EULEXIN	25	DAY	52	QUADRIVALENT	67
euthyrox.....	64	fesoterodine fumarate er.	56	FLUMIST QUADRIVALENT	
EVAMIST.....	61	FETZIMA	21	.....	67
EVEKEO.....	39	FETZIMA TITRATION	21	flunisolide	76
everolimus	25, 65	FEXMID.....	80	fluocinolone acetoneide....	43,
EVISTA.....	60	FIASP.....	50	75	
EVOTAZ	31	FIASP FLEXTOUCH	50	fluocinolone acetoneide body	
EVOXAC.....	41	FIASP PENFILL.....	50	.....	43
EVRYSDI.....	55	FIASP PUMPCART	50	fluocinolone acetoneide scalp	
EXELDERM.....	23	FIBRICOR	35	.....	43
EXELON.....	20	FILSPARI	56	fluocinonide	43
exemestane	25	FINACEA.....	43	fluocinonide emulsified base	
EXFORGE	35	finasteride.....	57	.....	43
EXFORGE HCT	35	fingolimod hcl.....	40	fluorometholone	72
EXJADE	52	FINTEPLA	19	fluorouracil	43
EXKIVITY	25	finzala.....	61	FLUOROURACIL.....	43
exoderm	23	FIORICET.....	12	fluoxetine hcl.....	21
EXSERVAN	40	FIORICET/CODEINE	13	fluoxetine hcl (pmdd).....	21
EXTAVIA	40	FIRAZYR.....	65	fluphenazine decanoate...29	
EYSUVIS.....	72	FIRDAPSE.....	70	fluphenazine hcl.....	29
EZALLOR SPRINKLE	35	FIRST-LANSOPRAZOLE	53	flurandrenolide	43
ezetimibe	35	FIRST-MOUTHWASH BLM		flurazepam hcl	80
ezetimibe-simvastatin.....	35	.....	41	flurbiprofen.....	11
F		FIRST-OMEPRAZOLE ...	53	flurbiprofen sodium.....	72
FABHALTA	33	FIRST-PROGESTERONE		FLUTICASONE FUROATE-	
FABIOR.....	43	VGS.....	61	VILANTEROL.....	77
falmina.....	61	FIRVANQ	17	fluticasone propionate	43
famciclovir.....	31	flac	75	FLUTICASONE	
famotidine	53	FLAGYL.....	17	PROPIONATE DISKUS	
FANAPT	29	FLAREX	72	.....	77
FANAPT TITRATION PACK		flavoxate hcl.....	56	FLUTICASONE	
.....	29	flecainide acetate.....	35	PROPIONATE HFA....	77,
FARESTON	25	FLECTOR.....	11	78	
FARXIGA.....	47	FLEQSUVY	80	fluticasone-salmeterol.....	78
FASENRA PEN.....	77	FLEXICHAMBER.....	70	FLUTICASONE-	
febuxostat	24	FLEXICHAMBER ADULT		SALMETEROL	78
felbamate.....	19	MASK/SMALL	70	fluvastatin sodium	35
FELBATOL	19	FLEXICHAMBER CHILD		fluvastatin sodium er	35
felodipine er	35	MASK/LARGE.....	70	fluvoxamine maleate	21
FEM PH.....	56			fluvoxamine maleate er ...	21

FLUZONE HIGH-DOSE QUADRIVALENT.....	67	GELFILM.....	75	GRALISE.....	40
FLUZONE QUADRIVALENT.....	67	GELNIQUE.....	56	granisetron hcl.....	22
FML FORTE.....	73	gemfibrozil.....	35	GRANIX.....	33
FML LIQUIFILM.....	73	gemmily.....	61	GRASTEK.....	70
FOCALIN.....	39	GEMTESA.....	56	griseofulvin microsize.....	23
FOCALIN XR.....	39	generlac.....	54	griseofulvin ultramicrosize.....	23
folic acid.....	52	gengraf.....	65	guaifenesin-codeine.....	76
FOLVITE-D.....	52	GENOTROPIN.....	59	guanfacine hcl.....	35
fondaparinux sodium.....	18	GENOTROPIN MINIQUICK.....	59	guanfacine hcl er.....	39
FORFIVO XL.....	21	gentamicin sulfate.....	17, 73	GVOKE HYPOPEN 1-PACK.....	49
formoterol fumarate.....	78	GENTEEL LANCING KIT (BLUE).....	49	GVOKE HYPOPEN 2-PACK.....	50
FORTEO.....	69	GENVOYA.....	31	GVOKE KIT.....	50
FORTESTA.....	58	GEODON.....	29	GVOKE PFS.....	50
FOSAMAX.....	69	GILENYA.....	40	GYNAZOLE-1.....	23
FOSAMAX PLUS D.....	69	GILOTRIF.....	25	H	
fosamprenavir calcium....	31	GIMOTI.....	22	habitrol.....	15
fosfomycin tromethamine	17	glatiramer acetate.....	40	HADLIMA.....	65
fosinopril sodium.....	35	glatopa.....	40	HADLIMA PUSH TOUCH.....	65
fosinopril sodium-hctz.....	35	GLEEVEC.....	25	HAEGARDA.....	65
FOSRENOL.....	56	GLEOSTINE.....	25	hailey 1.5/30.....	61
FOTIVDA.....	25	glimepiride.....	47	hailey 24 fe.....	61
FRAGMIN.....	18	glipizide er.....	47	hailey fe 1.5/30.....	61
FREESTYLE TEST.....	49	glipizide ir.....	47	hailey fe 1/20.....	61
FROVA.....	24	glipizide xl.....	47	halcinonide.....	43
frovatriptan succinate.....	24	glipizide-metformin hcl....	47	HALCION.....	32
FRUZAQLA.....	25	GLOPERBA.....	24	HALDOL DECANOATE...29	
ft nicotine.....	15	GLUCAGEN DIAGNOSTIC.....	70	halobetasol propionate...43	
ft nicotine mini.....	15	GLUCAGEN HYPOKIT...49		haloette.....	61
FULPHILA.....	33	glucagon emergency kit...49		HALOG.....	43
furosemide.....	35	GLUCAGON EMERGENCY KIT.....	49	haloperidol.....	29
FUZEON.....	31	GLUCAGON HCL (DIAGNOSTIC).....	70	haloperidol decanoate.....	29
fyavolv.....	61	GLUCOSE CONTROL SOLUTIONS.....	49	haloperidol lactate.....	29
FYCOMPA.....	19	GLUCOTROL XL.....	47	HARVONI.....	31
FYLNETRA.....	33	GLUMETZA.....	47	HAVRIX.....	67
G		glyburide.....	47	heather.....	61
gabapentin.....	19	glyburide micronized.....	47	HELIDAC THERAPY.....	54
gabapentin (once-daily) ..	40	glyburide-metformin.....	47	HEMADY.....	58
GALAFOLD.....	55	GLYCATE.....	54	HEMANGEOL.....	35
galantamine hydrobromide.....	20	glycopyrrolate.....	54	HEMLIBRA.....	33
galantamine hydrobromide er.....	20	glydo.....	14	hemmorex-hc.....	68
GARDASIL 9.....	67	GLYXAMBI.....	47	HEMMOREX-HC.....	68
GASTROCROM.....	54	GOCOVRI.....	28	HEPAGAM B.....	65
gatifloxacin.....	73	GOJJI CONTROL.....	49	heparin sodium (porcine).18	
GATTEX.....	54	GOJJI LANCING DEVICE/CLEAR CAP ..49		heparin sodium (porcine) pf.....	18
gavilyte-c.....	54	GOLYTELY.....	54	HEPLISAV-B.....	67
gavilyte-g.....	54	goodsense nicotine.....	15	her style.....	61
GAVRETO.....	25	GOPRELTO.....	14	HETLIOZ.....	80
GEBAUERS PAIN EASE.....	14			HETLIOZ LQ.....	80
GEBAUERS SPRAY AND STRETCH.....	14			HIBERIX.....	67
gefitinib.....	25			HIDEX 6-DAY.....	58
				HIPREX.....	17
				HIZENTRA.....	65

