



Kansas City

**MEMBER** **2021**  
**PREFERRED DRUG LIST**

For group HMO, PPO and EPO members with an insurance plan that includes a prescription drug benefit

**Effective January 1, 2021**

# Blue Cross and Blue Shield of Kansas City 2021 Preferred Drug List

## Introduction

The Prescription Drug List (PDL) has been developed and is maintained by the Medical and Pharmacy Management Committee of Blue Cross and Blue Shield of Kansas City (Blue KC). The committee is composed of practicing doctors and pharmacists within the Kansas City area. Quarterly meetings are held to evaluate new drug therapies and review drug utilization issues.

Medications are evaluated on the basis of safety, effectiveness, adverse events, proven advantages over existing agents and cost. Tier 1 medications are typically generic drugs that contain the same active ingredients as brand name drugs and have the lowest copay. New drugs will require an exception or prior authorization until they are reviewed by the committee.

While extensive, this is not an exhaustive list of all available medications and this list is subject to change. See the most current PDL by visiting your member portal at [MyBlueKC.com](http://MyBlueKC.com). If you require additional information or clarification, contact our Clinical Pharmacy unit at 816-395-2176 or 800-228-1436.

**Please be aware that as new products are released and post-marketing information on existing therapies becomes available, changes in the PDL status may occur.** The committee may also implement prior authorization or other utilization management processes as deemed necessary. Doctors and pharmacists will be notified of any such changes via direct mailings.

## How to use this list:

- 1** Find the page number for your drug by searching the alphabetical index at the end.
- 2** Locate your drug and identify the Drug Tier. You will also want to note restrictions and preferred alternatives if applicable.
- 3** Refer to the Drug Tier description tables at the end of this introduction to identify the tier copay for your drug (based on the benefit schedule described in your member certificate or in your Blue KC benefit summary).

## Prior Authorization/Drug Utilization Management

Some drugs have coverage rules or have limits on the amount dispensed. In some cases, the prescriber must do something in order to obtain the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, the prescriber must get approval from BlueKC before the prescription can be filled. Without that approval, the drug may not be covered.
- **Quantity limits:** For some drugs, there are limits to the amount of drug that may be obtained.
- **Step Therapy:** For some drugs, BlueKC requires step therapy. This means that drugs will have to be tried in a certain order for a medical condition. If the doctor feels that the first drugs are not appropriate, the prescriber will have to submit a prior authorization request.

**Prescribers may request exceptions to these coverage rules or limits by submitting an electronic prior authorization request form. [www.BlueKC.com](http://www.BlueKC.com) > Providers > Forms > Prior Authorizations for Medications.**

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## HOW TO REACH US

### Blue Cross and Blue Shield of Kansas City Pharmacy Services

P.O. Box 419169  
Kansas City, MO 64141-2735  
816-395-2176 or 800-228-1436  
[www.BlueKC.com](http://www.BlueKC.com)

# Frequently asked questions

## **What is the difference between brand name drugs and generic drugs?**

When a drug company develops a new medication they apply for a patent. This patent protects the drug from being copied by other drug companies for a certain period of time. These drugs are brand name drugs. Once the patent period expires, other manufacturers can produce the same drug as long as they follow strict guidelines established by the Food and Drug Administration's (FDA) guidelines. These same drugs are generic drugs. Generic drugs are less expensive versions of those brand name drugs whose patents have expired. They are made with the same active ingredients of the brand name drug, but they may have a different color, shape or filler material. The cost of a generic drug is typically less than a brand name drug. All generic medications are approved by the FDA before they are released on the market.

## **What is the difference between a generic equivalent and a generic alternative?**

A generic equivalent is a medication that contains the same active ingredient and works the same way as the original brand name drug. A generic alternative is a generic medication that may not have the same active ingredient, but works in the same way as another drug.

## **What is a maintenance drug?**

A maintenance drug is a medication used to treat a chronic condition like diabetes or high blood pressure. The FDA must approve maintenance drugs as safe for long-term use. Blue KC uses a national drug information database called Medispan to determine which medications are included on the maintenance drug list. If your prescription is a maintenance drug, you can have it filled for several months instead of just one prescription at a time.

## **Does Blue KC cover all prescription drugs?**

Blue KC covers most prescription drugs. However, some drug classes require an additional benefit be added to your health insurance plan in order to be covered. This additional benefit is referred to as a 'rider.' Examples of such drug classes are fertility, birth control, impotency, and weight loss.

## **How is the tier level status determined for medications?**

The PDL is a list of prescription medications that have been reviewed and recommended by the Blue KC Medical and Pharmacy Management Committee.

The list has a combination of brand name and generic medications. Each of these medications has been reviewed for its safety, effectiveness, clinical outcomes, and cost. Doctors and pharmacists on the committee look at drug utilization issues, the number of adverse events, and any proven advantages over other drugs on the PDL. The most efficient and cost-effective drugs are on Tier 1 of the PDL.

## **Why does Blue KC require prior authorization for some drugs before they are covered?**

Blue KC may require prior authorization for some drugs or a class. Medications on the prior authorization list may have safety concerns or have FDA approval, only for a certain use. Some of the prior authorization medications may also have a lower-cost alternative that should be considered first or the drug may not be as effective as something else in the same drug class. Some medications are also on the prior authorization list because they have the potential to be misused. Your doctor and Blue KC will work together to get prior authorization and approval for your prescription when needed.

## **Do I need to show my member ID card at the pharmacy?**

Yes, show your member ID card to your pharmacist whenever you have a prescription filled. Your prescription claim is electronically transmitted to Blue KC when you fill your prescription. Please make sure the pharmacy has your most current health insurance information and correct birth date so there won't be any delays or claim denials when we process your claim.

## **What do I do if I need to refill my prescription early (i.e., leaving on vacation, the doctor increased my dosage)?**

To have a prescription refilled early, have your pharmacist call the Pharmacy Customer Service unit at 816-395-2176 or 800-228-1436, Monday through Friday from 8 a.m. to 5 p.m. Central Time.

## **What if I am out of town and need to have a prescription filled?**

Blue KC contracts with most major pharmacy chains and has a network of over 44,000 pharmacies nationwide. If the pharmacy you are using has difficulty in processing your prescription claim, have them contact the Pharmacy Customer Service unit for assistance at 816-395-2176 or 800-228-1436, Monday through Friday from 8 a.m. to 5 p.m. Central Time.

## **Why must some drugs be purchased through a Specialty Pharmacy?**

Specialty drugs are those that require special ordering, handling, clinical monitoring and/or customer service. These drugs are best purchased through a Specialty Pharmacy. Blue KC has a network of Specialty Pharmacies available to provide specialized care for patients with complex chronic health conditions to obtain

their medications and manage their health conditions. Specialty medications are limited to a 34 day supply.

## **What if I have questions about my prescription drug coverage?**

For more information on your prescription drug coverage, call the Pharmacy Customer Service unit at 816-395-2176 or 800-228-1436, Monday through Friday from 8 a.m. to 5 p.m. Central Time.

# Miscellaneous Information

## **Specialty Pharmacy**

A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions such as Rheumatoid Arthritis, Multiple Sclerosis or Psoriasis. Specialty drugs may be oral or injectable medications that can either be self-administered or administered by a health care professional. These pharmacies do everything from dispense the specialty medication to help patients manage their health condition. Most specialty medications are covered under the pharmacy benefit. Specialty medications are limited to a 34 day supply. The following is a list of other services provided by the Specialty Pharmacies:

- Assigns a Patient Care Coordinator who serves as a personal advocate and point of contact
- Offers access to a dedicated clinical staff of nurses and pharmacists who are knowledgeable about the medications and conditions
- Provides the necessary supplies to administer the medications — at no additional cost
- Offers care management programs to help patients get the most from their medications
- Provides patients with refill reminder calls
- Allows the medications to be delivered to either the physician's office or patients home
- Works directly with patients to arrange a convenient shipment date
- Ships all medications overnight
- Coordinates with Blue KC to take care of billing issues

These services are provided to you at no additional cost. Prescriptions for a specialty medication will need to be filled at the Specialty Pharmacy listed below.

## **Optum Specialty Pharmacy**

Phone: 1-855-427-4682

## **Drug Tier Descriptions**

To find out what prescription drug tier is on your plan, please see the benefit schedule in your member certificate or in your Blue KC benefit summary.

<b>2-Tier Benefit</b>	<b>Drug Tier</b>
Tier 1 copay	G G-S
Tier 2 copay	PB PB-S
Not Covered	NPB NPB-S
<b>3-Tier Benefit</b>	<b>Drug Tier</b>
Tier 1 copay	G G-S
Tier 2 copay	PB PB-S
Tier 3 copay	NPB NPB-S
<b>3-Tier Retail/Specialty Benefit</b>	<b>Drug Tier</b>
Tier 1 copay	G
Tier 2 copay	PB
Tier 3 copay	NPB
Generic Specialty copay	G-S
Preferred Brand Specialty copay	PB-S
Non-Preferred Brand Specialty copay	NPB-S
<b>4-Tier Benefit</b>	<b>Drug Tier</b>
Tier 1 copay	G G-S
Tier 2 copay	PB
Tier 3 copay	PB-S NPB
Tier 4 copay	NPB-S

## List of Abbreviations

<b>G</b>	Generic Drug.
<b>G-S</b>	Generic Specialty Drug.
<b>NPB</b>	Non-preferred Brand Drug.
<b>NPB-S</b>	Non-preferred Brand Specialty Drug.
<b>PB</b>	Preferred Brand Drug.
<b>PB-S</b>	Preferred Brand Specialty Drug.
<b>ACA</b>	Affordable Care Act. These preventative drugs may be covered at no cost (check your benefits to confirm).
<b>M</b>	Maintenance Drug.
<b>OTC</b>	Over the Counter. An OTC drug is a non-prescription drug.
<b>PA</b>	Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, your plan may not cover the drug.
<b>QL</b>	Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
<b>ST</b>	ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

# Discrimination is Against the Law

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

Blue KC:

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

If you need these services, contact Customer Service, 844-395-7126 (Toll free), [languagehelp@bluekc.com](mailto:languagehelp@bluekc.com).

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office 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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126로 전화하십시오.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

## Arabic:

للتتحدث مع مترجم اتصل بـ 7126-395-844-1 . إن كان لديك أو لدى شخص تساعدك أسلحة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون آية تكلفة

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawaq sa 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griige, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

Persian:

اگر شما، یا کسی که شما به او مکالمه میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نماید 844-395-7126-1.نیاس حاصل نماید.

Cushite: Isin yookan namni bira isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tijin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.



# Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

# Blue Cross and Blue Shield of Kansas City

## Table of Contents

Analgesics - Drugs for Pain.....	10
Analgesics - Drugs for Pain and Inflammation.....	12
Anesthetics.....	15
Anti-Addiction / Substance Abuse Treatment Agents.....	16
Antibacterials.....	17
Anticoagulants.....	20
Anticonvulsants - Drugs for Seizures.....	21
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	23
Antidepressants.....	24
Antiemetics - Drugs for Nausea and Vomiting.....	27
Antifungals.....	28
Antigout Agents.....	30
Anti-inflammatory Agents.....	30
Antimigraine Agents.....	30
Antimyasthenic Agents.....	31
Antimycobacterials.....	32
Antineoplastics - Drugs for Cancer.....	32
Antiparasitics.....	37
Antiparkinson Agents.....	38
Antiplatelets.....	39
Antipsychotics - Drugs for Mood Disorders.....	39
Antivirals.....	42
Anxiolytics - Drugs for Anxiety.....	46
Bipolar Agents - Drugs for Mood Disorders.....	47
Blood Products and Modifiers - Drugs for Blood Disorders.....	47
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	48
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	56
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	59
Central Nervous System Agents - Miscellaneous.....	60
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	62
Dermatological Agents - Drugs for Skin Conditions.....	63
Diabetes - Antidiabetic Agents.....	72
Diabetes - Glucose Monitoring.....	74
Diabetes - Glycemic Agents.....	77
Diabetes - Insulins.....	78
Electrolytes / Minerals / Metals / Vitamins.....	80
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	84
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	85
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	88
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	89
Genitourinary Agents - Drugs for Prostate Conditions.....	90
Hormonal Agents - Adrenal.....	91
Hormonal Agents - Men's Health.....	92
Hormonal Agents - Osteoporosis.....	93
Hormonal Agents - Pituitary.....	93
Hormonal Agents - Prostaglandins.....	95
Hormonal Agents - Sex Hormones and Birth Control.....	95
Hormonal Agents - Thyroid.....	102
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	103
Immunological Agents - Drugs for Vaccination.....	107

Inflammatory Bowel Disease Agents.....	108
Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	110
Metabolic Bone Disease Agents - Other .....	110
Miscellaneous Therapeutic Agents.....	111
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	112
Ophthalmic Agents - Drugs for Glaucoma.....	114
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	116
Otic Agents - Drugs for Ear Conditions.....	117
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	118
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	119
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	123
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	123
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	124
Sleep Disorder Agents.....	125
Stimulation or Suppression.....	126