homatropaire.....	75	hydrocodone-ibuprofen....	13	IDHIFA	26
HORIZANT	40	hydrocortisone	44, 58, 68	ILEVRO	73
HPR PLUS.....	44	hydrocortisone (perianal).	68	ILIDERM.....	44
HULIO (2 PEN).....	65	hydrocortisone ace-		imatinib mesylate	26
HULIO (2 SYRINGE).....	65	pramoxine.....	44, 68	IMBRUVICA.....	26
HUMALOG.....	50	hydrocortisone acetate	68	IMCIVREE	40
HUMALOG KWIKPEN... 50		hydrocortisone butyrate ...	44	imipramine hcl.....	21
HUMALOG MIX 50/50		hydrocortisone valerate ...	44	imipramine pamoate.....	21
KWIKPEN	50	hydrocortisone-acetic acid		imiquimod	44
HUMALOG MIX 50/50 VIAL		.....	75	imiquimod pump.....	44
.....	50	hydromet	76	IMITREX.....	24
HUMALOG MIX 75/25		hydromorphone hcl	13	IMITREX STATDOSE	
KWIKPEN	50	hydromorphone hcl er.....	13	REFILL	24
HUMALOG MIX 75/25 VIAL		hydroxychloroquine sulfate		IMITREX STATDOSE	
.....	50	.....	28	SYSTEM.....	24
HUMALOG TEMPO PEN 50		hydroxyurea.....	25	IMOGAM RABIES-HT	66
HUMALOG U-100 JUNIOR		hydroxyzine hcl	32	IMPAVIDO	28
KWIKPEN	50	hydroxyzine pamoate	32	IMPOYZ.....	44
HUMATIN	17	HYFTOR.....	44	IMURAN	66
HUMATROPE.....	59	HYLATOPIC PLUS.....	44	IMVEXXY MAINTENANCE	
HUMIRA (2 PEN)	65	hyoscyamine sulfate.....	54	PACK.....	61
HUMIRA (2 SYRINGE)... 65		hyoscyamine sulfate er... 54		IMVEXXY STARTER PACK	
HUMIRA-CD/UC/HS		hyosyne.....	54	.....	61
STARTER.....	65	HYPERHEP B.....	66	INBRIJA.....	28
HUMIRA-PED<40KG		HYPERRAB.....	66	incassia	61
CROHNS STARTER... 65		HYPERSAL	76	INCONTROL ULTICARE	
HUMIRA-PED>/=40KG		HYPERTET	66	PEN NEEDLES	71
CROHNS START	66	HYQVIA.....	66	INCRELEX.....	59
HUMIRA-PED>/=40KG UC		HYRIMOZ.....	66	INCRUSE ELLIPTA.....	78
STARTER.....	66	HYRIMOZ-CROHNS/UC		indapamide.....	35
HUMIRA-		STARTER.....	66	INDERAL LA.....	35
PSORIASIS/UVEIT		HYRIMOZ-PED<40KG		INDERAL XL.....	35
STARTER.....	66	CROHN STARTER.....	66	INDOCIN	11
HUMULIN 70/30 KWIKPEN		HYRIMOZ-PED>/=40KG		indomethacin	11
.....	50	CROHN START	66	indomethacin er	11
HUMULIN 70/30 VIAL ... 50		HYRIMOZ-PLAQUE		INFANRIX.....	67
HUMULIN N KWIKPEN .. 50		PSORIASIS START....	66	INFASURF.....	76
HUMULIN N VIAL.....	50	HYSINGLA ER.....	13	INGREZZA	40
HUMULIN R U-500		HYZAAR.....	35	INLYTA.....	26
KWIKPEN	50	I		INNOPRAN XL.....	35
HUMULIN R U-500 VIAL 50		ibandronate sodium.....	69	INPEFA	35
HUMULIN R VIAL.....	50	IBRANCE	25	INQOVI.....	26
HYCAMTIN.....	25	IBSRELA	54	INREBIC.....	26
HYCODAN.....	76	ibuprofen	11	INSPIRA.....	35
hydralazine hcl.....	35	ibuprofen-famotidine.....	11	INSULIN ASP PROT & ASP	
HYDREA.....	25	icatibant acetate.....	66	FLEXPEN	50
HYDRO 40.....	44	iclevia	61	INSULIN ASPART.....	50
hydrochlorothiazide	35	ICLUSIG	25	INSULIN ASPART	
hydrocod poli-chlorphe poli		icosapent ethyl.....	35	FLEXPEN	50
er.....	76	IDACIO (2 PEN).....	66	INSULIN ASPART PENFILL	
hydrocodone bitartrate er 13		IDACIO (2 SYRINGE).....	66	.....	50
hydrocodone bit-homatrop		IDACIO-CROHNS/UC		INSULIN ASPART PROT &	
mbr	76	STARTER.....	66	ASPART	50
hydrocodone-		IDACIO-PSORIASIS		INSULIN DEGLUDEC	50
acetaminophen.....	13	STARTER.....	66		

INSULIN DEGLUDEC			
FLEXTOUCH	50		
INSULIN GLARGINE MAX			
SOLOSTAR.....	50		
INSULIN GLARGINE			
SOLOSTAR.....	50		
INSULIN GLARGINE-YFGN			
.....	50		
INSULIN LISPRO.....	50		
INSULIN LISPRO (1 UNIT			
DIAL)	50		
INSULIN LISPRO JUNIOR			
KWIKPEN	50		
INSULIN LISPRO PROT &			
LISPRO.....	50		
INSULIN PEN NEEDLES	71		
INSULIN SYRINGES.....	51		
INTELENCE.....	31		
INTRAROSA.....	56		
introvale.....	61		
INTUNIV	39		
INVEGA.....	29		
INVEGA HAFYERA.....	29		
INVEGA SUSTENNA	29		
INVEGA TRINZA.....	29		
INVELTYS	73		
INVOKAMET.....	47		
INVOKAMET XR.....	47		
INVOKANA.....	47		
iodine strong	52		
IOPIDINE.....	74		
IPOL.....	67		
ipratropium bromide ..	76, 78		
ipratropium-albuterol.....	78		
irbesartan.....	35		
irbesartan-			
hydrochlorothiazide....	36		
IRESSA	26		
ISENTRESS	31		
ISENTRESS HD.....	31		
isibloom	61		
isoniazid	25		
isoproterenol hcl.....	78		
ISORDIL TITRADOSE....	36		
isosorb dinitrate-hydralazine			
.....	36		
isosorbide dinitrate	36		
isosorbide mononitrate ...	36		
isosorbide mononitrate er	36		
isotretinoin	44		
isradipine	36		
ISTALOL.....	74		
ISTURISA.....	59		
itraconazole	23		
ivermectin	28, 44		
IWILFIN	71		
IYUZEH	74		
J			
JADENU	52		
JADENU SPRINKLE	52		
jaimiess	61		
JAKAFI.....	26		
JALYN.....	57		
jantoven.....	18		
JANUMET.....	47		
JANUMET XR.....	47		
JANUVIA	47		
JARDIANCE	47		
jasmiel.....	61		
JATENZO	58		
JAVYGTOR	55		
JAYPIRCA.....	26		
jencycla	61		
JENTADUETO	47		
JENTADUETO XR	47		
JESDUVROQ	33		
jinteli.....	61		
JOENJA.....	66		
jolessa.....	61		
JORNAY PM.....	39		
joyeaux.....	61		
JUBLIA.....	23		
juleber	61		
JULUCA	31		
junel 1.5/30.....	61		
junel 1/20.....	61		
junel fe 1.5/30	61		
junel fe 1/20.....	62		
junel fe 24.....	62		
JUXTAPID	36		
JYLAMVO.....	66		
JYNARQUE	52		
K			
kaitlib fe	62		
KALETRA.....	31		
kalliga.....	62		
KALYDECO	79		
KAMDOY.....	44		
KAPSPARGO SPRINKLE	36		
KARBINAL ER.....	76		
kariva.....	62		
KATERZIA	36		
KEDRAB.....	66		
kelnor 1/35.....	62		
kelnor 1/50.....	62		
KENALOG	44, 58		
KEPPRA.....	19		
KEPPRA XR.....	19		
KERALYT	44		
KERENDIA	71		
KESIMPTA	40		
ketoconazole.....	23		
ketodan	23		
ketoprofen.....	11		
ketoprofen er.....	11		
ketorolac tromethamine ..	11,		
73			
KETOROLAC			
TROMETHAMINE	11		
KEVEYIS.....	74		
KEVZARA.....	66		
KINERET	66		
KINRIX	67		
KIONEX.....	52		
KIPROFEN	11		
KISQALI	26		
KISQALI FEMARA	26		
KITABIS PAK.....	79		
KIVIK.....	44		
KLARITY-A	73		
KLARITY-C DROPS.....	75		
KLARITY-L	73		
KLARON.....	44		
klayesta	23		
KLISYRI.....	44		
KLONOPIN	32		
klor-con	52		
klor-con 10.....	52		
klor-con m10.....	52		
klor-con m15.....	52		
klor-con m20.....	52		
klor-con/ef.....	52		
KLOXXADO.....	15		
KONVOMEPE.....	53		
KORLYM	60		
KOSELUGO.....	26		
kourzeq	41		
K-PHOS.....	52		
K-PHOS NO 2.....	52		
K-PHOS-NEUTRAL.....	52		
k-prime	52		
KRAZATI	26		
KRINTAFEL.....	28		
KRISTALOSE	54		
K-TAB.....	52		
kurvelo.....	62		
KUVAN.....	55		
KYZATREX.....	58		
L			
labetalol hcl.....	36		
lacosamide	19		
LACRISERT.....	75		
lactic acid.....	44		
lactic acid e.....	44		
lactulose	54		

lactulose encephalopathy	54	LEVATIO	14	LIDOCAINE-	
LAGEVRIO	31	LEVBID	54	HYDROCORTISONE	
LAMICTAL	19	LEVEMIR FLEXPEN	51	ACE	44, 68
LAMICTAL ODT	19	LEVEMIR U-100 VIAL	51	lidocaine-prilocaine	14
LAMICTAL STARTER	19	levetiracetam	19	LIDOCAN	14
LAMICTAL XR	19	levetiracetam er	19	LIDOCORT	68
lamivudine	31	levobunolol hcl	74	LIDODERM	14
lamivudine-zidovudine	31	levocarnitine	52	LIDOMAR	14
lamotrigine	19	levocarnitine sf	52	lidopin	14
lamotrigine er	19	levocetirizine		LIDOREX	14
lamotrigine starter kit-blue	19	dihydrochloride	76	LIDORX	14
lamotrigine starter kit-green	19	levofloxacin	17, 73	LIDO-SORB	14
.....	19	levonest	62	LIDOTHOL	15
lamotrigine starter kit-		levonorgest-eth est & eth		LIDOTRAL	15
orange	19	est	62	LIDOTRAN	15
LAMPIT	28	levonorgest-eth estrad 91-		LIKMEZ	17
LANCETS	49	day	62	LILETTA (52 MG)	62
LANOXIN	36	levonorgest-eth estradiol-		LINCOCIN	17
LANOXIN PEDIATRIC....	36	iron	62	lincomycin hcl	17
lanreotide acetate	59	levonorgestrel	62	linezolid	17
lansoprazole	53	levonorgestrel-ethinyl estrad		LINZESS	54
lanthanum carbonate	56	.....	62	liothyronine sodium	64
LANTUS SOLOSTAR	51	levonorg-eth estrad triphasic		LIPITOR	36
LANTUS U-100 VIAL	51	.....	62	LIPOFEN	36
lapatinib ditosylate	26	levora 0.15/30 (28)	62	LIQREV	79
larin 1.5/30	62	levorphanol tartrate	13	lisdexamfetamine	
larin 1/20	62	levo-t	64	dimesylate	39
larin 24 fe	62	levothyroxine sodium	64	lisinopril	36
larin fe 1.5/30	62	LEVOTHYROXINE		lisinopril-hydrochlorothiazide	
larin fe 1/20	62	SODIUM	64	.....	36
LASIX	36	levoxyl	64	LITFULO	44
latanoprost	74	LEVSIN	54	lithium	33
LATANOPROST-TIMOLOL		LEVSIN/SL	54	lithium carbonate	33
MALEATE	74	LEVULAN KERASTICK	44	lithium carbonate er	33
LATUDA	29	LEXAPRO	21	LITHOBID	33
layolis fe	62	LEXETTE	44	LITHOSTAT	56
LDO PLUS	14	LIALDA	68	LIVALO	36
LEDIPASVIR-		LIBERVANT	19	LIVIXIL PAK	15
SOFOSBUVIR	31	LIBRAX	54	LIVMARLI	71
leena	62	LICART	11	LIVTENCITY	31
leflunomide	66	LIDO BDK	14	LO LOESTRIN FE	62
lenalidomide	26	lidocaine	14	LOCOID	44
LENVIMA	26	lidocaine hcl	14, 41	LOCOID LIPOCREAM	44
LESCOL XL	36	LIDOCAINE HCL	14	LODINE	11
lessina	62	lidocaine hcl (pf)	14	LODOCO	36
LETAIRIS	79	lidocaine hcl		LODOSYN	28
letrozole	26	urethral/mucosal	14	LOESTRIN 1.5/30 (21)	62
leucovorin calcium	26	lidocaine viscous hcl	41	LOESTRIN 1/20 (21)	62
LEUKERAN	26	lidocaine-epinephrine	14	LOESTRIN FE 1.5/30	62
LEUKINE	33	LIDOCAINE-EPINEPHRINE		LOESTRIN FE 1/20	62
leuprolide acetate	59	.....	14	LOFENA	11
levabuterol hcl	78	lidocaine-hydrocort		lojaimiess	62
LEVALBUTEROL HFA ...	78	(perianal)	68	LOKELMA	52
LEVAMLODIPINE		lidocaine-hydrocortisone		LOMOTIL	54
MALEATE	36	ace	68	LONSURF	26

loperamide hcl.....	54	lyllana.....	62	meperidine hcl	13
LOPID	36	LYNPARZA.....	26	meprobamate.....	32
lopinavir-ritonavir.....	31	LYRICA	40	MEPRON.....	28
LOPRESSOR.....	36	LYRICA CR	40	mercaptapurine.....	26
lorazepam.....	32	LYSODREN.....	26	merzee	62
lorazepam intensol	32	LYTGOBI (12 MG DAILY		mesalamine	68, 69
LORBRENA.....	26	DOSE).....	26	mesalamine er	68
LOREEV XR	32	LYTGOBI (16 MG DAILY		mesalamine-cleanser	69
loryna	62	DOSE).....	26	mesna	26
LORZONE	80	LYTGOBI (20 MG DAILY		MESNEX.....	26
losartan potassium	36	DOSE).....	26	MESTINON.....	24
losartan potassium-hctz..	36	LYUMJEV KWIKPEN	51	metaxalone.....	80
LOTEMAX	73	LYUMJEV TEMPO PEN..	51	metformin hcl er	47
LOTEMAX SM	73	LYUMJEV VIAL.....	51	metformin hcl er (mod)	47
LOTENSIN.....	36	LYVISPAH.....	80	metformin hcl er (osm).....	47
LOTENSIN HCT.....	36	lyza.....	62	metformin hcl ir	47
loteprednol etabonate.....	73	M		methadone hcl	13
LOTREL	36	MACROBID	17	methadone hcl intensol....	13
LOTRONEX.....	54	MACRODANTIN	17	methadose.....	13
lovastatin	36	mafenide acetate.....	17	METHADOSE.....	13
LOVAZA	36	malathion.....	28	METHADOSE SUGAR-	
LOVENOX	18	maraviroc.....	31	FREE.....	13
low-ogestrel	62	MARINOL	22	methamphetamine hcl	39
loxapine succinate.....	29	marlissa.....	62	methazolamide.....	74
lo-zumandimine.....	62	MARPLAN	21	methenamine hippurate...17	
lubiprostone	54	MATULANE	26	methenamine mandelate .17	
LUCEMYRA.....	15	matzim la.....	36	methergine.....	71
LULICONAZOLE.....	23	MAVENCLAD	40	methimazole	64
LUMAKRAS	26	MAVYRET	31	METHITEST	58
LUMIGAN	74	MAXALT	24	methocarbamol	80
LUMRYZ.....	80	MAXALT-MLT	24	methotrexate sodium.....	66
LUNESTA.....	80	MAXIDEX	73	methotrexate sodium (pf).66	
LUPKYNIS.....	66	MAXITROL	73	methoxsalen rapid.....	44
LUPRON DEPOT (1-		maxi-tuss ac.....	76	methscopolamine bromide	
MONTH)	59	MAYZENT	40	.....	54
LUPRON DEPOT (3-		MAYZENT STARTER		methsuximide.....	19
MONTH)	59	PACK.....	40	METHYLDOPA	36
LUPRON DEPOT (4-		me/naphos/mb/hyo1.....	56	methylergonovine maleate	
MONTH)		meclizine hcl	22	.....	71
INTRAMUSCULAR KIT		meclofenamate sodium ...11		METHYLIN	39
30MG.....	59	MEDROL.....	58	methylphenidate.....	39
LUPRON DEPOT (6-		medroxyprogesterone		methylphenidate hcl	39
MONTH)		acetate.....	62	methylphenidate hcl er	39
INTRAMUSCULAR KIT		mefenamic acid.....	11	methylphenidate hcl er (cd)	
45MG.....	59	megestrol acetate.....	62	.....	39
LUPRON DEPOT-PED (1-		MEKINIST.....	26	methylphenidate hcl er (la)	
MONTH)	59	MEKTOVI	26	.....	39
LUPRON DEPOT-PED (3-		meloxicam	11	methylphenidate hcl er	
MONTH)	59	MELOXICAM	11	(osm).....	39
lurasidone hcl.....	29	memantine hcl	20	METHYLPHENIDATE HCL	
lutra	62	memantine hcl er.....	20	ER (OSM).....	39
LUZU	23	MENEST	62	methylphenidate hcl er (xr)	
LYBALVI.....	21	MENOSTAR	62	.....	39
LYDEXA	15	MENQUADFI	67	methyprednisolone	58
lyleq.....	62	MENVEO.....	67		

METHYLPREDNISOLONE	MIRAPEX ER.....	NABI-HB.....
ACE-LIDO..... 58	.....28	nabumetone.....11
METHYLPREDNISOLONE	MIRCERA.....	nadolol.....36
ACETATE..... 58	MIRENA (52 MG).....	naftifine hcl.....23
methylprednisolone sodium	mirtazapine.....	NAFTIN.....23
succ..... 58	MIRVASO.....	NALFON.....11
methyltestosterone..... 58	misoprostol.....	NALOCET.....13
metoclopramide hcl..... 22	MITIGARE.....	naloxone hcl.....15
metolazone..... 36	M-M-R II.....	naltrexone hcl.....15
metoprolol succinate er... 36	modafinil.....	NAMENDA TITRATION
metoprolol tartrate..... 36	MODERNA COVID-19 VAC	PAK.....20
metoprolol-	6M-11Y.....	NAMENDA XR.....20
hydrochlorothiazide.... 36	moexipril hcl.....	NAMZARIC.....20
METROCREAM..... 44	.....36	NAPRELAN.....12
METROGEL..... 44	molindone hcl.....	NAPROSYN.....12
METROLOTION..... 44	.....29	naproxen.....12
metronidazole..... 17, 44	mometasone furoate . 44, 76	naproxen dr.....12
metyrosine..... 36	mondoxyne nl.....	naproxen sodium.....12
mexiletine hcl..... 36	.....17	naproxen sodium er.....12
MIACALCIN..... 69	mono-lynyah.....	naproxen-esomeprazole mg
mibelas 24 fe..... 62	montelukast sodium.....	.....12
MICARDIS..... 36	.....78	naratriptan hcl.....24
MICARDIS HCT..... 36	morphine sulfate.....	NARCAN.....15
MICLARA LQ..... 76	.....13	NARDIL.....21
miconazole 3..... 23	morphine sulfate	NATACYN.....73
MICONAZOLE-ZINC	(concentrate).....	NATAZIA.....62
OXIDE-PETROLAT 23	.....13	nateglinide.....47
MICROCHAMBER..... 71	morphine sulfate er.....	NATESTO.....58
microgestin 1.5/30..... 62	.....13	NATROBA.....28
microgestin 1/20..... 62	morphine sulfate er beads	NAYZILAM.....19
microgestin 24 fe..... 62	.....13	nebivolol hcl.....36
microgestin fe 1.5/30..... 62	MOTEGRITY.....	NEBUPENT.....28
microgestin fe 1/20..... 62	.....54	nebusal.....76
MICROLET NEXT	MOTOFEN.....	NEBUSAL.....76
LANCING DEVICE..... 49	MOTPOLY XR.....	necon 0.5/35 (28).....62
midazolam hcl..... 32	.....19	nefazodone hcl.....21
midazolam hcl (pf)..... 32	MOUNJARO.....	neomycin sulfate.....17
midodrine hcl..... 36	MOVANTIK.....	neomycin-bacitracin zn-
MIEBO..... 75	MOVIPREP.....	polymyx.....75
MIFEPREX..... 60	.....54	neomycin-polymyxin b gu 17
mifepristone..... 60	moxifloxacin hcl.....	neomycin-polymyxin-
MIGERGOT..... 24	.....17, 73	dexameth.....73
miglitol..... 47	MS CONTIN.....	neomycin-polymyxin-
miglustat..... 55	.....13	gramicidin.....75
MIGRANAL..... 24	MULPLETA.....	neomycin-polymyxin-hc ..73,
mili..... 62	.....33	75
mimvey..... 62	MULTAQ.....	neo-polycin.....75
MIMYX..... 44	.....36	neo-polycin hc.....75
MINIPRESS..... 36	mupirocin.....	NEORAL.....66
MINIVELLE..... 62	.....17	NEOSALUS.....44
minocycline hcl..... 17	mupirocin calcium.....	NEO-SYNALAR.....44
minocycline hcl er..... 17	.....17	NERLYNX.....26
MINOLIRA..... 17	my choice.....	neucac.....44
minoxidil..... 36	.....62	NEULASTA.....33
mirabegron er..... 56	MYALEPT.....	NEULASTA ONPRO.....33
	.....55	
	MYAMBUTOL.....	
	.....25	
	MYCAPSSA.....	
	.....59	
	MYCOBUTIN.....	
	.....25	
	mycophenolate mofetil....	
	.....66	
	mycophenolate sodium....	
	.....66	
	mycophenolic acid.....	
	.....66	
	MYDAYIS.....	
	.....39	
	MYFEMBREE.....	
	.....62	
	MYFORTIC.....	
	.....66	
	MYLERAN.....	
	.....26	
	MYRBETRIQ.....	
	.....56	
	MYSOLINE.....	
	.....19	
	MYTESI.....	
	.....54	
	N	
	na sulfate-k sulfate-mg sulf	
	.....54	