Drug Name	Drug Tier	Restrictions / Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	G	
acetaminophen-codeine #2	G	
acetaminophen-codeine #3	G	
acetaminophen-codeine #4	G	
ACTIQ	NPB	PA; QL (4 EA per 1 day)
ALLZITAL	NPB	ST
APADAZ	NPB	
apap-caff-dihydrocodeine oral capsule	G	
apap-caff-dihydrocodeine oral tablet	NPB	
ascomp-codeine	G	
bac	G	
BELBUCA	PB	ST; QL (2 EA per 1 day)
BENZHYDROCODONE-ACETAMINOPHEN	NPB	
BUPAP	NPB	ST
buprenorphine	G	ST; QL (0.15 EA per 1 day)
butalbital-acetaminophen capsule 50-300 mg oral	G	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	G	ST
butalbital-acetaminophen oral tablet	G	
butalbital-apap-caff-cod	G	
butalbital-apap-caffeine	G	
butalbital-asa-caff-codeine	G	
butalbital-aspirin-caffeine	G	
butorphanol tartrate nasal	G	
BUTTRANS	NPB	ST; QL (0.15 EA per 1 day)
carisoprodol-aspirin-codeine	G	
codeine sulfate	G	
CONZIP	NPB	ST; QL (1 EA per 1 day)
DILAUDID ORAL	NPB	
DSUVIA	NPB	
endocet	G	
ESGIC	NPB	ST
fentanyl citrate buccal lozenge on a handle	G	PA; QL (4 EA per 1 day)
FENTANYL CITRATE BUCCAL TABLET	NPB	ST; QL (4 EA per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	G	ST; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	G	ST; QL (0.5 EA per 1 day)
FENTORA	NPB	ST; QL (4 EA per 1 day)
FIORICET	NPB	ST
FIORICET/CODEINE	NPB	
hydrocodone bitartrate er oral capsule extended release 12 hour	NPB	ST; QL (2 EA per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	G	ST; QL (1 EA per 1 day)
hydrocodone-acetaminophen	G	
hydrocodone-ibuprofen	G	
hydromorphone hcl er	G	ST; QL (2 EA per 1 day)
hydromorphone hcl oral	G	
hydromorphone hcl rectal	G	
HYSINGLA ER	NPB	ST; QL (1 EA per 1 day)
LAZANDA	NPB	ST; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	G	
levorphanol tartrate oral tablet 3 mg	NPB	
LORTAB	G	
meperidine hcl oral	G	
methadone hcl intensol	G	ST
methadone hcl oral	G	ST
methadose oral concentrate 10 mg/ml	G	ST
methadose oral tablet soluble	G	ST
methadose sugar-free	G	ST
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	G	
morphine sulfate er	G	ST; QL (3 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	G	ST; QL (2 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	G	ST; QL (1 EA per 1 day)
morphine sulfate oral	G	
morphine sulfate rectal	G	
MS CONTIN	NPB	ST; QL (3 EA per 1 day)
NALOCET	NPB	
NUCYNTA	PB	
NUCYNTA ER	NPB	ST; QL (2 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
OXYAYDO	NPB	
OXYCODONE HCL ER	NPB	ST; QL (4 EA per 1 day)
oxycodone hcl oral capsule	G	
oxycodone hcl oral concentrate 100 mg/5ml	G	
oxycodone hcl oral solution	G	
oxycodone hcl oral tablet	G	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	NPB	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	NPB	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	G	
OXYCONTIN	PB	ST; QL (4 EA per 1 day)
oxymorphone hcl	G	
oxymorphone hcl er	G	ST; QL (4 EA per 1 day)
pentazocine-naloxone hcl	G	
PERCOSET	NPB	
PROLATE	NPB	
ROXICODONE	NPB	
SUBSYS	NPB	PA; QL (16 EA per 1 day)
SYNAPRYN FUSEPAQ	NPB	
TENCON	NPB	ST
tramadol hcl er (biphasic)	G	ST; QL (1 EA per 1 day)
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NPB	ST; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour	G	ST; QL (1 EA per 1 day)
tramadol hcl oral tablet 100 mg	G	QL (4 EA per 1 day)
tramadol hcl oral tablet 50 mg	G	
tramadol-acetaminophen	G	
TREZIX	NPB	
ULTRACET	NPB	
ULTRAM	NPB	
VTOL LQ	NPB	ST
XTAMPZA ER	PB	ST; QL (2 EA per 1 day)
ZEBUTAL	NPB	ST
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ACTIVE INJECTION KET-L	NPB	
ACTIVE INJECTION KETMARC-L	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
AIF #2 DRUG PREPARATION KIT	NPB	
AIF #3 DRUG PREPARATION KIT	NPB	
ARTHROTEC	NPB	ST
CAMBIA	NPB	ST; QL (9 EA per 25 days)
CATAFLAM	NPB	
CELEBREX	NPB	ST; QL (2 EA per 1 day)
celecoxib oral	G	QL (2 EA per 1 day)
DAYPRO	NPB	ST
DICLOFENAC CAP 35MG	NPB	ST; QL (4 EA per 1 day)
DICLOFENAC PATCH 1.3%	NPB	ST; QL (70 EA per 25 days)
diclofenac potassium	G	
diclofenac sodium er	G	
diclofenac sodium external gel 1 %	G	QL (33.34 GM per 1 day)
diclofenac sodium external solution	G	
diclofenac sodium oral	G	
diclofenac-misoprostol	G	
diflunisal oral	G	
DUAL COMPLEX FORMULA 1 KIT	NPB	
DUEXIS	NPB	ST; QL (3 EA per 1 day)
EC-NAPROSYN	NPB	ST
ec-naproxen	G	
ENOVARX-DICLOFENAC SODIUM	NPB	
ENOVARX-IBUPROFEN	NPB	
ENOVARX-NAPROXEN	NPB	
etodolac	G	
etodolac er	G	
FBL KIT	NPB	
FELDENE	NPB	ST
fenoprofen calcium oral capsule	NPB	ST
fenoprofen calcium oral tablet	G	ST
fenortho	NPB	ST
FLECTOR	PB	ST; QL (70 EA per 25 days)
flurbiprofen oral	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
ibuprofen-famotidine	G	ST; QL (3 EA per 1 day)
INDOCIN ORAL	NPB	ST
INDOCIN RECTAL	NPB	
indomethacin er	G	

Drug Name	Drug Tier	Restrictions / Limits
INDOMETHACIN ORAL CAPSULE 20 MG	NPB	ST
indomethacin oral capsule 25 mg, 50 mg	G	
K.B.G.L IN TERODERM	NPB	
KETOPHENONE RAPIDPAQ	NPB	
ketoprofen er	G	
ketoprofen oral	G	
KETOROCaine-L	NPB	
KETOROCaine-LM	NPB	
KETOROLAC TROMETHAMINE EXTERNAL	NPB	
KETOROLAC TROMETHAMINE NASAL	NPB	ST; QL (5 EA per 5 days)
ketorolac tromethamine oral	G	QL (20 EA per 1 fill)
LICART	NPB	ST
LODINE	NPB	ST
meclofenamate sodium oral	G	
mefenamic acid oral	G	
meloxicam oral capsule	G	
meloxicam oral tablet	G	QL (2 EA per 1 day)
MOBIC	NPB	ST; QL (2 EA per 1 day)
nabumetone oral	G	
NALFON	NPB	ST
NAPRELAN	NPB	ST
NAPRO	NPB	
NAPROSYN	NPB	ST
naproxen oral	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	G	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	NPB	ST
naproxen sodium oral tablet 275 mg, 550 mg	G	
naproxen-esomeprazole	G	QL (2 EA per 1 day)
NP #2 DRUG PREPARATION KIT	NPB	
oxaprozin	G	
PENNSAID	NPB	ST; QL (112 GM per 25 days)
piroxicam oral	G	
PRASTERA	NPB	
READYSHARP ANESTH + KETOROLAC	NPB	
RELAFEN	NPB	
RELAFEN DS	NPB	ST; QL (2 EA per 1 day)
salsalate oral	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
SPRIX	NPB	ST; QL (5 EA per 5 days)
sulindac oral	G	
TIVORBEX	NPB	ST
TRIPLE COMPLEX FORMULA 3 KIT	NPB	
VIMOVO	NPB	ST; QL (2 EA per 1 day)
VIVLODEX	NPB	ST
VP FC KIT	NPB	
VP GKL KIT	NPB	
ZIPSOR	NPB	ST; QL (4 EA per 1 day)
ZORVOLEX ORAL CAPSULE 18 MG	NPB	ST; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG	NPB	ST; QL (4 EA per 1 day)
<b>Anesthetics</b>		
ACTIVE INJECTION LM-2	NPB	
BUPIVACAIN HCL INJECTION SOLUTION PREFILLED SYRINGE	NPB	
CRYODOSE TA	NPB	
ENOVARX-LIDOCAINE HCL	NPB	
ethyl chloride	G	
GEBAUERS PAIN EASE	NPB	
GEBAUERS SPRAY AND STRETCH	NPB	
glydo	G	
lidocaine external ointment 5 %	G	
lidocaine external patch 5 %	G	
lidocaine hcl external solution	G	
lidocaine hcl urethral/mucosal	G	
LIDOCAINE HCL-TETRACAIN HCL	NPB	
lidocaine-prilocaine external cream	G	
LIDOCAINE-TETRACAIN	NPB	PA
LIDODERM	NPB	ST
LIDOHEAL-90	NPB	
marlido	G	
MARLIDO-25	NPB	
PLIAGLIS EXTERNAL CREAM	NPB	PA
POINT OF CARE LM-2.2	NPB	
POINT OF CARE LM-2.5	NPB	
READYSHARP-A	NPB	
SYNERA	NPB	
VENIPUNCTURE PX1 PHLEBOTOMY	NPB	

Drug Name	Drug Tier	Restrictions / Limits
ZTLIDO	PB	ST
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	G	
APO-VARENICLINE	PB	ACA
BUNAVAIL	G	QL (3 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg	G	QL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg	G	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	G	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	G	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	G	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	G	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	G	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	G	QL (3 EA per 1 day)
bupropion hcl er (smoking det)	G	M; ACA
disulfiram oral	G	
KLOXXADO	G	
LIFEMS NALOXONE	G	
LUCEMYRA	NPB	QL (16 EA per 1 day)
naloxone hcl injection	G	
naltrexone hcl oral	G	
NALTREXONE SUBCUTANEOUS	NPB	
NARCAN	G	
NICOTROL	NPB	M; ACA
NICOTROL NS	NPB	M; ACA
SUBOXONE SUBLINGUAL FILM 12-3 MG	G	QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	G	QL (12 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	G	QL (6 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	G	QL (3 EA per 1 day)
VIVITROL	G	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG	G	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	G	QL (12 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	G	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	G	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	G	QL (2 EA per 1 day)
<b>Antibacterials</b>		
ACTICLATE	NPB	ST
AEMCOLO	NPB	
ALTABAX	NPB	
amoxicillin	G	
amoxicillin-potassium clavulanate	G	
amoxicillin-potassium clavulanate er	G	
ampicillin	G	
ARIKAYCE	PB-S	PA
AUGMENTIN	NPB	
AUGMENTIN ES-600	NPB	
avidoxy	G	
azithromycin oral	G	
BACTRIM	NPB	
BACTRIM DS	NPB	
BAXDELA ORAL	NPB	
cefaclor	G	
cefaclor er	G	
cefadroxil	G	
cefdinir	G	
cefixime	G	
cefpodoxime proxetil	G	
cefprozil	G	
cefuroxime axetil	G	
CENTANY	NPB	
cephalexin	G	
CIPRO	NPB	
ciprofloxacin hcl oral	G	
clarithromycin er	G	
clarithromycin oral	G	
CLEOCIN	NPB	
clindamycin hcl oral	G	
clindamycin palmitate hcl	G	
clindamycin phosphate vaginal	G	
CLINDESSE	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
colistimethate sodium (cba)	G	
COLY-MYCIN M	NPB	
coremino	G	
demeclocycline hcl	G	
dicloxacillin sodium	G	
DIFICID	NPB	
DORYX	NPB	ST
DORYX MPC	NPB	ST
doxycycline hyclate oral capsule	G	
doxycycline hyclate oral tablet	G	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	G	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	NPB	ST
doxycycline monohydrate oral	G	
E.E.S. 400	NPB	
E.E.S. GRANULES	NPB	
ERYPED 200	NPB	
ERYPED 400	NPB	
ERY-TAB	G	
ERYTHROCIN STEARATE	G	
erythromycin base	G	
erythromycin ethylsuccinate oral	G	
erythromycin oral	G	
FIRST-METRONIDAZOLE	NPB	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	NPB	
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	NPB	ST
FLAGYL	NPB	
FORTAZ INJECTION SOLUTION RECONSTITUTED 500 MG	NPB	
fosfomycin tromethamine	G	
gentamicin sulfate external	G	
HIPREX	NPB	
HUMATIN	NPB	
KEFLEX	NPB	
levofloxacin oral	G	
linezolid oral suspension reconstituted	G	QL (32.2 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
linezolid oral tablet	G	QL (28 EA per 30 days)
MACROBID	NPB	
MACRODANTIN	NPB	
mafenide acetate external	G	
methenamine hippurate	G	
METRONIDAZOLE BENZO+SYRSPEND	NPB	
metronidazole oral	G	
metronidazole vaginal	G	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NPB	ST
minocycline hcl er oral tablet extended release 24 hour	G	
minocycline hcl oral	G	
MINOLIRA	NPB	ST
monodoxine nl	G	
MONUROL	NPB	
morgidox oral	G	
moxifloxacin hcl oral	G	
mupirocin calcium	G	
mupirocin external	G	
neomycin sulfate oral	G	
nitrofurantoin	G	
nitrofurantoin macrocrystal	G	
nitrofurantoin monohydrate macrocrystals	G	
NUTRIDOX	NPB	ST
NUVESSA	NPB	
NUZYRA ORAL	NPB	
ofloxacin oral	G	
paromomycin sulfate oral	G	
penicillin v potassium	G	
PRIMSOL	NPB	
SEYSARA	NPB	ST
SILVADENE	NPB	
silver nitrate external	G	
silver sulfadiazine external	G	
SIVEXTRO ORAL	NPB	QL (0.2 EA per 1 day)
SOLODYNS	NPB	ST
SOLOSEC	NPB	
ssd	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
sulfadiazine oral	G	
sulfamethoxazole-trimethoprim oral	G	
SULFAMYLON EXTERNAL CREAM	PB	
SULFAMYLON EXTERNAL PACKET	NPB	
sulfatrim pediatric	G	
SUPRAX	NPB	
TARGADOX	NPB	ST
tetracycline hcl oral	G	
tinidazole oral	G	
trimethoprim oral	G	
VANCOCIN	NPB	
VANCOCIN HCL	NPB	
vancomycin hcl oral	G	
VANCOMYCIN+SYRSPEND SF	NPB	
vandazole	G	
VIBRAMYCIN	NPB	ST
XENLETA ORAL	NPB	
XEPI	NPB	PA
XIFAXAN	PB	PA
XIMINO	NPB	ST
ZITHROMAX ORAL	NPB	
ZITHROMAX TRI-PAK	NPB	
ZITHROMAX Z-PAK	NPB	
ZYVOX ORAL SUSPENSION RECONSTITUTED	NPB	ST; QL (32.2 ML per 1 day)
ZYVOX ORAL TABLET	NPB	ST; QL (28 EA per 30 days)
<b>Anticoagulants</b>		
ARIXTRA	NPB	QL (35 day supply per 180 days)
ELIQUIS DVT/PE STARTER PACK	PB	M; QL (3 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG	PB	M; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	PB	M; QL (3 EA per 1 day)
enoxaparin sodium subcutaneous	G	
fondaparinux sodium	G	QL (35 day supply per 180 days)
FRAGMIN	PB	
heparin sodium (porcine)	G	
heparin sodium (porcine) pf	G	
jantoven	G	
LOVENOX SUBCUTANEOUS	NPB	ST