NEUPOGEN.....	33	NIVESTYM.....	33	NOVOLIN N VIAL.....	51
NEUPRO.....	28	nizatidine.....	53	NOVOLIN R FLEXPEN...51	
NEURONTIN.....	19	NOCDURNA.....	59	NOVOLIN R FLEXPEN	
NEVANAC.....	73	nora-be.....	63	RELION.....	51
nevirapine.....	31	NORDITROPIN FLEXPRO		NOVOLIN R RELION.....	51
nevirapine er.....	31	.....	59	NOVOLIN R VIAL.....	51
new day.....	63	norelgestromin-eth estradiol		NOVOLOG 70/30	
NEXAVAR.....	26	.....	63	FLEXPEN RELION.....	51
NEXICLON XR.....	36	norethin ace-eth estrad-fe63		NOVOLOG FLEXPEN.....	51
NEXIUM.....	53	norethindrone.....	63	NOVOLOG FLEXPEN	
NEXLETOL.....	36	norethindrone acetate.....	63	RELION.....	51
NEXLIZET.....	36	norethindrone acet-ethinyl		NOVOLOG MIX 70/30	
NEXTSTELLIS.....	63	est.....	63	FLEXPEN.....	51
NGENLA.....	59	norethindrone-eth estradiol		NOVOLOG MIX 70/30	
niacin (antihyperlipidemic)		.....	63	RELION.....	51
.....	36	norethindron-ethinyl estrad-		NOVOLOG MIX 70/30 VIAL	
niacin er		fe.....	63	.....	51
(antihyperlipidemic)....	36	norethin-eth estradiol-fe...63		NOVOLOG PENFILL.....	51
niacor.....	36	NORGESIC.....	80	NOVOLOG RELION.....	51
nicardipine hcl.....	36	NORGESIC FORTE.....	80	NOVOLOG U-100 VIAL...51	
NICORETTE.....	15	norgestimate-eth estradiol		NOXAFIL.....	23
NICORETTE MINI.....	15	.....	63	NOZIN NASAL SANITIZER	
nicotine.....	15	norgestimate-ethinyl		.....	71
nicotine mini.....	15	estradiol triphasic.....	63	NOZIN NASAL SANITIZER	
nicotine polacrilex.....	15	NORITATE.....	44	POPSWAB.....	71
nicotine polacrilex mini... 15		NORLIQVA.....	37	NP THYROID.....	64
nicotine step 1.....	15	norlyroc.....	63	NUBEQA.....	26
nicotine step 2.....	15	NORPACE.....	37	NUCALA.....	78
nicotine step 3.....	15	NORPACE CR.....	37	NUCORT.....	44
nifedipine.....	36	NORPRAMIN.....	21	NUCYNTA.....	13
nifedipine er.....	36	NORTHERA.....	37	NUCYNTA ER.....	13
nifedipine er osmotic		nortrel 0.5/35 (28).....	63	NUEDEXTA.....	40
release.....	36	nortrel 1/35 (21).....	63	nulev.....	54
nikki.....	63	nortrel 1/35 (28).....	63	NUPLAZID.....	29
NILANDRON.....	26	nortrel 7/7/7.....	63	NURTEC.....	24
nilutamide.....	26	nortriptyline hcl.....	21	NUTROPIN AQ NUSPIN 10	
nimodipine.....	36	NORVASC.....	37	.....	59
NINLARO.....	26	NORVIR.....	31	NUTROPIN AQ NUSPIN 20	
nisoldipine er.....	36	NOURIANZ.....	28	.....	59
nitazoxanide.....	28	NOVAVAX COVID-19		NUTROPIN AQ NUSPIN 5	
nitisinone.....	55	VACCINE.....	67	.....	59
NITRO-BID.....	36	NOVOFINE PEN NEEDLE		NUVARING.....	63
NITRO-DUR.....	36	.....	71	NUVESSA.....	17
nitrofurantoin.....	17	NOVOFINE PLUS PEN		NUVIGIL.....	80
NITROFURANTOIN.....	17	NEEDLE.....	71	NUZYRA.....	17
nitrofurantoin macrocrystal		NOVOLIN 70/30 FLEXPEN		nyamyc.....	23
.....	17	.....	51	nylia 1/35.....	63
nitrofurantoin monohydrate		NOVOLIN 70/30 FLEXPEN		nylia 7/7/7.....	63
macrocrystals.....	17	RELION.....	51	NYMALIZE.....	37
nitroglycerin.....	37	NOVOLIN 70/30 RELION 51		nymyo.....	63
NITROLINGUAL.....	37	NOVOLIN 70/30 VIAL.....	51	nystatin.....	23
NITROSTAT.....	37	NOVOLIN N FLEXPEN...51		nystatin-triamcinolone.....23	
nitro-time.....	37	NOVOLIN N FLEXPEN		nystop.....	23
NITYR.....	55	RELION.....	51	NYVEPRIA.....	33
NIVA THYROID.....	64	NOVOLIN N RELION.....	51		

O		
OCALIVA.....	55	OMNITROPE.....59
ocella.....	63	OMVOH.....66
octreotide acetate.....	59	ondansetron hcl.....22
OCUFLOX.....	73	ondansetron odt.....22
ODACTRA.....	71	ONETOUCH DELICA PLUS
ODEFSEY.....	31	LANCING.....49
ODOMZO.....	26	ONETOUCH DELICA
OFEV.....	78	SAFETY LANCING.....49
ofloxacin.....	17, 73, 75	ONETOUCH ULTRA 2 KIT
OGSIVEO.....	26	W/DEVICE.....49
OJEMDA.....	26	ONETOUCH ULTRA TEST
OJJAARA.....	26	.....49
olanzapine.....	29	ONETOUCH ULTRA TEST
olanzapine-fluoxetine hcl	21	STRIPS.....49
olmesartan medoxomil....	37	ONETOUCH VERIO FLEX
olmesartan medoxomil-hctz	37	SYSTEM.....49
.....	37	ONETOUCH VERIO KIT
olmesartan-amlodipine-hctz	37	W/DEVICE.....49
.....	37	ONETOUCH VERIO
olopatadine hcl.....	73, 76	REFLECT KIT
OLPRUVA (2 GM DOSE) 55		W/DEVICE.....49
OLPRUVA (3 GM DOSE) 55		ONEXTON.....44
OLPRUVA (4 GM DOSE) 55		ONFI.....19
OLPRUVA (5 GM DOSE) 55		ONGENTYS.....28
OLPRUVA (6 GM DOSE) 55		ONGLYZA.....47
OLPRUVA (6.67 GM		ONUREG.....26
DOSE).....	55	opcicon one-step.....63
OLUMIANT.....	66	OPFOLDA.....55
OMECLAMOX-PAK.....	54	OPILL.....63
omega-3-acid ethyl esters37		opium.....54
omeprazole.....	53	OPSUMIT.....79
OMEPRAZOLE+SYRSPEN		OPSYNVI.....79
D SF ALKA.....	53	OPTICHAMBER DIAMOND
omeprazole-sodium		.....71
bicarbonate.....	53	OPTICHAMBER
OMNARIS.....	76	DIAMOND-LG MASK...71
OMNIPOD 5 G6 INTRO		OPTICHAMBER
(GEN 5).....	71	DIAMOND-MD MASK..71
OMNIPOD 5 G6 PODS		OPTICHAMBER
(GEN 5).....	71	DIAMOND-SM MASK..71
OMNIPOD 5 G7 INTRO		option 2.....63
(GEN 5).....	71	OPVEE.....15
OMNIPOD 5 G7 PODS		OPZELURA.....44
(GEN 5).....	71	ORACEA.....44
OMNIPOD CLASSIC PODS		ORACIT.....52
(GEN 3).....	71	ORAL CITRATE.....52
OMNIPOD DASH INTRO		ORALAIR.....71
(GEN 4).....	71	ORALAIR ADULT
OMNIPOD DASH PDM		STARTER PACK.....71
(GEN 4).....	71	ORALAIR CHILDRENS
OMNIPOD DASH PODS		STARTER PACK.....71
(GEN 4).....	71	oralone.....41
OMNIPOD GO.....	71	ORAPRED ODT.....58
OMNIPOD POD PALS....	71	ORAVIG.....23
		ORENCIA.....66
		ORENCIA CLICKJECT....66
		ORENITRAM.....79
		ORENITRAM MONTH 1..79
		ORENITRAM MONTH 2..79
		ORENITRAM MONTH 3..79
		ORFADIN.....55
		ORGOVYX.....26
		ORIAHNN.....63
		ORLISSA.....59
		ORKAMBI.....79
		ORLADEYO.....66
		ORMALVI.....74
		orphenadrine citrate.....80
		orphenadrine citrate er....80
		orphenadrine-aspirin-
		caffeine.....80
		ORPHENGESIC FORTE.80
		ORSERDU.....26
		oscimin.....54
		oseltamivir phosphate.....31
		OSMOLEX ER.....28
		OSPHENA.....60
		OTEZLA.....66
		OTOVEL.....75
		OTREXUP.....66
		OVACE PLUS.....44
		OVACE PLUS WASH.....45
		OVACE WASH.....45
		OVIDE.....28
		oxaprozin.....12
		OXAPROZIN.....12
		oxazepam.....32
		OXBRYTA.....71
		oxcarbazepine.....19
		OXERVATE.....75
		oxiconazole nitrate.....23
		OXISTAT.....23
		OXTELLAR XR.....19
		oxybutynin chloride.....56
		OXYBUTYNIN CHLORIDE
		.....56
		oxybutynin chloride er.....56
		oxycodone hcl.....13
		OXYCODONE HCL ER...13
		oxycodone-acetaminophen
		.....13
		OXYCODONE-
		ACETAMINOPHEN.....13
		OXYCONTIN.....13
		oxymorphone hcl.....13
		oxymorphone hcl er.....13
		OXYTROL.....56
		OZEMPIC.....48
		OZOBAX DS.....80

P		
pacerone.....	37	
PACERONE.....	37	
PALFORZIA.....	71	
paliperidone er.....	29	
PAMELOR.....	21	
PANCREAZE.....	55	
PANDA MASK LARGE...	71	
PANDA MASK MEDIUM.	71	
PANDA MASK SMALL ...	71	
PANDEL.....	45	
PANRETIN.....	26	
pantoprazole sodium.....	53	
papaverine hcl.....	37	
PARAGARD		
INTRAUTERINE		
COPPER.....	63	
PARI VORTEX ADULT		
MASK.....	71	
paricalcitol.....	69	
PARLODEL.....	28	
PARNATE.....	21	
paroxetine hcl.....	21	
paroxetine hcl er.....	21	
paroxetine mesylate.....	21	
PAXIL.....	21	
PAXIL CR.....	21	
PAXLOVID (150/100).....	31	
PAXLOVID (300/100).....	31	
pazopanib hcl.....	26	
PEDIAPRED.....	58	
PEDIARIX.....	67	
PEDIATRIC PANDA MASK		
.....	71	
PEDVAX HIB.....	67	
peg 3350-kcl-na bicarb-nacl		
.....	54	
peg-3350/electrolytes.....	55	
peg-		
3350/electrolytes/ascorba		
t.....	55	
PEGASYS.....	31	
peg-kcl-nacl-nasulf-na asc-c		
.....	55	
PEG-PREP.....	55	
PEMAZYRE.....	26	
PENBRAYA.....	67	
penciclovir.....	31	
penicillamine.....	56	
penicillin v potassium.....	17	
PENLEN.....	45	
PENNSAID.....	12	
PENTACEL.....	67	
PENTAM.....	28	
pentamidine isethionate..	28	
PENTASA.....	69	
pentazocine-naloxone hcl	13	
pentobarbital sodium.....	19	
PENTOSAN		
POLYSULFATE SODIUM		
.....	56	
pentoxifylline er.....	37	
PEPCID.....	53	
PERCOCET.....	13	
PERFOROMIST.....	78	
perindopril erbumine.....	37	
periogard.....	41	
permethrin.....	28	
perphenazine.....	22	
perphenazine-amitriptyline		
.....	21	
PERSERIS.....	29	
PERTZYE.....	55	
PFIZER COVID-19 VAC-		
TRIS 5-11Y.....	68	
PFIZER COVID-19 VAC-		
TRIS 6M-4Y.....	68	
PHEBURANE.....	55	
phenazo.....	56	
phenazopyridine hcl.....	56	
phenelzine sulfate.....	21	
PHENERGAN.....	22	
phenobarbital.....	19	
phenobarbital sodium.....	19	
phenoxybenzamine hcl...	37	
phentolamine mesylate...	37	
phenylephrine hcl.....	75	
phenytek.....	19	
phenytoin.....	19	
phenytoin infatabs.....	19	
phenytoin sodium.....	20	
phenytoin sodium extended		
.....	19, 20	
PHEXXI.....	71	
philith.....	63	
PHLAG SPRAY.....	45	
phospha 250 neutral.....	52	
PHOSPHOLINE IODIDE.....	74	
phosphorous.....	52	
phospho-trin 250 neutral..	52	
PHOSPHO-TRIN K500....	52	
PHOXILLUM B22K4/0.....	52	
PHOXILLUM BK4/2.5.....	52	
phytonadione.....	52	
PIFELTRO.....	31	
pilocarpine hcl.....	41, 74	
pimecrolimus.....	45	
PIMECROLIMUS.....	45	
pimozide.....	29	
pimtree.....	63	
pindolol.....	37	
pioglitazone hcl.....	48	
pioglitazone hcl-glimepiride		
.....	48	
pioglitazone hcl-metformin		
hcl.....	48	
PIP GLUCOSE CONTROL		
SOLUTION.....	49	
PIP PEN NEEDLES 31G X		
5MM.....	71	
PIP PEN NEEDLES 32G X		
4MM.....	71	
PIQRAY.....	26	
pirfenidone.....	78	
piroxicam.....	12	
pitavastatin calcium.....	37	
PLAN B ONE-STEP.....	63	
PLAQUENIL.....	28	
PLAVIX.....	29	
PLEGRIDY.....	40	
PLEGRIDY STARTER		
PACK.....	40	
PLENVU.....	55	
PLEXION.....	45	
PLEXION CLEANSER.....	45	
PLEXION CLEANSING		
CLOTH.....	45	
PNEUMOVAX 23.....	68	
pocket spacer.....	71	
PODOCON-25.....	45	
podofilox.....	45	
POKONZA.....	52	
polycin.....	75	
polymyxin b-trimethoprim.	75	
POMALYST.....	26	
PONVORY.....	40	
PONVORY STARTER		
PACK.....	40	
portia-28.....	63	
posaconazole.....	23	
pot & sod cit-cit ac.....	52	
potassium chloride.....	52	
potassium chloride crys er		
.....	52	
potassium chloride er.....	52	
potassium citrate er.....	53	
potassium citrate-citric acid		
.....	53	
potassium iodide.....	76	
POVIDONE-IODINE.....	73	
PRADAXA.....	18	
PRALUENT.....	37	
pramipexole dihydrochloride		
.....	28	

pramipexole dihydrochloride er.....	28	PREZCOBIX.....	31	propafenone hcl er.....	37
PRAMOSONE.....	45	PREZISTA.....	31	proparacaine hcl.....	75
PRAMOTIC.....	75	PRIFTIN.....	25	propranolol hcl.....	37
prasugrel hcl.....	29	PRILOSEC.....	53	propranolol hcl er.....	37
pravastatin sodium.....	37	PRILOVIX.....	15	propylthiouracil.....	64
praziquantel.....	28	PRILOVIX LITE.....	15	PROQUAD.....	68
prazosin hcl.....	37	PRILOVIX LITE PLUS.....	15	PROSCAR.....	57
PRED FORTE.....	73	PRILOVIX PLUS.....	15	PROSTIN VR.....	37
PRED MILD.....	73	prilovix ultralite.....	15	PROTONIX.....	53
PREDNISOL ACE- MOXIFLOX-BROMFEN	73	prilovix ultralite plus.....	15	protriptyline hcl.....	21
prednisolone.....	58	primaquine phosphate.....	28	PROVENTIL HFA.....	78
prednisolone acetate.....	73	primidone.....	20	PROVERA.....	63
prednisolone acetate p-f.....	73	PRIORIX.....	68	PROVIGIL.....	80
PREDNISOLONE ACETATE-NEPAFENAC	73	PRISTIQ.....	21	PROXIVOL.....	15
PREDNISOLONE ACET- MOXIFLOXACIN.....	73	PRO COMFORT SPACER ADULT.....	71	PROZAC.....	21
prednisolone sodium phosphate.....	58, 73	PRO COMFORT SPACER CHILD.....	71	PRUCLAIR.....	45
PREDNISOLONE- BROMFENAC.....	75	PRO COMFORT SPACER INFANT.....	71	PRUDOXIN.....	45
PREDNISOLONE- GATIFLOXACIN.....	75	PROAIR RESPICLICK.....	78	PRUMYX.....	45
PREDNISOLONE- MOXIFLOXACIN.....	75	probenecid.....	24	pseudoephedrine- bromphen-dm.....	76
PREDNISOLON- GATIFLOX- BROMFENAC.....	73	procainamide hcl.....	37	PULMICORT FLEXHALER	78
PREDNISOLON- MOXIFLOX- BROMFENAC.....	73	PROCARDIA XL.....	37	PULMICORT SUSPENSION.....	78
PREDNISOLON- NEPAFENAC.....	73	PROCARE SPACER/ADULT MASK	71	pulmosal.....	76
prednisone.....	58	PROCARE SPACER/CHILD MASK.....	71	PULMOZYME.....	79
prednisone intensol.....	58	PROCENTRA.....	39	PURE COMFORT SAFETY PEN NEEDLE.....	72
pregabalin.....	40	prochlorperazine.....	22	PURE COMFORT SPACER CHAMBER.....	72
pregabalin er.....	40	prochlorperazine edisylate	22	PURIXAN.....	26
PREHEVBRIO.....	68	prochlorperazine maleate.....	22	PYLERA.....	55
PREMARIN.....	63	PROCORT.....	69	pyrazinamide.....	25
premium lidocaine.....	15	PROCRIT.....	33	PYRIDIDIUM.....	56
PREMPHASE.....	63	PROCTOCORT.....	69	pyridostigmine bromide.....	25
PREMPRO.....	63	PROCTOFOAM HC.....	69	pyridostigmine bromide er.....	25
PREPIDIL.....	56	procto-med hc.....	69	pyrimethamine.....	28
PRESTALIA.....	37	proctosol hc.....	69	PYROGALLIC ACID.....	45
PRETOMANID.....	25	proctozone-hc.....	69	PYRUKYND.....	33
PREVACID.....	53	PROCYSBI.....	55	PYRUKYND TAPER PACK	33
PREVACID SOLUTAB.....	53	progesterone.....	63	Q	
prevalite.....	37	PROGLYCEM.....	50	QBRELIS.....	37
PREVNAR 20.....	68	PROGRAF.....	66	QBREXZA.....	45
PREVYMIS.....	31	PROLATE.....	13	QDOLO.....	13
		PROLENSA.....	73	QELBREE.....	39
		PROMACTA.....	33	QINLOCK.....	26
		promethazine hcl.....	22	QNASL.....	76
		promethazine vc.....	76	QNASL CHILDRENS.....	76
		promethazine-codeine.....	76	QTERN.....	48
		promethazine-dm.....	76	QUADRACEL.....	68
		promethegan.....	22	QUALAQUIN.....	28
		PROMETRIUM.....	63	quazepam.....	32
		propafenone hcl.....	37	QUDEXY XR.....	20
				QUESTRAN.....	37