Drug Name	Drug Tier	Restrictions / Limits
PRADAXA	PB	M; QL (2 EA per 1 day)
SAVAYSA	NPB	M; QL (1 EA per 1 day)
warfarin sodium oral	G	
XARELTO ORAL TABLET 10 MG, 20 MG	PB	M; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	PB	M; QL (2 EA per 1 day)
XARELTO STARTER PACK	PB	M; QL (1.7 EA per 1 day)
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	NPB	
BANZEL	NPB	
BRIVIACT ORAL	NPB	
carbamazepine er	G	
carbamazepine oral	G	
CARBATROL	NPB	
CELONTIN	PB	
clobazam	G	
DEPAKOTE	NPB	ST
DEPAKOTE ER	NPB	ST
DEPAKOTE SPRINKLES	NPB	ST
DIACOMIT	NPB-S	PA
DIASTAT ACUDIAL	NPB	QL (2 EA per 1 fill)
DIASTAT PEDIATRIC	NPB	QL (2 EA per 1 fill)
diazepam rectal	G	QL (2 EA per 1 fill)
DILANTIN INFATABS	NPB	
DILANTIN ORAL CAPSULE 100 MG	NPB	
DILANTIN ORAL CAPSULE 30 MG	PB	
DILANTIN ORAL SUSPENSION	NPB	
divalproex sodium er	G	
divalproex sodium oral	G	
EPIDIOLEX	PB-S	PA
epitol	G	
ethosuximide oral	G	
FANATREX FUSEPAQ	NPB	
felbamate	G	
FELBATOL	NPB	
FINTEPLA	NPB-S	PA
FYCOMPA	PB	
gabapentin oral	G	
GABITRIL	NPB	

Drug Name	Drug Tier	Restrictions / Limits
KEPPRA ORAL	NPB	ST
KEPPRA XR	NPB	ST
LAMICTAL	NPB	ST
LAMICTAL ODT	NPB	ST
LAMICTAL STARTER	NPB	ST
LAMICTAL XR	NPB	ST
lamotrigine er	G	
lamotrigine oral	G	
lamotrigine starter kit-blue	G	
lamotrigine starter kit-green	G	
lamotrigine starter kit-orange	G	
levetiracetam er	G	
levetiracetam oral	G	
MYSOLINE	NPB	
NAYZILAM	PB	
NEURONTIN	NPB	ST
ONFI	NPB	
oxcarbazepine	G	
OXTELLAR XR	NPB	ST
phenobarbital oral	G	
PHENYTEK	NPB	
phenytoin infatabs	G	
phenytoin oral	G	
phenytoin sodium extended	G	
primidone oral	G	
QUDEXY XR	PB	ST
roweepra	G	
rufinamide	G	
SABRIL	NPB-S	PA
SPRITAM	NPB	ST
subvenite	G	
subvenite starter kit-blue	G	
subvenite starter kit-green	G	
subvenite starter kit-orange	G	
SYMPAZAN	NPB	ST
TEGRETOL	NPB	
TEGRETOL-XR	NPB	
tiagabine hcl	G	

Drug Name	Drug Tier	Restrictions / Limits
TOPAMAX	NPB	ST
TOPAMAX SPRINKLE	NPB	ST
topiramate er	G	
topiramate oral	G	
TRILEPTAL	NPB	ST
TROKENDI XR	NPB	ST
valproic acid oral	G	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	NPB-S	QL (10 EA per 30 days)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML	NPB-S	QL (20 EA per 30 days)
vigabatrin	G-S	PA
vigadrone	G-S	PA
VIMPAT ORAL	PB	
XCOPRI	NPB	ST
ZARONTIN	NPB	
ZONEGRAN	NPB	ST
zonisamide oral	G	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	NPB	ST; M
donepezil hcl	G	M
EXELON	NPB	ST; M; QL (1 EA per 1 day)
galantamine hydrobromide er	G	M; QL (1 EA per 1 day)
galantamine hydrobromide oral solution	G	M; QL (200 ML per 25 days)
galantamine hydrobromide oral tablet 12 mg	G	M
galantamine hydrobromide oral tablet 4 mg, 8 mg	G	M; QL (2 EA per 1 day)
memantine hcl er	G	M; QL (1 EA per 1 day)
memantine hcl oral solution	G	M
memantine hcl oral tablet 10 mg, 5 mg	G	M
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	NPB	M
NAMENDA TITRATION PAK	NPB	ST; M
NAMENDA XR	NPB	ST; M; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	PB	ST; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	PB	ST; QL (1 EA per 1 day)
RAZADYNE ER	NPB	ST; M; QL (1 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
rivastigmine	G	M; QL (1 EA per 1 day)
rivastigmine tartrate	G	M; QL (2 EA per 1 day)
<b>Antidepressants</b>		
amitriptyline hcl oral	G	
amoxapine	G	
ANAFRANIL	NPB	
APLENZIN	NPB	ST; M; QL (1 EA per 1 day)
BRISDELLE	NPB	ST; M; QL (1 EA per 1 day)
bupropion hcl er (sr)	G	M; QL (2 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	G	M; QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	G	M; QL (1 EA per 1 day)
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NPB	ST; M; QL (1 EA per 1 day)
bupropion hcl oral	G	M
CELEXA	NPB	ST; M; QL (2 EA per 1 day)
chlordiazepoxide-amitriptyline	G	
citalopram hydrobromide oral solution	G	M
citalopram hydrobromide oral tablet	G	M; QL (2 EA per 1 day)
clomipramine hcl oral	G	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG	NPB	ST; M; QL (3 EA per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	NPB	ST; M; QL (2 EA per 1 day)
desipramine hcl oral	G	
DESVENLAFAKINE ER	NPB	ST; M; QL (2 EA per 1 day)
desvenlafaxine succinate er	G	M; QL (2 EA per 1 day)
doxepin hcl oral capsule	G	
doxepin hcl oral concentrate	G	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	NPB	ST; M; QL (3 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	NPB	ST; M; QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg	G	M; QL (3 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 60 mg	G	M; QL (2 EA per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	NPB	ST; M; QL (2 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG	NPB	ST; M; QL (4 EA per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG	NPB	ST; M; QL (3 EA per 1 day)
EMSAM	NPB	QL (1 EA per 1 day)
escitalopram oxalate oral solution	G	M
escitalopram oxalate oral tablet	G	M; QL (2 EA per 1 day)
FETZIMA	PB	ST; M; QL (1 EA per 1 day)
FETZIMA TITRATION	PB	ST; M; QL (28 EA per 365 days)
fluoxetine hcl (pmdd)	G	M; QL (3 EA per 1 day)
fluoxetine hcl oral capsule 10 mg, 20 mg	G	M; QL (3 EA per 1 day)
fluoxetine hcl oral capsule 40 mg	G	M; QL (2 EA per 1 day)
fluoxetine hcl oral capsule delayed release	G	M; QL (0.15 EA per 1 day)
fluoxetine hcl oral solution	G	M
fluoxetine hcl oral tablet 10 mg, 20 mg	G	M; QL (3 EA per 1 day)
fluoxetine hcl oral tablet 60 mg	G	M
fluvoxamine maleate	G	M
fluvoxamine maleate er	G	M; QL (2 EA per 1 day)
FORFIVO XL	NPB	ST; M; QL (1 EA per 1 day)
imipramine hcl oral	G	
imipramine pamoate	G	
LEXAPRO	NPB	ST; M; QL (2 EA per 1 day)
MARPLAN	NPB	
mirtazapine oral	G	QL (1 EA per 1 day)
NARDIL	NPB	
nefazodone hcl	G	M
NORPRAMIN	NPB	
nortriptyline hcl oral	G	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	G	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	G	QL (3 EA per 1 day)
PAMELOR	NPB	
PARNATE	NPB	
paroxetine hcl er	G	M; QL (2 EA per 1 day)
paroxetine hcl oral suspension	G	M
paroxetine hcl oral tablet 10 mg, 40 mg	G	M; QL (1 EA per 1 day)
paroxetine hcl oral tablet 20 mg, 30 mg	G	M; QL (2 EA per 1 day)
paroxetine mesylate	G	M; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
PAXIL CR	NPB	ST; M; QL (2 EA per 1 day)
PAXIL ORAL SUSPENSION	NPB	ST; M
PAXIL ORAL TABLET 10 MG, 40 MG	NPB	ST; M; QL (1 EA per 1 day)
PAXIL ORAL TABLET 20 MG, 30 MG	NPB	ST; M; QL (2 EA per 1 day)
perphenazine-amitriptyline	G	
PEXEVA	NPB	ST; M; QL (2 EA per 1 day)
phenelzine sulfate oral	G	
PRISTIQ	NPB	ST; M; QL (2 EA per 1 day)
protriptyline hcl	G	
PROZAC ORAL CAPSULE 10 MG, 20 MG	NPB	ST; M; QL (3 EA per 1 day)
PROZAC ORAL CAPSULE 40 MG	NPB	ST; M; QL (2 EA per 1 day)
REMERON	NPB	QL (1 EA per 1 day)
REMERON SOLTAB	NPB	QL (1 EA per 1 day)
sertraline hcl oral concentrate	G	M
sertraline hcl oral tablet 100 mg, 50 mg	G	M; QL (2 EA per 1 day)
sertraline hcl oral tablet 25 mg	G	M; QL (8 EA per 1 day)
SPRAVATO (56 MG DOSE)	NPB-S	PA
SPRAVATO (84 MG DOSE)	NPB-S	PA
SYMBYAX	NPB	QL (3 EA per 1 day)
tranylcypromine sulfate	G	
trazodone hcl oral	G	
trimipramine maleate oral	G	
TRINTELLIX	NPB	ST; QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	G	M; QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	G	M; QL (4 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	G	M; QL (3 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg	G	M; QL (1 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg	G	M; QL (4 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	G	M; QL (3 EA per 1 day)
venlafaxine hcl oral tablet 100 mg	G	M; QL (3 EA per 1 day)
venlafaxine hcl oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg	G	M; QL (4 EA per 1 day)
VIIIBRYD	PB	ST; M; QL (1 EA per 1 day)
VIIIBRYD STARTER PACK	PB	ST; M; QL (1 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
WELLBUTRIN SR	NPB	ST; M; QL (2 EA per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	NPB	ST; M; QL (3 EA per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	NPB	ST; M; QL (1 EA per 1 day)
ZOLOFT ORAL CONCENTRATE	NPB	ST; M
ZOLOFT ORAL TABLET 100 MG, 50 MG	NPB	ST; M; QL (2 EA per 1 day)
ZOLOFT ORAL TABLET 25 MG	NPB	ST; M; QL (8 EA per 1 day)
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	PB	QL (0.07 EA per 1 day)
aprepitant oral	G	QL (6 EA per 30 days)
aprepitant oral capsule 125 mg	G	QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	G	QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	G	QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	G	QL (4 EA per 30 days)
BONJESTA	NPB	QL (2 EA per 1 day)
compro	G	
DICLEGIS	NPB	QL (4 EA per 1 day)
dimenhydrinate injection	G	
doxylamine-pyridoxine	G	QL (4 EA per 1 day)
dronabinol	G	QL (2 EA per 1 day)
EMEND ORAL CAPSULE	NPB	QL (4 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	NPB	QL (0.1 EA per 1 day)
EMEND TRI-PACK	NPB	QL (6 EA per 30 days)
GIMOTI	NPB	
gransetron hcl oral	G	QL (0.14 EA per 1 day)
MARINOL	NPB	QL (2 EA per 1 day)
metoclopramide hcl oral	G	
ondansetron hcl oral solution	G	QL (4 ML per 1 day)
ondansetron hcl oral tablet 24 mg	G	QL (0.07 EA per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	G	QL (4 EA per 1 day)
ondansetron odt	G	QL (4 EA per 1 day)
perphenazine oral	G	
prochlorperazine	G	
prochlorperazine maleate oral	G	
REGLAN	NPB	
SANCUSO	PB	QL (0.07 EA per 1 day)
scopolamine	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
SYNDROS	NPB	QL (4 ML per 1 day)
TRANSDERM-SCOP (1.5 MG)	NPB	
trimethobenzamide hcl oral	G	
VARUBI (180 MG DOSE)	PB	QL (0.14 EA per 1 day)
ZOFRAN	NPB	QL (4 EA per 1 day)
ZUPLENZ	NPB	QL (0.34 EA per 1 day)
<b>Antifungals</b>		
ANCOBON	NPB	
ciclodan	G	
ciclopirox external	G	
ciclopirox olamine external	G	
clotrimazole mouth/throat	G	
clotrimazole-betamethasone	G	
CRESEMBA ORAL	PB	
DERMAZENE	NPB	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	NPB	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	NPB	
DIFLUCAN ORAL TABLET 150 MG	NPB	QL (3 EA per 25 days)
econazole nitrate external	G	
ECOZA	NPB	
ERTACZO	NPB	
EXELDERM	NPB	
EXTINA	NPB	
fluconazole oral suspension reconstituted	G	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	G	
fluconazole oral tablet 150 mg	G	QL (3 EA per 25 days)
flucytosine oral	G	
griseofulvin microsize oral	G	
griseofulvin ultramicrosize	G	
GYNAZOLE-1	NPB	
itraconazole oral capsule	G	QL (2 EA per 1 day)
itraconazole oral solution	G	
JUBLIA	NPB	ST
KERYDIN	NPB	ST; QL (10 ML per 25 days)
ketoconazole external	G	
ketoconazole oral	G	
ketodan external foam	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
LOPROX EXTERNAL CREAM	NPB	
LOPROX EXTERNAL KIT 0.77 % (SUSP)	NPB	
LOPROX EXTERNAL SHAMPOO	NPB	
LOPROX EXTERNAL SUSPENSION	NPB	
LULICONAZOLE	NPB	ST; QL (60 GM per 25 days)
LUZU	NPB	ST; QL (60 GM per 25 days)
MENTAX	NPB	
miconazole 3	G	QL (3 EA per 25 days)
MICONAZOLE-ZINC OXIDE-PETROLAT	NPB	
naftifine hcl	G	
NAFTIN	NPB	
NOXAFL ORAL SUSPENSION	PB	PA
NOXAFL ORAL TABLET DELAYED RELEASE	NPB	PA
nyamyc	G	
nystatin external	G	
nystatin mouth/throat	G	
nystatin oral	G	
nystatin-triamcinolone	G	
nystop	G	
ORAVIG	NPB	
oxiconazole nitrate	G	
OXISTAT	NPB	
posaconazole	G	PA
RECURA	NPB	
SPORANOX ORAL CAPSULE	NPB	QL (2 EA per 1 day)
SPORANOX ORAL SOLUTION	NPB	
SPORANOX PULSEPAK	NPB	QL (2 EA per 1 day)
SULCONAZOLE NITRATE	G	
tavaborole	G	QL (10 ML per 25 days)
terbinafine hcl oral	G	QL (84 day supply per 180 days)
terconazole vaginal cream 0.4 %	G	QL (45 GM per 25 days)
terconazole vaginal cream 0.8 %	G	QL (20 GM per 25 days)
terconazole vaginal suppository	G	QL (3 EA per 25 days)
TOLSURA	NPB	ST
VFEND	NPB	
voriconazole oral	G	
VUSION	NPB	
XOLEGEL	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
XOLEGEL COREPAK	NPB	
XOLEGEL DUO/HEAD & SHOULDERS	NPB	
XOLEGEL DUO/XOLEX	NPB	
<b>Antigout Agents</b>		
allopurinol oral	G	M
COLCHICINE ORAL CAPSULE	NPB	ST
colchicine oral tablet	G	
colchicine-probenecid	G	
COLCRYS	NPB	ST
febuxostat	G	M
GLOPERBA	NPB	ST
MITIGARE	NPB	ST
probenecid	G	M
ULORIC	PB	ST; M
ZYLOPRIM	NPB	M
<b>Anti-inflammatory Agents</b>		
EMFLAZA	NPB-S	PA
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	PB	PA; M
AJOVY	NPB	PA; M; QL (4.5 ML per 81 days)
almotriptan malate	G	QL (18 EA per 25 days)
AMERGE	NPB	ST; QL (18 EA per 25 days)
CAFERGOT	NPB	
D.H.E. 45	NPB	
dihydroergotamine mesylate injection	G	
dihydroergotamine mesylate nasal	G	QL (0.27 ML per 1 day)
eletriptan hydrobromide	G	QL (18 EA per 25 days)
EMGALITY	PB	PA; M
EMGALITY (300 MG DOSE)	PB	PA; M
ERGOMAR	NPB	
ergotamine-caffeine	G	
FROVA	NPB	ST; QL (18 EA per 25 days)
frovatriptan succinate	G	QL (18 EA per 25 days)
IMITREX NASAL	NPB	ST; QL (0.4 EA per 1 day)
IMITREX ORAL	NPB	ST; QL (18 EA per 25 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	NPB	ST; QL (10 ML per 25 days)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	NPB	ST
IMITREX STATDOSE SYSTEM	NPB	ST; QL (10 ML per 25 days)
IMITREX SUBCUTANEOUS	NPB	ST; QL (4 ML per 25 days)
MAXALT	NPB	ST; QL (18 EA per 25 days)
MAXALT-MLT	NPB	ST; QL (18 EA per 25 days)
MIGERGOT	G	
MIGRANAL	NPB	QL (0.27 ML per 1 day)
naratriptan hcl	G	QL (18 EA per 25 days)
NURTEC	PB	PA; QL (0.27 EA per 1 day)
ONZETRA XSAIL	NPB	ST; QL (0.54 EA per 1 day)
RELPAX	NPB	ST; QL (18 EA per 25 days)
REYVOW	NPB	PA; QL (8 EA per 30 days)
rizatriptan benzoate	G	QL (18 EA per 25 days)
sumatriptan nasal	G	QL (0.4 EA per 1 day)
sumatriptan succinate oral	G	QL (18 EA per 25 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	G	QL (10 ML per 25 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	G	
sumatriptan succinate subcutaneous solution	G	QL (4 ML per 25 days)
sumatriptan succinate subcutaneous solution auto-injector	G	QL (10 ML per 25 days)
sumatriptan-naproxen sodium	G	QL (18 EA per 30 days)
TOSYMRA	NPB-S	ST; QL (0.4 EA per 1 day)
TREXIMET	NPB	ST; QL (18 EA per 30 days)
UBRELVY	PB	PA; QL (10 EA per 30 days)
ZEMBRACE SYMTOUCH	NPB	ST; QL (0.27 ML per 1 day)
ZOLMITRIPTAN NASAL	PB	ST; QL (0.4 EA per 1 day)
zolmitriptan oral	G	QL (18 EA per 25 days)
ZOMIG NASAL	PB	ST; QL (0.4 EA per 1 day)
ZOMIG ORAL	NPB	ST; QL (18 EA per 25 days)
<b>Antimyasthenic Agents</b>		
MESTINON ORAL SOLUTION	G	M
MESTINON ORAL TABLET	NPB	M
MESTINON ORAL TABLET EXTENDED RELEASE	NPB	M
pyridostigmine bromide er	G	M
pyridostigmine bromide oral	G	M