QUESTRAN LIGHT.....	37	RELYVRIO	40	rivastigmine tartrate.....	20
quetiapine fumarate.....	29	REMERON	21	rivelsa.....	63
quetiapine fumarate er....	29	REMERON SOLTAB.....	21	RIVFLOZA.....	56
QUILLICHEW ER.....	39	RENACIDIN.....	56	rizatriptan benzoate.....	24
QUILLIVANT XR.....	39	REVELA.....	56	ROBAXIN	80
quinapril hcl.....	37	repaglinide.....	48	ROBINUL	55
quinapril-		REPATHA.....	37	ROBINUL-FORTE.....	55
hydrochlorothiazide.....	37	REPATHA PUSHTRONEX		ROCALTROL.....	69
quinidine gluconate er	37	SYSTEM.....	37	ROCKLATAN.....	74
quinidine sulfate	37	REPATHA SURECLICK ..	37	roflumilast.....	78
quinine sulfate.....	28	RESORCINOL-SULFUR	45	ropinirole hcl	28
QULIPTA.....	24	RESTASIS.....	75	ropinirole hcl er	28
QUVIVIQ.....	80	RESTASIS MULTIDOSE	75	rosuvastatin calcium.....	37
QVAR REDIHALER.....	78	RESTORIL.....	80	ROTARIX	68
R		RETACRIT.....	33	ROTATEQ	68
rabeprazole sodium.....	53	RETEVMO.....	26	ROWASA	69
RADICAVA ORS	40	RETIN-A	45	roweepra	20
RADICAVA ORS STARTER		RETIN-A MICRO GEL 0.04		ROXICODONE	13
KIT.....	40	%, 0.1 %	45	ROXYBOND	13
RAGWITEK.....	72	RETIN-A MICRO PUMP ..	45	ROZEREM.....	80
raloxifene hcl.....	60	RETROVIR.....	31	ROZLYTREK	26
ramelteon.....	80	REVATIO.....	79	RUBRACA	27
ramipril.....	37	REVLIMID.....	26	RUCONEST.....	66
ranolazine er	37	REXTOVY	15	rufinamide.....	20
RAPAFLO.....	57	REXULTI	29	RUKOBIA	31
RAPAMUNE	66	REYATAZ.....	31	RYALTRIS	76
rasagiline mesylate.....	28	REYVOW	24	RYBELSUS	48
RASUVO	66	REZDIFFRA.....	55	RYCLOLA	76
RAVICTI	55	REZLIDHIA.....	26	RYDAPT.....	27
RAYA SURE PEN NEEDLE		REZUROCK.....	66	RYKINDO	30
.....	72	REZVOGLAR KWIKPEN	51	RYTARY.....	28
RAYALDEE.....	69	RHOFADE.....	45	ryvent	76
RAYOS.....	58	RHOPHYLAC	66	S	
react.....	63	RHOPRESSA	74	SABRIL	20
REBIF.....	40	ribavirin.....	31	SAFETY PEN NEEDLES	72
REBIF REBIDOSE	40	RIDAURA	66	SAFYRAL.....	63
REBIF REBIDOSE		rifabutin	25	SAIZEN	59
TITRATION PACK.....	40	rifampin	25	sajazir.....	66
REBIF TITRATION PACK	40	RILUTEK	40	SALAGEN.....	41
reclipsen	63	riluzole.....	40	salicylic acid.....	45
RECOMBIVAX HB	68	rimantadine hcl.....	31	salicylic acid wart remover	
RECORLEV	59	RIMSO-50.....	56	.....	45
RECTIV	37	RINVOQ.....	66	SALIMEZ.....	45
REGIOCIT	18	RIOMET	48	SALIMEZ FORTE.....	45
REGLAN.....	22	risedronate sodium.....	69	salsalate	12
RELADOR PAK.....	15	RISPERDAL	29	SALVAX	45
RELADOR PAK PLUS....	15	RISPERDAL CONSTA ...	29,	SALYCIM.....	45
RELAFEN DS	12	30		SALYNTRA.....	45
RELENZA DISKHALER..	31	risperidone.....	30	SAMSCA	53
RELEUKO	33	risperidone microspheres er		SANCUSO.....	22
relexxii	39	.....	30	SANDIMMUNE	66
RELEXXII	39	RITALIN.....	39	SANDOSTATIN	59
RELISTOR.....	55	RITALIN LA	39	SANDOSTATIN LAR	
RELPAK	24	ritonavir	31	DEPOT	59
RELTONE.....	55	rivastigmine	20	SANTYL	45

SAPHRIS.....	30	SIVEXTRO	17	sprintec 28.....	63
sapropterin dihydrochloride		SKYCLARYS	40	SPRITAM	20
.....	56	SKYLA.....	63	SPRIX	12
SAVAYSA.....	18	SKYRIZI	67	SPRYCEL.....	27
SAVELLA.....	40	SKYRIZI PEN	67	sps	53
SAVELLA TITRATION		SKYTROFA	59	sronyx.....	63
PACK.....	40	SLYND	63	ssd	18
saxagliptin hcl	48	SOAANZ.....	37	SSKI.....	76
saxagliptin-metformin er .	48	sod citrate-citric acid.....	53	sss 10-5.....	45
SCSEMBLIX.....	27	sodium chloride.....	53, 76	SSS 10-5.....	45
scopolamine.....	22	sodium chloride (pf).....	53	STALEVO 150	28
SECUADO.....	30	sodium fluoride.....	53	STEGLATRO	48
SEGLENTIS.....	13	SODIUM OXYBATE.....	80	STEGLUJAN.....	48
SEGLUROMET.....	48	sodium phenylbutyrate	56	STELARA.....	67
selegiline hcl	28	sodium polystyrene		sterile water for irrigation .	53
selenium sulfide	45	sulfonate	53	STIMUFEND.....	33
SELZENTRY.....	31	sodium sulfacetamide.....	45	STIOLTO RESPIMAT.....	78
SEMGLEE (YFGN).....	51	sodium sulfacetamide wash		STIVARGA	27
SENSIPAR.....	69	.....	45	STRATTERA	39
SEREVENT DISKUS.....	78	SOFOSBUVIR-		STRENSIQ	56
SERNIVO	45	VELPATASVIR.....	31	streptomycin sulfate	18
SEROQUEL.....	30	SOGROYA	59	STRIBILD	31
SEROQUEL XR	30	SOHONOS	72	STRIVERDI RESPIMAT ..	78
SEROSTIM.....	55	solifenacin succinate	56	STROMECTOL.....	28
sertraline hcl	22	SOLIQUA	48	SUBOXONE	15
SERTRALINE HCL.....	22	SOLODYN.....	17	subvenite	20
setlakin	63	SOLOSEC.....	18	subvenite starter kit-blue..	20
sevelamer carbonate.....	56	SOLTAMOX.....	27	subvenite starter kit-green	
sevelamer hcl.....	56	SOLU-CORTEF	58	.....	20
SEYSARA.....	17	SOLU-MEDROL (PF).....	58	subvenite starter kit-orange	
SFROWASA	69	SOMA.....	80	.....	20
sharobel.....	63	SOMATULINE DEPOT.....	59	SUCRAID	56
SHINGRIX	68	SOMAVERT.....	59	sucralfate.....	53
SIGNIFOR.....	59	SOOLANTRA.....	45	SUFLAVE	55
SIKLOS	27	SOOTHEE	15	SULAR	37
sildenafil citrate	79	sorafenib tosylate.....	27	sulfacetamide sodium 45, 73	
SILENOR.....	80	SORILUX.....	45	sulfacetamide sodium	
SILIQ.....	66	sotalol hcl	37	(acne).....	45
silodosin	57	sotalol hcl (af)	37	sulfacetamide sodium	
SILVADENE.....	17	SOTYKTU.....	67	(cleans).....	45
silver nitrate	17	SOTYLIZE	37	sulfacetamide sodium-sulfur	
silver sulfadiazine.....	17	SOVALDI.....	31	.....	45, 46
SIMBRINZA	74	SOVUNA	28	sulfacetamide sod-sulfur	
SIMLANDI (1 PEN).....	66	SPEVIGO	67	wash.....	46
SIMLANDI (2 PEN).....	66	SPIKEVAX.....	68	sulfacetamide-prednisolone	
simliya	63	spinosad.....	28	.....	75
simpesse	63	SPIRIVA HANDIHALER ..	78	sulfacetamide-sulfur in urea	
SIMPONI	67	SPIRIVA RESPIMAT.....	78	.....	46
simvastatin.....	37	spironolactone	37	sulfacleanse 8/4.....	46
SINEMET.....	28	spironolactone-hctz	37	sulfadiazine.....	18
SINGULAIR	78	SPORANOX	23	sulfamethoxazole-	
sirolimus	67	SPRAVATO (56 MG DOSE)		trimethoprim.....	18
SIRTURO	25	.....	22	sulfamez wash.....	46
SITAGLIPTIN.....	48	SPRAVATO (84 MG DOSE)		SULFAMYLON.....	18
SITAVIG	31	.....	22	sulfasalazine.....	69

sulfatrim pediatric	18	tamsulosin hcl	57	TERIPARATIDE	
sulindac	12	TAPERDEX 12-DAY	58	(RECOMBINANT).....	69
SUMADAN WASH.....	46	TAPERDEX 6-DAY	58	TESTIM	58
sumatriptan.....	24	TAPERDEX 7-DAY	58	TESTONE CIK.....	58
sumatriptan succinate.....	24	TARCEVA.....	27	testosterone.....	59
sumatriptan succinate refill		TARGADOX.....	18	testosterone cypionate	58
subcutaneous solution		TARGRETIN.....	27	testosterone enanthate....	58
cartridge.....	24	tarina 24 fe.....	63	TETANUS-DIPHThERIA	
sumatriptan-naproxen		tarina fe 1/20 eq.....	63	TOXOIDS TD.....	68
sodium	24	TARPEYO	69	tetrabenazine.....	40
SUMAXIN	46	TASCENSO ODT.....	40	tetracaine hcl	75
sunitinib malate	27	TASIGNA.....	27	tetracycline hcl	18
SUNLENCA	31	tasimelteon	80	TETRACYCLINE HCL	18
SUNOSI.....	80	TASMAR	28	TEXACORT	46
SUPREP BOWEL PREP		tavorole.....	23	TEZSPIRE	78
KIT.....	55	TAVALISSE	33	THALITONE.....	38
SURVANTA	76	TAVNEOS	72	THALOMID.....	27
SUTAB	55	taysofy.....	63	THEO-24	78
SUTENT	27	TAYTULLA	63	theophylline	78
syeda.....	63	tazarotene.....	46	theophylline er	78
SYMBICORT	78	TAZAROTENE.....	46	THIOLA	56
SYMBYAX	22	tazicef.....	18	THIOLA EC.....	56
SYMDEKO.....	79	TAZORAC	46	thioridazine hcl.....	30
SYMFI	31	taztia xt.....	37	thiothixene	30
SYMFI LO.....	31	TAZVERIK.....	27	THYQUIDITY	64
SYMLINPEN 120	48	TDVAX	68	THYROID	64
SYMLINPEN 60	48	TECFIDERA	40	tiadylt er.....	38
SYMPAZAN.....	20	TECHLITE LANCETS 26G		tiagabine hcl	20
SYMPROIC.....	55	.....	49	TIAZAC	38
SYMTUZA	31	TEGLUTIK.....	40	TIBSOVO	27
synalar.....	46	TEGRETOL	20	TIGAN	22
SYNAREL.....	59	TEGRETOL-XR	20	TIKOSYN.....	38
SYNDROS.....	22	TEGSEDI.....	40	tilia fe.....	63
SYNERDERM.....	46	TEKTURNA	37	timolol maleate.....	38, 74
SYNJARDY.....	48	telmisartan.....	37	timolol maleate (once-daily)	
SYNJARDY XR.....	48	telmisartan-amlodipine	37	.....	74
SYNTHROID.....	64	telmisartan-hctz.....	38	timolol maleate ocudose ..	74
SYPRINE.....	53	temazepam.....	80	timolol maleate pf.....	74
T		temozolomide	27	TIMOLOL-BRIMON-	
TABLOID	27	tencon	13	DORZOL-LATANOPR .	74
TABRECTA.....	27	TENIVAC.....	68	TIMOLOL-BRIMONIDINE-	
TACLONEX	46	tenofovir disoproxil fumarate		DORZOLAMID	74
tacrolimus	46, 67	.....	32	TIMOLOL-DORZOLAMID-	
tadalafil (pah).....	79	TENORETIC 100	38	LATANOPROST.....	74
TADLIQ	79	TENORETIC 50	38	TIMOPTIC OCUDOSE	74
TAFINLAR	27	TENORMIN	38	tinidazole	18
tafluprost (pf).....	74	TEPMETKO.....	27	tiopronin.....	56
TAGRISSO	27	terazosin hcl	57	tiotropium bromide	
take action	63	terbinafine hcl	23	monohydrate	78
TAKHZYRO	67	terbutaline sulfate.....	78	TIROSINT.....	64
TALICIA.....	55	terconazole.....	23	TIROSINT-SOL.....	64
TALTZ	67	teriflunomide	40	TIVICAY	32
TALZENNA.....	27	teriparatide.....	69	TIVICAY PD.....	32
TAMIFLU.....	32	teriparatide (recombinant)	69	tizanidine hcl.....	80
tamoxifen citrate.....	27			TLANDO.....	59

TOBI NEBULIZER.....	79	TRESIBA FLEXTOUCH...51	TROPICAMIDE-
TOBI PODHALER.....	79	tretinoin .....27, 46	PHENYLEPHRINE .....75
TOBRADEX.....	73	tretinoin microsphere.....46	TROPIC-PROPARACA-PE-
TOBRADEX ST.....	73	tretinoin microsphere pump	KETOROLAC.....75
tobramycin.....	73, 79	.....46	trospium chloride.....57
TOBRAMYCIN.....	79	TREXALL.....67	trospium chloride er.....57
tobramycin-dexamethasone		TREXIMET.....24	TRUDHESA.....24
.....	73	TREZIX.....14	TRUE METRIX LEVEL 1.49
TOBREX.....	73	triamcinolone acetonide..41,	TRUE METRIX LEVEL 2.49
TOLAK.....	46	46, 58	TRUE METRIX LEVEL 3.49
tolcapone.....	28	TRIAMCINOLONE	TRULANCE.....55
TOLECTIN 600.....	12	ACETONIDE.....58	TRULICITY.....48
tolmetin sodium.....	12	TRIAMCINOLONE	TRUMENBA.....68
TOLSURA.....	23	DIACETATE.....58	TRUQAP.....27
tolterodine tartrate.....	56	triamcinolone in absorbase	TRUVADA.....32
tolterodine tartrate er.....	57	.....46	TUDORZA PRESSAIR...78
tolvaptan.....	53	triamterene.....38	TUKYSA.....27
TOPAMAX.....	20	triamterene-hctz.....38	TURALIO.....27
TOPAMAX SPRINKLE ...	20	triazolam.....33	turqoz.....64
TOPICORT.....	46	TRIBENZOR.....38	TUXARIN ER.....76
TOPICORT SPRAY.....	46	tricitrates.....53	TWINRIX.....68
topiramate.....	20	TRICOR.....38	TWIRLA.....64
topiramate er.....	20	triderm.....46	TWYNEO.....46
TOPROL XL.....	38	trientine hcl.....53	tyblume.....64
toremifene citrate.....	27	tri-estarylla.....64	TYBOST.....32
torsemide.....	38	trifluoperazine hcl.....30	tydemy.....64
TOSYMRA.....	24	trifluridine.....73	TYKERB.....27
TOUJEO MAX SOLOSTAR		trihexyphenidyl hcl.....28	TYMLOS.....69
.....	51	TRIJARDY XR.....48	TYRVAYA.....75
TOUJEO SOLOSTAR ...	51	TRIKAFTA.....79	TYVASO.....79
tovet.....	46	tri-legest fe.....64	TYVASO DPI
TOVIAZ.....	57	TRILEPTAL.....20	INSTITUTIONAL KIT ...79
TRACLEER.....	79	tri-linyah.....64	TYVASO DPI
TRADJENTA.....	48	TRILIPIX.....38	MAINTENANCE KIT ...79
tramadol hcl (er biphasic) 14		tri-lo-estarylla.....64	TYVASO DPI TITRATION
TRAMADOL HCL (ER		tri-lo-marzia.....64	KIT.....79
BIPHASIC).....	13	tri-lo-mili.....64	TYVASO REFILL.....79
tramadol hcl er.....	14	tri-lo-sprintec.....64	TYVASO STARTER.....79
tramadol hcl ir.....	14	trimethobenzamide hcl ...23	U
TRAMADOL HCL IR.....	14	trimethoprim.....18	UBRELVY.....24
tramadol-acetaminophen 14		tri-mili.....64	UCERIS.....69
trandolapril.....	38	trimipramine maleate.....22	UDENYCA.....33
trandolapril-verapamil hcl er		TRINTELLIX.....22	ULORIC.....24
.....	38	tri-nymyo.....64	ULTIGUARD SAFEPACK
tranexamic acid.....	33	tri-sprintec.....64	SYR/NEEDLE.....51
TRANSDERM-SCOP.....	22	TRIUMEQ.....32	ULTRAVATE.....46
tranylcypramine sulfate... 22		TRIUMEQ PD.....32	UMECTA MOUSSE.....46
TRAVATAN Z.....	74	trivora (28).....64	UNIFINE PROTECT PEN
travoprost (bak free).....	74	tri-vylibra.....64	NEEDLE.....72
trazodone hcl.....	22	tri-vylibra lo.....64	UNISTRIP CONTROL ...49
TREATOR.....	25	TROKENDI XR.....20	unithroid.....64
TREE MIX 9.....	72	TROPICAMIDE-	UPNEEQ.....73
TRELEGY ELLIPTA.....	78	CYCLOPENTOLATE-PE	UPTRAVI.....79
TREMFYA.....	67	.....75	UPTRAVI TITRATION...79
TRESIBA.....	51		URAMAXIN.....46