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
<b>Antimycobacterials</b>		
cycloserine oral	NPB	
dapsone oral	G	
ethambutol hcl oral	G	
isoniazid oral	G	
MYAMBUTOL	NPB	
MYCOBUTIN	NPB	
PASER	NPB	
PRETOMANID	NPB	
PRIFTIN	PB	
pyrazinamide oral	G	
rifabutin	G	
rifampin oral	G	
RIFAMPIN+SYRSPEND SF	NPB	
SIRTURO	PB-S	
TRECATOR	NPB	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	G-S	QL (4 EA per 1 day)
AFINITOR DISPERZ	PB-S	QL (1 EA per 1 day)
AFINITOR ORAL TABLET 10 MG	PB-S	QL (1 EA per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	NPB-S	QL (1 EA per 1 day)
ALECensa	PB-S	
ALKERAN ORAL	NPB	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	NPB-S	PA; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	NPB-S	PA; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK	NPB-S	PA; QL (30 EA per 365 days)
anastrozole oral	G	ACA
ARIMIDEX	NPB	ST
AROMASIN	NPB	
AYVAKIT	NPB-S	PA
BALVERSA	NPB-S	PA
bexarotene	G-S	
bicalutamide	G	
BOSULIF	PB-S	
BRAFTOVI	NPB-S	PA
BRUKINSA	NPB-S	PA
CABOMETYX	PB-S	QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
CALQUENCE	NPB-S	PA
capecitabine	G-S	
CAPRELSA ORAL TABLET 100 MG	PB-S	QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	PB-S	QL (1 EA per 1 day)
CASODEX	NPB	
COMETRIQ	NPB-S	QL (1 EA per 1 day)
COPIKTRA	NPB-S	PA
COTELLIC	PB-S	
cyclophosphamide oral capsule	G	
CYCLOPHOSPHAMIDE ORAL TABLET	NPB	
DAURISMO	NPB-S	PA
DROXIA	PB-S	
EMCYT	PB-S	
ERIVEDGE	PB-S	
ERLEADA	PB-S	PA
erlotinib hcl oral tablet 100 mg, 150 mg	G-S	
erlotinib hcl oral tablet 25 mg	G-S	QL (3 EA per 1 day)
etoposide oral	G-S	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	G-S	QL (1 EA per 1 day)
exemestane	G	ACA
FARESTON	NPB	
FARYDAK	NPB-S	
FEMARA	NPB	
flutamide	G	
GAVRETO	NPB-S	PA
GILOTrif	PB-S	QL (1 EA per 1 day)
GLEEVEC ORAL TABLET 100 MG	NPB-S	ST; QL (3 EA per 1 day)
GLEEVEC ORAL TABLET 400 MG	NPB-S	ST; QL (2 EA per 1 day)
GLEOSTINE	PB-S	
HYCAMTIN ORAL	PB-S	
HYDREA	NPB	
hydroxyurea oral	G	
IBRANCE ORAL CAPSULE	PB-S	
IBRANCE ORAL TABLET	PB-S	PA
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	PB-S	
ICLUSIG ORAL TABLET 15 MG	PB-S	QL (2 EA per 1 day)
IDHIFA	PB-S	PA; QL (1 EA per 1 day)
imatinib mesylate oral tablet 100 mg	G-S	QL (3 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
imatinib mesylate oral tablet 400 mg	G-S	QL (2 EA per 1 day)
IMBRUVICA	PB-S	
INLYTA	PB-S	QL (4 EA per 1 day)
INQOVI	NPB-S	PA
INREBIC	NPB-S	
IRESSA	PB-S	
JAKAFI ORAL TABLET 10 MG	PB-S	QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	PB-S	
KISQALI FEMARA	NPB-S	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	NPB-S	PA
KOSELUGO	PB-S	PA
lapatinib ditosylate	G-S	QL (8 EA per 1 day)
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	PB-S	
letrozole oral	G	
leucovorin calcium oral	G	
LEUKERAN	PB	
LONSURF	PB-S	
LORBRENA	PB-S	PA
LYNPARZA	PB-S	
LYSODREN	PB-S	
MATULANE	PB-S	
MEKINIST	PB-S	
MEKTOVI	NPB-S	PA
melphalan	G	
mercaptopurine oral	G	
MESNEX ORAL	PB	
MYLERAN	PB-S	
NERLYNX	PB-S	PA; QL (6 EA per 1 day)
NEXAVAR	PB-S	QL (4 EA per 1 day)
NILANDRON	NPB-S	
nilutamide	G-S	
NINLARO	PB-S	
NUBEQA	PB-S	
ODOMZO	NPB-S	

Drug Name	Drug Tier	Restrictions / Limits
ONUREG	NPB-S	PA
ORGOVYX	NPB-S	PA
PANRETIN	NPB	
PEMAZYRE	NPB-S	PA; QL (1 EA per 1 day)
PIQRAY	PB-S	PA
POMALYST	PB-S	QL (1 EA per 1 day)
PURIXAN	PB-S	
QINLOCK	NPB-S	PA
RETEVMO	NPB-S	PA
REVLIMID	PB-S	
ROZLYTREK	PB-S	
RUBRACA	PB-S	PA
RYDAPT	PB-S	PA
SIKLOS	NPB-S	ST
SOLTAMOX	NPB	ACA
SPRYCEL	PB-S	QL (1 EA per 1 day)
STIVARGA	PB-S	
sunitinib malate oral capsule 12.5 mg	G	QL (4 EA per 1 day)
sunitinib malate oral capsule 25 mg	G	QL (2 EA per 1 day)
sunitinib malate oral capsule 37.5 mg, 50 mg	G	QL (1 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG	PB-S	QL (4 EA per 1 day)
SUTENT ORAL CAPSULE 25 MG	PB-S	QL (2 EA per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG	PB-S	QL (1 EA per 1 day)
TABLOID	PB-S	
TABRECTA	NPB-S	PA
TAFINLAR	PB-S	
TAGRISSO ORAL TABLET 40 MG	PB-S	QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 80 MG	PB-S	
TALZENNA	PB-S	PA
tamoxifen citrate oral	G	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG	PB-S	
TARCEVA ORAL TABLET 25 MG	PB-S	QL (3 EA per 1 day)
TARGETIN EXTERNAL	PB	
TARGETIN ORAL	NPB-S	
TASIGNA	PB-S	QL (4 EA per 1 day)
TAZVERIK	NPB-S	PA
TEMODAR ORAL	NPB-S	
temozolomide	G-S	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
TEPMETKO	NPB-S	PA
THALOMID	PB-S	
thiotepa injection solution reconstituted 100 mg	G	
TIBSOVO	PB-S	PA
toremifene citrate	G	
tretinoin oral	G-S	
TUKYSA	NPB-S	PA
TURALIO	NPB-S	
TYKERB	PB-S	QL (8 EA per 1 day)
UKONIQ	NPB-S	PA
VALCHLOR	PB-S	
VENCLEXTA	PB-S	
VENCLEXTA STARTING PACK	PB-S	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG	PB-S	
VERZENIO ORAL TABLET 50 MG	PB-S	PA
VITRAKVI	PB-S	PA
VIZIMPRO	PB-S	PA
VOTRIENT	PB-S	QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG	PB-S	PA; QL (2 EA per 1 day)
XALKORI ORAL CAPSULE 250 MG	PB-S	QL (2 EA per 1 day)
XELODA	NPB-S	
XOSPATA	PB-S	PA
XPOVIO (100 MG ONCE WEEKLY)	NPB-S	PA
XPOVIO (40 MG ONCE WEEKLY)	NPB-S	PA
XPOVIO (40 MG TWICE WEEKLY)	NPB-S	PA
XPOVIO (60 MG ONCE WEEKLY)	NPB-S	PA
XPOVIO (60 MG TWICE WEEKLY)	NPB-S	PA
XPOVIO (80 MG ONCE WEEKLY)	NPB-S	PA
XPOVIO (80 MG TWICE WEEKLY)	NPB-S	PA
XTANDI ORAL CAPSULE	PB-S	QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG	PB-S	QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG	PB-S	QL (2 EA per 1 day)
YONSA	PB-S	PA
ZEJULA	PB-S	PA
ZELBORAF	PB-S	QL (8 EA per 1 day)
ZOLINZA	PB-S	QL (4 EA per 1 day)
ZYDELIG	PB-S	

Drug Name	Drug Tier	Restrictions / Limits
ZYKADIA	PB-S	
ZYTIGA ORAL TABLET 250 MG	NPB-S	QL (4 EA per 1 day)
ZYTIGA ORAL TABLET 500 MG	PB-S	QL (4 EA per 1 day)
<b>Antiparasitics</b>		
albendazole oral	G	
ALBENZA	NPB	
ALINIA ORAL SUSPENSION RECONSTITUTED	PB	
ALINIA ORAL TABLET	NPB	
ARAKODA	NPB	
atovaquone	G	
atovaquone-proguanil hcl	G	
BENZNIDAZOLE	PB	
BILTRICIDE	NPB	
chloroquine phosphate oral tablet 250 mg	G	QL (4 EA per 1 day)
chloroquine phosphate oral tablet 500 mg	G	QL (2 EA per 1 day)
COARTEM	PB	
crotan	G	
DARAPRIM	NPB-S	ST
EGATEN	NPB	
EMVERM	PB	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	G	M
hydroxychloroquine sulfate oral tablet 200 mg	G	M; QL (2 EA per 1 day)
IMPAVIDO	PB-S	
ivermectin external lotion	G	
ivermectin oral	G	
KRINTAFEL	NPB	
LAMPIT	NPB	
lindane	G	QL (60 ML per 25 days)
MALARONE	NPB	
malathion	G	
mefloquine hcl	G	
MEPRON	NPB	
NATROBA	NPB	QL (120 ML per 25 days)
NEBUPENT	NPB	QL (1 EA per 25 days)
nitazoxanide oral	G	
OVIDE	NPB	
pentamidine isethionate inhalation	G	QL (1 EA per 25 days)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
permethrin external	G	
PLAQUENIL	NPB	M; QL (2 EA per 1 day)
praziquantel oral	G	
primaquine phosphate	PB	
pyrimethamine oral	G-S	PA
QUALAQUIN	NPB	
quinine sulfate oral	G	
spinosad	G	QL (120 ML per 25 days)
STROMECTOL	NPB	
sulfurated lime	G	
<b>Antiparkinson Agents</b>		
amantadine hcl oral	G	M
APOKYN	PB-S	QL (3 ML per 1 day)
AZILECT	NPB	M
benztropine mesylate oral	G	
bromocriptine mesylate oral	G	
carbidopa oral	G	M
carbidopa-levodopa	G	M
carbidopa-levodopa er	G	M
carbidopa-levodopa-entacapone	G	M
COMTAN	NPB	M
entacapone	G	M
GOCOVRI	NPB-S	PA; M
INBRIJA	NPB	
KYNMOBI	PB-S	QL (5 EA per 1 day)
KYNMOBI TITRATION KIT	PB-S	QL (20 EA per 365 days)
LODOSYN	NPB	M
MIRAPEX	NPB	M
MIRAPEX ER	NPB	M
NEUPRO	NPB	M
NOURIANZ	NPB-S	PA
ONGENTYS	NPB	ST
OSMOLEX ER	NPB	ST; M
PARLODEL	NPB	
pramipexole dihydrochloride	G	M
pramipexole dihydrochloride er	G	M
rasagiline mesylate oral	G	M
ropinirole hcl	G	M

Drug Name	Drug Tier	Restrictions / Limits
ropinirole hcl er	G	M
RYTARY	NPB	M
selegiline hcl oral	G	M
SINEMET	NPB	M
STALEVO 100	NPB	M
STALEVO 125	NPB	M
STALEVO 150	NPB	M
STALEVO 200	NPB	M
STALEVO 50	NPB	M
STALEVO 75	NPB	M
TASMAR	NPB	M
tolcapone	G	M
trihexyphenidyl hcl	G	
XADAGO	NPB	ST; M; QL (1 EA per 1 day)
ZELAPAR	NPB	M
<b>Antiplatelets</b>		
aspirin-dipyridamole er	G	M
ASPIRIN-OMEPRAZOLE	NPB	ST; QL (1 EA per 1 day)
BRILINTA	PB	M
CABLIVI	NPB-S	PA; QL (1 EA per 1 day)
cilostazol	G	M
clopidogrel bisulfate oral	G	M
dipyridamole oral	G	M
DURLAZA	NPB	ST
EFFIENT	NPB	ST; M
PLAVIX	NPB	ST; M
prasugrel hcl	G	M
YOSPRALA	NPB	ST; QL (1 EA per 1 day)
ZONTIVITY	PB	M
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	NPB	ST; QL (1 EA per 1 day)
ABILIFY MAINTENA	PB	
ABILIFY MYCITE	NPB-S	PA; QL (1 EA per 1 day)
ABILIFY MYCITE MAINTENANCE KIT	NPB-S	QL (1 EA per 1 day)
ABILIFY MYCITE STARTER KIT	NPB-S	QL (1 EA per 1 day)
ADASUVE	NPB	
ariPIPRAZOLE oral solution	G	QL (25 ML per 1 day)
ariPIPRAZOLE oral tablet	G	QL (1 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
aripiprazole oral tablet dispersible	G	QL (2 EA per 1 day)
ARISTADA	PB	
ARISTADA INITIO	PB	
asenapine maleate	G	QL (2 EA per 1 day)
CAPLYTA	NPB	ST; QL (1 EA per 1 day)
chlorpromazine hcl oral	G	
clozapine oral tablet 100 mg, 25 mg	G	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	G	QL (4 EA per 1 day)
clozapine oral tablet 50 mg	G	QL (6 EA per 1 day)
clozapine oral tablet dispersible 100 mg, 25 mg	G	QL (9 EA per 1 day)
clozapine oral tablet dispersible 12.5 mg	G	QL (3 EA per 1 day)
clozapine oral tablet dispersible 150 mg	NPB	QL (6 EA per 1 day)
clozapine oral tablet dispersible 200 mg	NPB	QL (4 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG	NPB	QL (9 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG	NPB	QL (4 EA per 1 day)
CLOZARIL ORAL TABLET 50 MG	NPB	QL (6 EA per 1 day)
FANAPT	NPB	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK	NPB	ST; QL (8 EA per 180 days)
fluphenazine hcl	G	
GEODON INTRAMUSCULAR	NPB	
GEODON ORAL	NPB	QL (2 EA per 1 day)
HALDOL DECANOATE	NPB	
haloperidol decanoate intramuscular	G	
haloperidol lactate oral	G	
haloperidol oral	G	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG	NPB	QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	NPB	QL (2 EA per 1 day)
INVEGA SUSTENNA	NPB	
INVEGA TRINZA	NPB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	PB	QL (1 EA per 1 day)
LATUDA ORAL TABLET 80 MG	PB	QL (2 EA per 1 day)
loxapine succinate	G	
molindone hcl	G	
NUPLAZID	NPB	
olanzapine oral	G	QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	G	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	G	QL (2 EA per 1 day)
PERSERIS	NPB	
pimozide	G	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	G	QL (2 EA per 1 day)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	G	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	G	QL (2 EA per 1 day)
REXULTI	NPB	QL (1 EA per 1 day)
RISPERDAL CONSTA	PB	
RISPERDAL ORAL SOLUTION	NPB	QL (8 ML per 1 day)
RISPERDAL ORAL TABLET	NPB	QL (2 EA per 1 day)
risperidone oral solution	G	QL (8 ML per 1 day)
risperidone oral tablet	G	QL (2 EA per 1 day)
risperidone oral tablet dispersible	G	QL (2 EA per 1 day)
SAPHRIS	NPB	ST; QL (2 EA per 1 day)
SECUADO	NPB	ST; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	NPB	ST; QL (3 EA per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	NPB	ST; QL (2 EA per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 400 MG, 50 MG	NPB	ST; QL (2 EA per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	NPB	ST; QL (3 EA per 1 day)
thioridazine hcl oral	G	
thiothixene	G	
trifluoperazine hcl	G	
VERSACLOZ	NPB	QL (18 ML per 1 day)
VRAYLAR ORAL CAPSULE	NPB	ST; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK	NPB	ST; QL (14 EA per 365 days)
ziprasidone hcl	G	QL (2 EA per 1 day)
ziprasidone mesylate	G	
ZYPREXA ORAL	NPB	QL (1 EA per 1 day)
ZYPREXA RELPREVV	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ZYPREXA ZYDIS	NPB	QL (1 EA per 1 day)
<b>Antivirals</b>		
abacavir sulfate oral solution	G	QL (30 ML per 1 day)
abacavir sulfate oral tablet	G	QL (2 EA per 1 day)
abacavir sulfate-lamivudine	G	QL (1 EA per 1 day)
abacavir-lamivudine-zidovudine	G	QL (2 EA per 1 day)
acyclovir external cream	G	QL (5 GM per 25 days)
acyclovir external ointment	G	QL (30 GM per 25 days)
acyclovir oral	G	
adefovir dipivoxil	G	
APTIVUS	PB	QL (4 EA per 1 day)
atazanavir sulfate	G	
ATRIPLA	NPB	ST; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION	PB	QL (21 ML per 1 day)
BARACLUDE ORAL TABLET	NPB	ST; QL (1 EA per 1 day)
BIKTARVY	PB	
CIMDUO	PB	
COMBIVIR	NPB	QL (2 EA per 1 day)
COMPLERA	PB	QL (1 EA per 1 day)
CRIXIVAN	PB	QL (12 EA per 1 day)
DELSTRIGO	NPB	
DENAVIR	NPB	
DESCOVY	PB	ACA
DOVATO	NPB	
EDURANT	PB	QL (1 EA per 1 day)
efavirenz oral capsule	G	QL (2 EA per 1 day)
efavirenz oral tablet	G	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofovir	G	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir	G	
emtricitabine	G	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	G	
emtricitabine-tenofovir df oral tablet 200-300 mg	G	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	NPB	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	PB	QL (24 ML per 1 day)
entecavir	G	QL (1 EA per 1 day)
EPCLUSIA	PB-S	PA
EPIVIR HBV ORAL SOLUTION	PB	

Drug Name	Drug Tier	Restrictions / Limits
EPIVIR HBV ORAL TABLET	NPB	QL (1 EA per 1 day)
EPIVIR ORAL SOLUTION	NPB	QL (30 ML per 1 day)
EPIVIR ORAL TABLET 150 MG	NPB	QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG	NPB	QL (1 EA per 1 day)
EPZICOM	NPB	QL (1 EA per 1 day)
etravirine oral tablet 100 mg	G	QL (6 EA per 1 day)
etravirine oral tablet 200 mg	G	QL (2 EA per 1 day)
EVOTAZ	NPB	QL (1 EA per 1 day)
famciclovir oral	G	
fosamprenavir calcium	G	QL (4 EA per 1 day)
FUZEON	PB	
GENVOYA	PB	
HARVONI	PB-S	PA
HEPSERA	NPB	
INTELENCE ORAL TABLET 100 MG	NPB	QL (6 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	NPB	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	PB	QL (6 EA per 1 day)
INTRON A	PB-S	
INVIRASE	PB	QL (4 EA per 1 day)
ISENTRESS HD	PB	
ISENTRESS ORAL PACKET	PB	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	PB	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	PB	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	PB	QL (4 EA per 1 day)
JULUCA	NPB	
KALETRA ORAL SOLUTION	NPB	QL (16 ML per 1 day)
KALETRA ORAL TABLET 100-25 MG	NPB	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	NPB	QL (4 EA per 1 day)
lamivudine oral solution	G	QL (30 ML per 1 day)
lamivudine oral tablet 100 mg, 300 mg	G	QL (1 EA per 1 day)
lamivudine oral tablet 150 mg	G	QL (2 EA per 1 day)
lamivudine-zidovudine	G	QL (2 EA per 1 day)
LEXIVA ORAL SUSPENSION	PB	QL (28 ML per 1 day)
LEXIVA ORAL TABLET	NPB	QL (4 EA per 1 day)
lopinavir-ritonavir oral solution	G	QL (16 ML per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	G	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	G	QL (4 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
MAVYRET	NPB-S	PA
nevirapine er oral tablet extended release 24 hour 100 mg	G	QL (4 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	G	QL (1 EA per 1 day)
nevirapine oral suspension	G	QL (40 ML per 1 day)
nevirapine oral tablet	G	QL (2 EA per 1 day)
NORVIR ORAL PACKET	PB	
NORVIR ORAL SOLUTION	PB	QL (16 ML per 1 day)
NORVIR ORAL TABLET	NPB	QL (6 EA per 1 day)
ODEFSEY	PB	
oseltamivir phosphate oral capsule 30 mg	G	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	G	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	G	QL (360 ML per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	PB-S	QL (2 ML per 21 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PB-S	QL (4 ML per 21 days)
PIFELTRO	NPB	
PREVYMIS ORAL	PB	
PREZCOBIX	NPB	
PREZISTA ORAL SUSPENSION	PB	QL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	PB	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	PB	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	PB	QL (5 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	PB	QL (1 EA per 1 day)
RELENZA DISKHALER	PB	QL (40 EA per 365 days)
RETROVIR ORAL CAPSULE	NPB	QL (6 EA per 1 day)
RETROVIR ORAL SYRUP	NPB	QL (60 ML per 1 day)
REYATAZ ORAL CAPSULE	NPB	
REYATAZ ORAL PACKET	PB	
ribavirin inhalation	G-S	
ribavirin oral	G-S	
rimantadine hcl	G	
ritonavir	G	QL (6 EA per 1 day)
RUKOBIA	NPB	
SELZENTRY ORAL SOLUTION	PB	
SELZENTRY ORAL TABLET 150 MG, 300 MG	PB	QL (2 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
SELZENTRY ORAL TABLET 25 MG, 75 MG	PB	
SITAVIG	NPB	ST; QL (0.07 EA per 1 day)
SOVALDI ORAL PACKET	NPB-S	PA
SOVALDI ORAL TABLET	NPB-S	PA; QL (1 EA per 1 day)
stavudine	G	QL (2 EA per 1 day)
STRIBILD	PB	QL (1 EA per 1 day)
SUSTIVA ORAL CAPSULE	NPB	QL (2 EA per 1 day)
SUSTIVA ORAL TABLET	NPB	QL (1 EA per 1 day)
SYMFY	NPB	
SYMFY LO	NPB	
SYMTUZA	NPB	
TAMIFLU ORAL CAPSULE 30 MG	NPB	QL (40 EA per 365 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	NPB	QL (20 EA per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED	NPB	QL (360 ML per 365 days)
TEMIXYS	PB	
tenofovir disoproxil fumarate	G	ACA; QL (1 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG	PB	
TIVICAY ORAL TABLET 50 MG	PB	QL (1 EA per 1 day)
TIVICAY PD	PB	
TRIUMEQ	PB	QL (1 EA per 1 day)
TRIZIVIR	NPB	QL (2 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	NPB	ST
TRUVADA ORAL TABLET 200-300 MG	NPB	ST; QL (1 EA per 1 day)
TYBOST	NPB	QL (1 EA per 1 day)
valacyclovir hcl oral	G	QL (4 EA per 1 day)
VALCYTE	NPB	
valganciclovir hcl	G	
VALTREX	NPB	ST; QL (4 EA per 1 day)
VEMLIDY	PB	
VIEKIRA PAK	NPB-S	PA; QL (3 EA per 365 days)
VIRACEPT ORAL TABLET 250 MG	PB	QL (6 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	PB	QL (4 EA per 1 day)
VIRAMUNE	NPB	QL (40 ML per 1 day)
VIRAMUNE XR	NPB	QL (1 EA per 1 day)
VIRAZOLE	NPB-S	
VIREAD ORAL POWDER	PB	QL (8 GM per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB	QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG	NPB	QL (1 EA per 1 day)
VOCABRIA	NPB	
VOSEVI	PB-S	PA
XERESE	NPB	ST; QL (5 GM per 23 days)
XOFLUZA (40 MG DOSE)	PB	QL (4 day supply per 365 days)
XOFLUZA (80 MG DOSE)	PB	QL (4 day supply per 365 days)
ZEPATIER	PB-S	PA
ZIAGEN ORAL SOLUTION	NPB	QL (30 ML per 1 day)
ZIAGEN ORAL TABLET	NPB	QL (2 EA per 1 day)
zidovudine oral capsule	G	QL (6 EA per 1 day)
zidovudine oral syrup	G	QL (60 ML per 1 day)
zidovudine oral tablet	G	QL (2 EA per 1 day)
ZOVIRAX EXTERNAL CREAM	NPB	QL (5 GM per 25 days)
ZOVIRAX EXTERNAL OINTMENT	NPB	QL (30 GM per 25 days)
ZOVIRAX ORAL	NPB	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	G	QL (6 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	G	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	G	QL (3 EA per 1 day)
alprazolam intensol	G	QL (10 ML per 1 day)
alprazolam oral tablet	G	QL (6 EA per 1 day)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	G	QL (4 EA per 1 day)
alprazolam oral tablet dispersible 2 mg	G	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	G	QL (6 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	G	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	G	QL (3 EA per 1 day)
ATIVAN ORAL	NPB	QL (4 EA per 1 day)
buspirone hcl oral	G	M
chlordiazepoxide hcl oral capsule 10 mg	G	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	G	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	G	QL (4 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
clonazepam oral	G	QL (4 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg	G	QL (6 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	G	QL (24 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	G	QL (12 EA per 1 day)
diazepam intensol	G	
diazepam oral	G	
DORAL	NPB	QL (1 EA per 1 day)
estazolam	G	QL (1 EA per 1 day)
HALCION	NPB	QL (2 EA per 1 day)
hydroxyzine hcl oral	G	
hydroxyzine pamoate oral	G	
KLONOPIN	NPB	QL (4 EA per 1 day)
lorazepam intensol	G	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	G	QL (5 ML per 1 day)
lorazepam oral tablet	G	QL (4 EA per 1 day)
meprobamate	G	
oxazepam	G	QL (4 EA per 1 day)
quazepam	G	QL (1 EA per 1 day)
TRANXENE-T	NPB	QL (12 EA per 1 day)
triazolam	G	QL (2 EA per 1 day)
VALIUM	NPB	ST
VISTARIL	NPB	
XANAX	NPB	ST; QL (6 EA per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	NPB	ST; QL (6 EA per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	NPB	ST; QL (5 EA per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG	NPB	ST; QL (3 EA per 1 day)
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	NPB	
lithium carbonate er	G	
lithium carbonate oral	G	
LITHOBID	NPB	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
AGRYLIN	NPB	M
AMICAR	NPB	
aminocaproic acid oral	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
anagrelide hcl	G	M
ASTRINGYN	NPB	
DOPTELET	PB-S	PA
LYSTEDA	NPB	
MONSELS FERRIC SUBSULFATE	PB	
MULPLETA	PB-S	PA
PROMACTA	PB-S	PA
TAVALISSE	NPB-S	PA
THROMBIN-JMI	NPB	
THROMBIN-JMI EPISTAXIS	NPB	
THROMBOGEN	NPB	
tranexamic acid oral	G	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	NPB	M
ACCURETIC	NPB	ST; M
acebutolol hcl oral	G	M
ALDACTAZIDE	NPB	M
ALDACTONE	NPB	M
aliskiren fumarate	G	M
ALTACE	NPB	M
ALTOPREV	NPB	ST; M; QL (1 EA per 1 day)
amiloride hcl oral	G	M
amiloride-hydrochlorothiazide	G	M
amiodarone hcl oral	G	M
AMLODIPINE BES+SYRSPEND SF	NPB	ST; M
amlodipine besylate oral	G	M
amlodipine besylate-benazepril hcl	G	M
amlodipine besylate-valsartan	G	M
amlodipine-atorvastatin	G	M; QL (1 EA per 1 day)
amlodipine-olmesartan	G	M
amlodipine-valsartan-hctz	G	M
ANTARA	NPB	ST; M; QL (1 EA per 1 day)
ATACAND	NPB	ST; M
ATACAND HCT	NPB	ST; M
atenolol oral	G	M
ATENOLOL+SYRSPEND SF	NPB	ST; M
atenolol-chlorthalidone	G	M