urea.....	46	VASERETIC	38	vienna.....	64
UREA	46	VASOTEC	38	vigabatrin.....	20
urea hydrating.....	46	VAXELIS	68	vigadrone.....	20
urea nail.....	46	VAXNEUVANCE.....	68	VIGAMOX.....	73
uredeb	46	VECAMYL	38	vigpoder.....	20
urelle	57	VECTICAL.....	46	VIIBRYD.....	22
uremez-40	46	velivet.....	64	VIJOICE	27
URESOL.....	46	VELPHORO.....	57	vilamit mb	57
uretron d/s	57	VELSIPITY	67	vilazodone hcl.....	22
uribel	57	VELTASSA.....	53	VILEVEV MB	57
URIBEL	57	VEMLIDY.....	32	VIMOVO	12
URIMAR-T	57	VENCLEXTA	27	VIMPAT	20
urin ds	57	VENCLEXTA STARTING		VIOKACE	56
URNEVA.....	57	PACK.....	27	viorele.....	64
UROCIT-K 10.....	53	VENLAFAXINE BESYLATE		VIRACEPT.....	32
UROCIT-K 15.....	53	ER.....	22	VIRASAL	47
UROCIT-K 5	53	venlafaxine hcl	22	VIRAZOLE.....	32
UROGESIC-BLUE.....	57	venlafaxine hcl er	22	VIREAD.....	32
uro-mp.....	57	VENTAVIS.....	79	VISTARIL	33
UROXATRAL.....	57	VENTOLIN HFA.....	78	VISTOGARD.....	72
URSO 250	55	VEOZAH.....	72	vitamin d (ergocalciferol)..	53
URSO FORTE	55	verapamil hcl.....	38	vitamin k1	53
ursodiol.....	55	verapamil hcl er.....	38	VITRAKVI	27
URSODIOL.....	55	VEREGEN	47	VIVAGUARD INO	
UZEDY	30	VERELAN.....	38	CONTROL SOLUTION	49
V		VERELAN PM.....	38	VIVAGUARD LANCETS	
VAGIFEM	64	VERIFINE INSULIN PEN		30G	49
valacyclovir hcl.....	32	NEEDLE	72	VIVAGUARD LANCING	
VALCHLOR	27	VERIFINE INSULIN		DEVICE	49
VALCYTE	32	SYRINGE.....	51	VIVAGUARD SAFETY	
valganciclovir hcl.....	32	VERIFINE PLUS PEN		LANCETS 28G.....	49
VALIUM.....	33	NEEDLE	72	VIVELLE-DOT	64
valproic acid.....	20	VERIFINE SAFE LANCET		VIVITROL.....	15
valsartan.....	38	MINI 21G	49	VIVJOA	23
VALSARTAN	38	VERIFINE SAFE LANCET		VIZIMPRO	27
valsartan-		MINI 23G	49	VOGELXO	59
hydrochlorothiazide....	38	VERIFINE SAFE LANCET		VOGELXO PUMP	59
VALTOCO	20	MINI 28G	49	volnea.....	64
VALTRESX	32	VERIFINE SAFE LANCET		VONJO.....	27
VANCOGIN.....	18	MINI 30G	49	VOQUEZNA.....	53
vancomycin hcl	18	VERKAZIA.....	75	VOQUEZNA DUAL PAK..	55
vandazole	18	VERQUOVO.....	38	VOQUEZNA TRIPLE PAK	
VANFLYTA.....	27	VERSACLOZ.....	30	.....	55
VANOS.....	46	VERZENIO	27	voriconazole	23
VANOXIDE-HC.....	46	VESICARE	57	VORTEX VALVED	
VAQTA	68	VESICARE LS	57	HOLDING CHAMBER..	72
varenicline tartrate.....	15	vestura	64	VOSEVI.....	32
varenicline tartrate (starter)		VEVYE	75	VOTRIENT	27
.....	15	VFEND.....	23	VOWST	55
varenicline		V-GO 20.....	72	VOXZOGO	56
tartrate(continue).....	15	V-GO 30.....	72	VOYDEYA	33
VARIVAX.....	68	V-GO 40.....	72	VRAYLAR.....	30
VARIZIG	67	VIBERZI	55	VTAMA.....	47
VARUBI (180 MG DOSE)	23	VIBRAMYCIN	18	VUITY.....	74
VASCEPA.....	38	VICTOZA.....	48	VUMERITY	40

VUSION.....	23	XELJANZ XR.....	67	YUFLYMA (1 PEN).....	67
vyfemla.....	64	XELODA.....	27	YUFLYMA (2 PEN).....	67
vylibra.....	64	XELPROS.....	74	YUFLYMA (2 SYRINGE).....	67
VYNDAMAX.....	38	XELSTRYM.....	39	YUFLYMA-CD/UC/HS	
VYNDAQEL.....	38	XEMBIFY.....	67	STARTER.....	67
VYTORIN.....	38	XENAZINE.....	40	YUPELRI.....	79
VYVANSE.....	39	XEPI.....	18	YUSIMRY.....	67
VYZULTA.....	74	XERALUX.....	47	yuvafem.....	64
W		XERESE.....	32	Z	
WAINUA.....	40	XERMELO.....	55	ZACLIR CLEANSING.....	47
WAKIX.....	80	XHANCE.....	76	zafemy.....	64
warfarin sodium.....	18	XIFAXAN.....	18	zafirlukast.....	79
water for irrigation, sterile	53	XIGDUO XR.....	48	zaleplon.....	80
WELCHOL.....	38	XIIDRA.....	75	ZANAFLEX.....	80
WELIREG.....	27	XOFLUZA (40 MG DOSE)		ZARONTIN.....	20
WELLBUTRIN SR.....	22	.....	32	ZARXIO.....	33
WELLBUTRIN XL.....	22	XOFLUZA (80 MG DOSE)		ZAVESCA.....	56
wera.....	64	.....	32	ZAVZPRET.....	24
wes-phos 250 neutral.....	53	XOLAIR.....	79	ZEGALOGUE.....	50
WIDE-SEAL DIAPHRAGM		XOLREMDI.....	33	ZEGERID.....	53
60.....	72	XOPENEX HFA.....	79	ZEJULA.....	27
WIDE-SEAL DIAPHRAGM		XOSPATA.....	27	ZELAPAR.....	28
65.....	72	XPHOZAH.....	72	ZELBORAF.....	27
WIDE-SEAL DIAPHRAGM		XPOVIO (100 MG ONCE		ZEMBRACE SYMTOUCH	
70.....	72	WEEKLY).....	27	.....	24
WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG ONCE		ZEMPLAR.....	69
75.....	72	WEEKLY).....	27	zenatane.....	47
WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG TWICE		ZENPEP.....	56
80.....	72	WEEKLY).....	27	zenzedi.....	39
WIDE-SEAL DIAPHRAGM		XPOVIO (60 MG ONCE		ZENZEDI.....	39
85.....	72	WEEKLY).....	27	ZEPATIER.....	32
WIDE-SEAL DIAPHRAGM		XPOVIO (60 MG TWICE		ZEPOSIA.....	40
90.....	72	WEEKLY).....	27	ZEPOSIA 7-DAY STARTER	
WIDE-SEAL DIAPHRAGM		XPOVIO (80 MG ONCE		PACK.....	40
95.....	72	WEEKLY).....	27	ZEPOSIA STARTER KIT.....	40
WINLEVI.....	47	XPOVIO (80 MG TWICE		ZERUVIA.....	15
WINREVAIR.....	79	WEEKLY).....	27	ZERVIA.....	73
wixela inhub.....	78	XTAMPZA ER.....	14	ZESTORETIC.....	38
wymzya fe.....	64	XTANDI.....	27	ZESTRIL.....	38
WYNZORA.....	47	xulane.....	64	ZETIA.....	38
X		XULTOPHY.....	48	ZETONNA.....	76
XACIATO.....	18	xurea.....	47	ZIAGEN.....	32
XADAGO.....	28	XYLOCAINE.....	15	ZIANA.....	47
XALATAN.....	74	XYLOCAINE/EPINEPHRIN		zidovudine.....	32
XALIX.....	47	E.....	15	ZIEXTENZO.....	33
XALKORI.....	27	XYLOCAINE-MPF.....	15	ZILBRYSQ.....	72
XANAX.....	33	XYOSTED.....	59	zileuton er.....	79
XANAX XR.....	33	XYREM.....	80	ZIMHI.....	15
XARELTO.....	18	XYWAV.....	80	ZIONODIL.....	15
XARELTO STARTER PACK		Y		ZIONODIL 100.....	15
.....	18	yargesa.....	56	ZIOPTAN.....	74
XATMEP.....	67	YASMIN 28.....	64	ziprasidone hcl.....	30
XCOPRI.....	20	YAZ.....	64	ziprasidone mesylate.....	30
XDEMVY.....	73	YONSA.....	27	ZIPSOR.....	12
XELJANZ.....	67	YOSPRALA.....	29	ZIRGAN.....	73

ZITHRANOL	47	ZONEGRAN	20	ZYFLO.....	79
ZITHROMAX.....	18	ZONISADE	20	ZYKADIA.....	27
ZITHROMAX TRI-PAK ...	18	zonisamide	20	ZYLET.....	75
ZITHROMAX Z-PAK.....	18	ZONTIVITY.....	29	ZYMFENTRA (1 PEN)....	67
ZITUVIO	48	ZORTRESS	67	ZYMFENTRA (2 PEN)....	67
ZOCOR	38	ZORYVE.....	47	ZYMFENTRA (2 SYRINGE)	
ZOKINVY.....	72	zovia 1/35 (28).....	64	.....	67
ZOLINZA	27	ZOVIRAX.....	32	ZYNRELEF.....	12
zolmitriptan	24	ZTALMY	20	ZYPITAMAG.....	38
ZOLOFT	22	ZTLIDO	15	ZYPREXA.....	30
zolpidem tartrate	80	ZUBSOLV.....	16	ZYPREXA RELPREVV....	30
ZOLPIDEM TARTRATE .	80	zumandimine	64	ZYPREXA ZYDIS.....	30
zolpidem tartrate er	80	ZURZUVAE	22	ZYTIGA	27
ZOMACTON	60	ZYCLARA.....	47	ZYVOX.....	18
ZOMIG.....	24	ZYCLARA PUMP	47		
ZONALON	47	ZYDELIG.....	27		

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

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**
Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241 (TDD)**. Complaint forms are available at **<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>**

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-901-4600 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-901-4600 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-888-901-4600 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-888-901-4600 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-901-4600 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-901-4600 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-901-4600 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-888-901-4600 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-901-4600 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-901-4600 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-888-901-4600 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-901-4600 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-901-4600 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-901-4600 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-888-901-4600 (TTY 711)**. Ta usługa jest bezpłatna.

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