Drug Name	Drug Tier	Restrictions / Limits
atorvastatin calcium oral tablet 10 mg, 20 mg	G	M; ACA; QL (1 EA per 1 day)
atorvastatin calcium oral tablet 40 mg, 80 mg	G	M; QL (1 EA per 1 day)
AVALIDE	NPB	ST; M
AVAPRO	NPB	ST; M
AZOR	NPB	ST; M
benazepril hcl oral	G	M
benazepril-hydrochlorothiazide	G	M
BENICAR	NPB	ST; M
BENICAR HCT	NPB	ST; M
BETAPACE	NPB	ST; M
BETAPACE AF	NPB	ST; M
betaxolol hcl oral	G	M
BIDIL	NPB	M
bisoprolol fumarate oral	G	M
bisoprolol-hydrochlorothiazide	G	M
bumetanide oral	G	M
BUMEX	NPB	M
BYSTOLIC	PB	ST; M
CADUET	NPB	ST; M; QL (1 EA per 1 day)
CALAN SR	NPB	ST; M
candesartan cilexetil	G	M
candesartan cilexetil-hctz	G	M
captopril oral	G	M
CARDIZEM	NPB	ST; M
CARDIZEM CD	NPB	ST; M
CARDIZEM LA	NPB	ST; M
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	NPB	ST; M; QL (1 EA per 1 day)
CARDURA ORAL TABLET 8 MG	NPB	ST; M; QL (2 EA per 1 day)
CAROSPIR	NPB	ST; M
cartia xt	G	M
carvedilol	G	M
carvedilol phosphate er	G	M
CATAPRES-TTS-1	NPB	M; QL (0.2 EA per 1 day)
CATAPRES-TTS-2	NPB	M; QL (0.2 EA per 1 day)
CATAPRES-TTS-3	NPB	M; QL (0.2 EA per 1 day)
chlorthalidone	G	M
cholestyramine light	G	M
cholestyramine oral	G	M

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
clonidine	G	M; QL (0.2 EA per 1 day)
clonidine hcl oral	G	M
colesevelam hcl	G	M
COLESTID	NPB	ST; M
COLESTID FLAVORED	NPB	ST; M
colestipol hcl	G	M
CONJUPRI	NPB	ST
CONSENSI	NPB	ST; QL (1 EA per 1 day)
COREG	NPB	ST; M
COREG CR	NPB	ST; M
CORGARD	NPB	ST; M
CORLANOR ORAL SOLUTION	NPB	M; QL (15 ML per 1 day)
CORLANOR ORAL TABLET	PB	M; QL (2 EA per 1 day)
COZAAR	NPB	ST; M
CRESTOR	NPB	ST; M; QL (1 EA per 1 day)
DEMSEER	NPB	
DIBENZYLINE	NPB	
digitek	G	M
digox	G	M
digoxin oral	G	M
diltiazem hcl er	G	M
diltiazem hcl er beads	G	M
diltiazem hcl er coated beads	G	M
diltiazem hcl oral	G	M
dilt-xr	G	M
DIOVAN	NPB	ST; M
DIOVAN HCT	NPB	ST; M
disopyramide phosphate	G	M
DIURIL	NPB	M
dofetilide	G	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	G	M; QL (1 EA per 1 day)
doxazosin mesylate oral tablet 8 mg	G	M; QL (2 EA per 1 day)
droxidopa	G	PA
DUTOPROL	NPB	ST; M
DYRENIUM	NPB	M
EDARBI	PB	ST; M
EDARBYCLOR	PB	ST; M
EDECRIN	NPB	M

Drug Name	Drug Tier	Restrictions / Limits
enalapril maleate oral	G	M
enalapril-hydrochlorothiazide	G	M
ENTRESTO	PB	M; QL (2 EA per 1 day)
EPANED	NPB	M
eplerenone	G	M
ethacrynic acid	G	M
EXFORGE	NPB	ST; M
EXFORGE HCT	NPB	ST; M
EZALLOR SPRINKLE	NPB	ST; M
ezetimibe	G	M
ezetimibe-simvastatin	G	M; QL (1 EA per 1 day)
felodipine er	G	M
fenofibrate micronized	G	M; QL (1 EA per 1 day)
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	G	M; QL (1 EA per 1 day)
fenofibrate oral capsule 150 mg, 50 mg	NPB	M; QL (1 EA per 1 day)
fenofibrate oral tablet	G	M; QL (1 EA per 1 day)
fenofibric acid	G	M; QL (1 EA per 1 day)
FENOGLIDE	NPB	ST; M; QL (1 EA per 1 day)
FIBRICOR	NPB	ST; M; QL (1 EA per 1 day)
flecainide acetate	G	M
FLOLIPID	NPB	ST; M
fluvastatin sodium er	G	M; ACA; QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg	G	M; ACA; QL (1 EA per 1 day)
fluvastatin sodium oral capsule 40 mg	G	M; ACA; QL (2 EA per 1 day)
fosinopril sodium	G	M
fosinopril sodium-hctz	G	M
furosemide oral	G	M
gemfibrozil oral	G	M; QL (2 EA per 1 day)
GONITRO	NPB	M
guanfacine hcl	G	M
HEMANGEOL	NPB-S	M
hydralazine hcl oral	G	M
hydrochlorothiazide oral	G	M
HYZAAR	NPB	ST; M
icosapent ethyl	G	M
indapamide	G	M
INDERAL LA	NPB	ST; M
INDERAL XL	NPB	ST; M

Drug Name	Drug Tier	Restrictions / Limits
INNOPRAN XL	NPB	ST; M
INSPRA	NPB	M
irbesartan	G	M
irbesartan-hydrochlorothiazide	G	M
ISORDIL TITRADOSE	NPB	M
isosorbide dinitrate	G	M
isosorbide mononitrate	G	M
isosorbide mononitrate er	G	M
isoxsuprine hcl oral	G	M
isradipine	G	M
JUXTAPID	PB-S	PA; QL (1 EA per 1 day)
KAPSPARGO SPRINKLE	NPB	ST; M
KATERZIA	NPB	ST
labetalol hcl oral	G	M
LANOXIN ORAL	NPB	M
LASIX	NPB	M
LESCOL XL	NPB	ST; M; QL (1 EA per 1 day)
LIPITOR	NPB	ST; M; QL (1 EA per 1 day)
LIPOFEN	PB	ST; M; QL (1 EA per 1 day)
lisinopril oral	G	M
lisinopril-hydrochlorothiazide	G	M
LIVALO	PB	ST; M; QL (1 EA per 1 day)
LOPID	NPB	ST; M; QL (2 EA per 1 day)
LOPRESSOR	NPB	ST; M
losartan potassium oral	G	M
losartan potassium-hctz	G	M
LOTENSIN	NPB	M
LOTENSIN HCT	NPB	ST; M
LOTREL	NPB	ST; M
lovastatin oral tablet 10 mg	G	M; ACA; QL (1 EA per 1 day)
lovastatin oral tablet 20 mg, 40 mg	G	M; ACA; QL (2 EA per 1 day)
LOVAZA	NPB	M
matzim la	G	M
MAXZIDE	NPB	M
MAXZIDE-25	NPB	ST; M
methyldopa	G	M
metolazone	G	M
metoprolol succinate er	G	M

Drug Name	Drug Tier	Restrictions / Limits
metoprolol tartrate oral	G	M
metoprolol-hydrochlorothiazide	G	M
metyrosine	G	
mexiletine hcl oral	G	M
MICARDIS	NPB	ST; M
MICARDIS HCT	NPB	ST; M
midodrine hcl	G	
MINIPRESS	NPB	M
minitran	G	M
minoxidil oral	G	M
moexipril hcl	G	M
MULTAQ	NPB	M
nadolol oral	G	M
nebivolol hcl	G	M
NEXLETOL	PB	PA; QL (1 EA per 1 day)
NEXLIZET	PB	PA; QL (1 EA per 1 day)
niacin (antihyperlipidemic)	G	M
niacin er (antihyperlipidemic)	G	M
niacor	G	M
NIASPAN	NPB	M
nicardipine hcl oral	G	M
nifedipine er	G	M
nifedipine er osmotic release	G	M
nifedipine oral	G	M
nimodipine oral	G	
nisoldipine er	G	M
NITRO-BID	G	M
NITRO-DUR	NPB	M
nitroglycerin sublingual	G	M
nitroglycerin transdermal	G	M
nitroglycerin translingual	G	M
NITROLINGUAL	NPB	M
NITROMIST	NPB	M
NITROSTAT	NPB	M
NITRO-TIME	NPB	M
NORPACE	NPB	M
NORPACE CR	NPB	M
NORTHERA	NPB-S	PA

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
NORVASC	NPB	ST; M
NYMALIZE	NPB	
olmesartan medoxomil oral	G	M
olmesartan medoxomil-hctz	G	M
olmesartan-amlodipine-hctz	G	M
omega-3-acid ethyl esters	G	M
PACERONE	NPB	M
pentoxifylline er	G	M
perindopril erbumine	G	M
phenoxybenzamine hcl oral	G	
pindolol	G	M
PRALUENT	PB	PA
pravastatin sodium	G	M; ACA; QL (1 EA per 1 day)
prazosin hcl oral	G	M
PRESTALIA	NPB	ST; M
prevalite	G	M
PRINIVIL	NPB	M
PROCARDIA XL	NPB	ST; M
propafenone hcl	G	M
propafenone hcl er	G	M
propranolol hcl er	G	M
propranolol hcl oral	G	M
QBRELIS	NPB	M
QUESTRAN	NPB	ST; M
QUESTRAN LIGHT	NPB	ST; M
quinapril hcl	G	M
quinapril-hydrochlorothiazide	G	M
quinidine gluconate er	G	M
quinidine sulfate	G	M
ramipril	G	M
RANEXA	NPB	M
ranolazine er	G	M
RECTIV	PB	
REPATHA	PB	PA
REPATHA PUSHTRONEX SYSTEM	PB	PA
REPATHA SURECLICK	PB	PA
rosuvastatin calcium oral tablet 10 mg, 5 mg	G	M; ACA; QL (1 EA per 1 day)
rosuvastatin calcium oral tablet 20 mg, 40 mg	G	M; QL (1 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ROSZET	NPB	ST
RYTHMOL SR	NPB	M
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	M; ACA; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	G	M; QL (1 EA per 1 day)
sorine	G	M
sotalol hcl (af)	G	M
sotalol hcl oral	G	M
SOTYLIZE	PB	ST; M
spironolactone oral	G	M
spironolactone-hctz	G	M
SULAR	NPB	ST; M
SURE RESULT O3D3 SYSTEM	NPB	
taztia xt	G	M
TEKTURNA	NPB	ST; M
TEKTURNA HCT	PB	ST; M
telmisartan	G	M
telmisartan-amlodipine	G	M
telmisartan-hctz	G	M
TENORETIC 100	NPB	ST; M
TENORETIC 50	NPB	ST; M
TENORMIN	NPB	ST; M
tiadylt er	G	M
TIAZAC	NPB	ST; M
TIKOSYN	NPB	ST
timolol maleate oral	G	M
TOPROL XL	NPB	ST; M
torsemide	G	M
trandolapril	G	M
trandolapril-verapamil hcl er	G	M
triamterene oral	G	M
triamterene-hctz	G	M
TRIBENZOR	NPB	ST; M
TRICOR	NPB	ST; M; QL (1 EA per 1 day)
TRILIPIX	NPB	ST; M; QL (1 EA per 1 day)
TWYNSTA	NPB	ST; M
valsartan	G	M
valsartan-hydrochlorothiazide	G	M

Drug Name	Drug Tier	Restrictions / Limits
VASCEPA	PB	M
VASERETIC	NPB	ST; M
VASOTEC	NPB	M
VECAMYL	NPB-S	
verapamil hcl er	G	M
verapamil hcl oral	G	M
VERELAN	NPB	ST; M
VERELAN PM	NPB	ST; M
VERQUVO	NPB	PA; QL (1 EA per 1 day)
VYNDAMAX	NPB-S	PA; QL (1 EA per 1 day)
VYNDAQEL	NPB-S	PA; QL (4 EA per 1 day)
VYTORIN	NPB	ST; M; QL (1 EA per 1 day)
WELCHOL	NPB	ST; M
ZESTORETIC	NPB	ST; M
ZESTRIL	NPB	M
ZETIA	NPB	ST; M
ZIAC	NPB	ST; M
ZOCOR	NPB	ST; M; QL (1 EA per 1 day)
ZYPITAMAG	NPB	ST; M
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	NPB	ST; QL (4 EA per 1 day)
ADDERALL ORAL TABLET 20 MG, 30 MG	NPB	ST; QL (3 EA per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	NPB	ST; QL (4 EA per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 25 MG, 30 MG	NPB	ST; QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	NPB	ST; QL (3 EA per 1 day)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG	NPB	ST; QL (4 EA per 1 day)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	NPB	ST; QL (1 EA per 1 day)
ADZENYS ER	NPB	ST; QL (15 ML per 1 day)
ADZENYS XR-ODT	NPB	ST; QL (1 EA per 1 day)
AMPHETAMINE ER	NPB	ST; QL (15 ML per 1 day)
amphetamine sulfate	G	QL (6 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 5 mg	G	QL (4 EA per 1 day)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 15 mg, 25 mg, 30 mg	G	QL (2 EA per 1 day)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 20 mg	G	QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	G	QL (4 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	G	QL (3 EA per 1 day)
APTENSIO XR	NPB	ST; QL (1 EA per 1 day)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	G	QL (2 EA per 1 day)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	G	QL (1 EA per 1 day)
clonidine hcl er	G	QL (4 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	NPB	ST; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	NPB	ST; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	NPB	ST; QL (3 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	NPB	ST; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	NPB	ST; QL (6 EA per 1 day)
DAYTRANA	PB	ST; QL (1 EA per 1 day)
DESOXYN	NPB	ST; QL (5 EA per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	NPB	ST; QL (6 EA per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	NPB	ST; QL (4 EA per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	NPB	ST; QL (3 EA per 1 day)
dexamphetamine hcl	G	QL (2 EA per 1 day)
dexamphetamine hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	G	QL (1 EA per 1 day)
dexamphetamine hcl er oral capsule extended release 24 hour 20 mg	G	QL (2 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	G	QL (6 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	G	QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	G	QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution	G	QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	G	QL (6 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg	G	QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	G	QL (2 EA per 1 day)
DYANAVEL XR	NPB	ST; QL (8 ML per 1 day)
EVEKEO	NPB	ST; QL (6 EA per 1 day)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG	NPB	ST; QL (3 EA per 1 day)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG	NPB	ST; QL (2 EA per 1 day)
FOCALIN	NPB	ST; QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	NPB	ST; QL (1 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	NPB	ST; QL (2 EA per 1 day)
guanfacine hcl er	G	QL (2 EA per 1 day)
INTUNIV	NPB	ST; QL (2 EA per 1 day)
JORNAY PM	NPB	ST; QL (1 EA per 1 day)
KAPVAY	NPB	ST; QL (4 EA per 1 day)
methamphetamine hcl	G	QL (5 EA per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML	NPB	ST; QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML	NPB	ST; QL (60 ML per 1 day)
methylphenidate hcl er (cd)	G	QL (1 EA per 1 day)
methylphenidate hcl er (la)	G	QL (1 EA per 1 day)
methylphenidate hcl er (xr)	G	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 36 mg	G	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg	G	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	G	QL (3 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	G	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	G	QL (2 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
methylphenidate hcl er oral tablet extended release 72 mg	NPB	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	G	QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	G	QL (60 ML per 1 day)
methylphenidate hcl oral tablet	G	QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	G	QL (6 EA per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	G	QL (3 EA per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG	PB	QL (4 EA per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG, 50 MG	PB	QL (1 EA per 1 day)
PROCENTRA	NPB	ST; QL (60 ML per 1 day)
QUILLCHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	PB	ST; QL (1 EA per 1 day)
QUILLCHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	PB	ST; QL (2 EA per 1 day)
QUILLIVANT XR	PB	ST; QL (12 ML per 1 day)
relexxii	NPB	QL (1 EA per 1 day)
RITALIN	NPB	ST; QL (3 EA per 1 day)
RITALIN LA	NPB	ST; QL (1 EA per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	NPB	ST; QL (2 EA per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	NPB	ST; QL (1 EA per 1 day)
VYVANSE	PB	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	NPB	ST; QL (6 EA per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	NPB	ST; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG	NPB	ST; QL (2 EA per 1 day)
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	NPB-S	QL (2 EA per 1 day)
AUBAGIO	NPB-S	QL (1 EA per 1 day)
AVONEX PEN	PB-S	QL (0.04 EA per 1 day)
AVONEX PREFILLED	PB-S	QL (0.04 EA per 1 day)
BAFIERTAM	PB-S	QL (4 EA per 1 day)
BETASERON	PB-S	QL (0.5 EA per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	PB-S	QL (1 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	PB-S	QL (0.43 ML per 1 day)
dalfampridine er	G-S	QL (2 EA per 1 day)
dimethyl fumarate oral	G-S	QL (2 EA per 1 day)
dimethyl fumarate starter pack	G-S	QL (60 EA per 365 days)
EXTAVIA	NPB-S	ST; QL (0.5 EA per 1 day)
GILENYA	NPB-S	QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	G-S	QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	G-S	QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	G-S	QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	G-S	QL (0.43 ML per 1 day)
KESIMPTA	PB-S	QL (0.02 ML per 1 day)
MAVENCLAD	NPB-S	PA
MAYZENT ORAL TABLET 0.25 MG	NPB-S	QL (4 EA per 1 day)
MAYZENT ORAL TABLET 2 MG	NPB-S	QL (1 EA per 1 day)
MAYZENT STARTER PACK	NPB-S	QL (24 EA per 365 days)
PLEGRIDY	NPB-S	ST; QL (0.04 ML per 1 day)
PLEGRIDY STARTER PACK	NPB-S	ST; QL (0.04 ML per 1 day)
REBIF	NPB-S	ST; QL (0.22 ML per 1 day)
REBIF REBIDOSE	NPB-S	ST; QL (0.22 ML per 1 day)
REBIF REBIDOSE TITRATION PACK	NPB-S	ST; QL (4.2 ML per 365 days)
REBIF TITRATION PACK	NPB-S	ST; QL (4.2 ML per 365 days)
TECFIDERA STARTER PACK	NPB-S	ST; QL (60 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NPB-S	ST; QL (2 EA per 1 day)
VUMERITY	PB-S	QL (4 EA per 1 day)
ZEPOSIA	NPB-S	QL (1 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK	NPB-S	QL (14 EA per 365 days)
ZEPOSIA STARTER KIT	NPB-S	QL (74 EA per 365 days)
<b>Central Nervous System Agents - Miscellaneous</b>		
ADIPEX-P	NPB	
AUSTEDO	PB-S	PA; QL (4 EA per 1 day)
benzphetamine hcl	G	
caffeine citrate oral	G	
CONTRAVE	NPB	ST

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
diethylpropion hcl er	G	
diethylpropion hcl oral	G	
GRALISE ORAL	PB	ST; QL (66 EA per 365 days)
GRALISE ORAL TABLET 300 MG	PB	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 600 MG	PB	ST; QL (3 EA per 1 day)
HORIZANT	NPB	ST; QL (2 EA per 1 day)
IMCIVREE	NPB-S	PA; QL (0.3 ML per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG	NPB-S	PA; QL (2 EA per 1 day)
INGREZZA ORAL CAPSULE 80 MG	NPB-S	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	NPB-S	PA; QL (56 EA per 365 days)
LOMAIRA	NPB	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	NPB	ST; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	NPB	ST; QL (2 EA per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG	NPB	ST; QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 300 MG	NPB	ST; QL (2 EA per 1 day)
LYRICA ORAL SOLUTION	NPB	ST; QL (30 ML per 1 day)
NUEDEXTA	PB	
phendimetrazine tartrate	G	
phendimetrazine tartrate er	G	
phentermine hcl oral	G	
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	G	QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	G	QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	G	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	G	QL (2 EA per 1 day)
pregabalin oral solution	G	QL (30 ML per 1 day)
QSYMIA	NPB	ST
RILUTEK	NPB	
riluzole	G	
SAVELLA	PB	M; QL (2 EA per 1 day)
SAVELLA TITRATION PACK	PB	M; QL (55 EA per 365 days)
SAXENDA	NPB	
TEGSEDI	NPB-S	PA
tetrabenazine	G-S	PA
TIGLUTIK	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
XENAZINE	NPB-S	ST
XENICAL	NPB	
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
CAPHOSOL MOUTH/THROAT SOLUTION	NPB	
cavarest	G	M
cevimeline hcl	G	M
chlorhexidine gluconate mouth/throat	G	
CLINPRO 5000	NPB	M
DEBACTEROL	NPB	
DENTA 5000 PLUS	NPB	M
DENTAGEL	NPB	M
easygel	G	M
EVOXAC	NPB	M
FLUORIDEX	NPB	M
fluoridex daily renewal	G	M
FLUORIDEX ENHANCED WHITENING	NPB	M
FLUORIDEX SENSITIVITY RELIEF	NPB	M
lidocaine hcl mouth/throat	G	
lidocaine viscous hcl	G	
MOUTH KOTE	NPB	OTC
MOUTH KOTE REMINT	NPB	OTC
NAFRINSE DAILY ACIDULATED	NPB	
NAFRINSE DAILY/NEUTRAL	NPB	M
NAFRINSE WEEKLY	NPB	M
NUMOISYN MOUTH/THROAT LOZENGE	NPB	
oralone	G	
PERIDEX	NPB	
periogard	G	
pilocarpine hcl oral	G	
PREVIDENT 5000 BOOSTER PLUS	NPB	M
PREVIDENT 5000 DRY MOUTH	NPB	M
PREVIDENT 5000 ENAMEL PROTECT	NPB	M
PREVIDENT 5000 ORTHO DEFENSE	NPB	M
PREVIDENT 5000 PLUS	NPB	M
PREVIDENT 5000 SENSITIVE	NPB	M
PREVIDENT DENTAL	NPB	M
prevident mouth/throat	G	M

Drug Name	Drug Tier	Restrictions / Limits
REMESENSE	NPB	
SALAGEN	NPB	
sf	G	M
sf 5000 plus	G	M
sodium fluoride 5000 enamel	G	M
sodium fluoride 5000 plus	G	M
sodium fluoride 5000 ppm dental cream	G	M
sodium fluoride 5000 ppm dental paste	NPB	M
sodium fluoride 5000 sensitive	G	M
sodium fluoride dental	G	M
sodium fluoride mouth/throat	G	M
triamcinolone acetonide mouth/throat	G	
XEROSTOMIA RELIEF SPRAY	NPB	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
A.A.G.C. KIT IN TERODERM	NPB	
ABSORICA	NPB	ST; QL (2 EA per 1 day)
ABSORICA LD	NPB	ST
ACANYA	NPB	ST; QL (50 GM per 25 days)
accutane	G	QL (2 EA per 1 day)
acitretin	G	
ACNESIC	NPB	
ACZONE EXTERNAL GEL 5 %	NPB	
ACZONE EXTERNAL GEL 7.5 %	PB	
adapalene external cream	G	QL (45 GM per 25 days)
adapalene external gel 0.3 %	G	QL (45 GM per 25 days)
ADAPALENE EXTERNAL PAD	NPB	ST
ADAPALENE EXTERNAL SOLUTION	G	ST
adapalene-benzoyl peroxide external gel	G	QL (45 GM per 25 days)
AKLIEF	NPB	ST; QL (1.8 GM per 1 day)
ala-cort external cream 2.5 %	G	
alclometasone dipropionate	G	
ALDARA	NPB	QL (12 EA per 25 days)
ALTRENO	NPB	
amcinonide	G	
amnesteem	G	QL (2 EA per 1 day)
AMZEEQ	NPB	ST
APEXICON E	G	ST; QL (60 GM per 25 days)

Drug Name	Drug Tier	Restrictions / Limits
ARAZLO	NPB	ST; QL (50 GM per 25 days)
ATRALIN	NPB	QL (45 GM per 25 days)
AVAR CLEANSER	NPB	ST
AVAR LS CLEANSER	NPB	ST
AVAR-E EMOLlient	NPB	ST
AVAR-E GREEN	NPB	ST
AVAR-E LS	NPB	ST
AVITA EXTERNAL CREAM	NPB	QL (45 GM per 25 days)
AVITA EXTERNAL GEL	NPB	
azelaic acid external	G	
AZELEX	NPB	ST; QL (50 GM per 25 days)
BENZAC AC WASH	NPB	ST
BENZAACLIN	NPB	ST; QL (50 GM per 25 days)
BENZAACLIN WITH PUMP	NPB	ST; QL (50 GM per 25 days)
BENZAMYCIN	NPB	ST
BENZEPRO CREAMY WASH	NPB	ST
benzepro external foam 5.3 %	G	
BENZEPRO FOAMING CLOTHS	NPB	
BENZEPRO SHORT CONTACT	NPB	ST
BENZOYL PEROX-HYDROCORTISONE	NPB	ST
benzoyl peroxide external foam	G	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %, 8 %	NPB	
BENZOYL PEROXIDE FORTE- HC	NPB	
benzoyl peroxide-erythromycin	G	
beser external lotion	G	
betamethasone dipropionate aug	G	
betamethasone dipropionate external	G	
betamethasone valerate external	G	
bp cleansing wash	G	
bp wash external liquid 2.5 %	NPB	
BRYHALI	NPB	ST
calcipotriene external cream	G	QL (120 GM per 25 days)
CALCIPOTRIENE EXTERNAL FOAM	NPB	QL (120 GM per 25 days)
calcipotriene external ointment	G	QL (120 GM per 25 days)
calcipotriene external solution	G	QL (60 ML per 25 days)
calcipotriene-betameth diprop external ointment	G	QL (13.4 GM per 1 day)
calcipotriene-betameth diprop external suspension	G	QL (4 GM per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
CALCITRENE	NPB	QL (120 GM per 25 days)
calcitriol external	G	QL (100 GM per 25 days)
CANTHARIDIN EXTERNAL	NPB	
CAPEX	NPB	ST; QL (120 ML per 25 days)
CARAC	PB	QL (30 GM per 25 days)
claravis	G	QL (2 EA per 1 day)
CLEOCIN-T	NPB	ST
clindacin etz external swab	G	
clindacin-p	G	
CLINDAGEL	NPB	ST
clindamycin phos-benzoyl peroxy external gel 1.2-5 %	G	QL (45 GM per 25 days)
clindamycin phos-benzoyl peroxy external gel 1-5 %, 1.2-2.5 %	G	QL (50 GM per 25 days)
clindamycin phosphate external foam	G	
clindamycin phosphate external lotion	G	
clindamycin phosphate external solution	G	
clindamycin phosphate external swab	G	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	NPB	ST
clindamycin phosphate gel 1 % external	G	
clindamycin-tretinoin	G	
CLINOIN	NPB	
clobetasol prop emollient base	G	
clobetasol propionate e	G	
clobetasol propionate emulsion	G	
clobetasol propionate external	G	
CLOBEX	NPB	ST
CLOBEX SPRAY	NPB	ST
clocortolone pivalate	NPB	QL (90 GM per 25 days)
clodan external shampoo	G	
CLODERM	NPB	ST; QL (90 GM per 25 days)
coal tar external	PB	
CONDYLOX	NPB	
CORDRAN EXTERNAL CREAM	NPB	ST
CORDRAN EXTERNAL LOTION	NPB	ST
CORDRAN EXTERNAL OINTMENT	NPB	ST
CORDRAN EXTERNAL TAPE	NPB	ST; QL (2 EA per 25 days)
CORTANE-B	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
CUTIVATE	NPB	ST
dapsone external gel 5 %	G	
DAPSONE EXTERNAL GEL 7.5 %	NPB	ST
DERMA-SMOOTH/FS BODY	NPB	ST; QL (118.28 ML per 25 days)
DERMA-SMOOTH/FS SCALP	NPB	ST; QL (118.28 ML per 25 days)
DESONATE	NPB	ST
desonide external cream	G	QL (60 GM per 25 days)
desonide external gel	G	
desonide external lotion	G	QL (118 ML per 25 days)
desonide external ointment	G	QL (60 GM per 25 days)
DESOWEN	NPB	ST; QL (60 GM per 25 days)
desoximetasone external cream	G	QL (100 GM per 25 days)
desoximetasone external gel	G	QL (60 GM per 25 days)
desoximetasone external liquid	G	
desoximetasone external ointment	G	QL (100 GM per 25 days)
desrx	G	
diclofenac sodium external gel 3 %	G	QL (10 GM per 1 day)
DIFFERIN EXTERNAL CREAM	NPB	ST; QL (45 GM per 25 days)
DIFFERIN EXTERNAL GEL 0.3 %	NPB	ST; QL (45 GM per 25 days)
DIFFERIN EXTERNAL LOTION	NPB	ST; QL (59 ML per 25 days)
diflorasone diacetate external cream	G	QL (60 GM per 25 days)
diflorasone diacetate external ointment	G	
DIPROLENE	NPB	ST
DIPROLENE AF	NPB	ST
DOVONEX	NPB	QL (120 GM per 25 days)
doxepin hcl external	G	QL (45 GM per 25 days)
doxycycline	NPB	ST
DRITHO-CREME HP	NPB	
DRYSOL	NPB	
DUOBRII	NPB	ST
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	PB-S	PA; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	PB-S	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	PB-S	PA; QL (0.29 ML per 1 day)
EFUDEX	NPB	
ELIDEL	NPB	ST; QL (100 GM per 25 days)
ENOVARX-TRAMADOL	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ENSTILAR	PB	QL (15 GM per 1 day)
ENZOCLEAR	NPB	ST
EPIDUO	NPB	ST; QL (45 GM per 25 days)
EPIDUO FORTE	PB	ST
EPIFOAM	NPB	ST
ery	G	
ERYGEL	G	
erythromycin external	G	
EUCRISA	NPB	ST; QL (60 GM per 25 days)
EVOCLIN	NPB	ST
FABIOR	NPB	ST; QL (50 GM per 25 days)
FINACEA EXTERNAL FOAM	PB	
FINACEA EXTERNAL GEL	NPB	ST
fluocinolone acetonide body	G	QL (118.28 ML per 25 days)
fluocinolone acetonide external cream 0.01 %	G	
fluocinolone acetonide external cream 0.025 %	G	QL (120 GM per 25 days)
fluocinolone acetonide external ointment	G	QL (120 GM per 25 days)
fluocinolone acetonide external solution	G	QL (90 ML per 25 days)
fluocinolone acetonide scalp	G	QL (118.28 ML per 25 days)
fluocinonide emulsified base	G	
fluocinonide external cream 0.05 %	G	
fluocinonide external cream 0.1 %	G	QL (0.24 GM per 25 days)
fluocinonide external gel	G	
fluocinonide external ointment	G	
fluocinonide external solution	G	
FLUOROPLEX	NPB	QL (30 GM per 25 days)
FLUOROURACIL EXTERNAL CREAM 0.5 %	NPB	QL (30 GM per 25 days)
fluorouracil external cream 5 %	G	
fluorouracil external solution	G	QL (10 ML per 25 days)
flurandrenolide	G	
fluticasone propionate external	G	
GORDOFILM	NPB	
halcinonide	G	
halobetasol propionate external cream	G	QL (50 GM per 25 days)
HALOBETASOL PROPIONATE EXTERNAL FOAM	NPB	ST
halobetasol propionate external ointment	G	QL (50 GM per 25 days)
HALOG	NPB	ST

Drug Name	Drug Tier	Restrictions / Limits
HYDRO 40	NPB	
hydrocortisone ace-pramoxine external cream 2.5-1 %	G	
hydrocortisone butyr lipo base	G	
hydrocortisone butyrate	G	
hydrocortisone external cream 2.5 %	G	
hydrocortisone external lotion 2.5 %	G	
hydrocortisone external ointment 2.5 %	G	
hydrocortisone valerate	G	
imiquimod external cream 3.75 %	G	QL (28 EA per 25 days)
imiquimod external cream 5 %	G	QL (12 EA per 25 days)
IMIQUIMOD PUMP	NPB	ST; QL (28 GM per 25 days)
IMPEKLO	NPB	ST
IMPOYZ	NPB	ST
INOVA 4/1 ACNE CONTROL THERAPY	NPB	ST
INOVA EXTERNAL KIT 4 & 5 %	NPB	ST
isotretinoin oral	G	QL (2 EA per 1 day)
ivermectin external cream	G	
KENALOG EXTERNAL	NPB	ST
KERALYT EXTERNAL GEL 6 %	NPB	
KLARON	NPB	ST
KLISYRI	NPB	QL (5 day supply per 30 days)
LEXETTE	NPB	ST
LIDOCAINE (ANORECTAL) RECTAL	NPB	
LOCOID	NPB	ST
LOCOID LIPOCREAM	NPB	ST
LUXIQ	NPB	ST
methoxsalen rapid	G	
methyl salicylate external liquid	G	
METROCREAM	NPB	ST
METROGEL	NPB	ST
METROLOTION	NPB	ST
metronidazole external	G	
MIRVASO	PB	
mometasone furoate external	G	
myorisan	G	QL (2 EA per 1 day)
NEO-SYNALAR EXTERNAL CREAM	NPB	
neuac external gel	G	QL (45 GM per 25 days)

Drug Name	Drug Tier	Restrictions / Limits
nolix	G	
NORITATE	NPB	ST
OLUX	NPB	ST
OLUX-E	NPB	ST
ONEXTON	PB	ST; QL (50 GM per 25 days)
ORACEA	PB	ST
OVACE PLUS EXTERNAL SHAMPOO	NPB	
OVACE PLUS WASH EXTERNAL LIQUID	NPB	ST
OVACE WASH	NPB	ST
PANDEL	NPB	ST
pimecrolimus	G	ST; QL (100 GM per 25 days)
PLEXION CLEANSER	NPB	ST
PLEXION EXTERNAL LOTION	NPB	ST
podocon	NPB	
podofilox external	G	
PR BENZOYL PEROXIDE WASH	NPB	ST
PRAMOSONE	NPB	ST
prednicarbate	G	
PROTOPIC	NPB	ST; QL (100 GM per 25 days)
PRUDOXIN	G	ST; QL (45 GM per 25 days)
PSORCON	NPB	ST; QL (60 GM per 25 days)
PYROGALLIC ACID	NPB	
QBREXZA	PB	QL (1 EA per 1 day)
REGRANEX	PB	QL (15 GM per 25 days)
RETIN-A EXTERNAL CREAM 0.025 %	NPB	QL (45 GM per 25 days)
RETIN-A EXTERNAL CREAM 0.05 %, 0.1 %	NPB	
RETIN-A EXTERNAL GEL	NPB	
RETIN-A MICRO GEL 0.04 %, 0.1 %	NPB	
RETIN-A MICRO PUMP	NPB	
RHOFADE	PB	
rosadan external cream	G	
rosadan external gel	G	
salicylic acid er	G	
salicylic acid external foam	G	
salicylic acid external gel	G	
SALVAX	G	
SALVAX DUO PLUS	NPB	
SANTYL	PB	

Drug Name	Drug Tier	Restrictions / Limits
selenium sulfide external	G	
SERNIVO	NPB	ST
sodium sulfacetamide	G	
sodium sulfacetamide wash	G	
SODIUM SULFACETAMIDE-BAKUCHIOL	G	
SOOLANTRA	PB	
SORIATANE	NPB	
SORILUX	NPB	QL (120 GM per 25 days)
sss 10-5	G	
sulfacetamide sodium (acne)	G	
sulfacetamide sodium external	G	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	G	
sulfacetamide sodium-sulfur external emulsion	G	
sulfacetamide sodium-sulfur external liquid	G	
sulfacetamide sodium-sulfur external lotion 10-5 %	G	
sulfacetamide sodium-sulfur external pad 10-4 %	G	
sulfacetamide sodium-sulfur external suspension	G	
sulfacetamide-sulfur in urea	G	
SULFACEANSE 8/4	NPB	ST
SYNALAR EXTERNAL CREAM	NPB	ST; QL (120 GM per 25 days)
SYNALAR EXTERNAL OINTMENT	NPB	ST; QL (120 GM per 25 days)
SYNALAR EXTERNAL SOLUTION	NPB	ST; QL (90 ML per 25 days)
TACLONEX EXTERNAL OINTMENT	NPB	QL (13.4 GM per 1 day)
TACLONEX EXTERNAL SUSPENSION	NPB	QL (4 GM per 1 day)
tacrolimus external	G	QL (100 GM per 25 days)
tazarotene external cream	G	QL (60 GM per 25 days)
TAZAROTENE EXTERNAL FOAM	NPB	ST; QL (50 GM per 25 days)
TAZORAC EXTERNAL CREAM	NPB	ST; QL (60 GM per 25 days)
TAZORAC EXTERNAL GEL	NPB	ST; QL (100 GM per 25 days)
TEMOVATE	NPB	ST
TEXACORT	NPB	ST
TOPICORT EXTERNAL CREAM	NPB	ST; QL (100 GM per 25 days)
TOPICORT EXTERNAL GEL	NPB	ST; QL (60 GM per 25 days)
TOPICORT EXTERNAL OINTMENT	NPB	ST; QL (100 GM per 25 days)
TOPICORT SPRAY	NPB	ST

Drug Name	Drug Tier	Restrictions / Limits
tovet external foam	G	
tretinoin external cream 0.025 %	G	QL (45 GM per 25 days)
tretinoin external cream 0.05 %, 0.1 %	G	
tretinoin external gel 0.01 %, 0.025 %	G	
tretinoin external gel 0.05 %	G	QL (45 GM per 25 days)
tretinoin microsphere	G	
tretinoin microsphere pump	G	
triamcinolone acetonide external	G	
triamcinolone in absorbase	G	
TRIANEX	G	
TRI-CHLOR	G	
triderm	G	
TRIDESILON	NPB	ST; QL (60 GM per 25 days)
tritocin	G	
turpentine external	PB	
ULTRAVATE	NPB	ST
UMECTA MOUSSE	NPB	
urea external cream 39 %, 45 %	G	
urea hydrating	G	
urea nail	G	
UREMEZ-40	NPB	
VANOS	NPB	ST; QL (0.24 GM per 25 days)
VANOXIDE-HC	NPB	ST
VECTICAL	NPB	QL (100 GM per 25 days)
VELTIN	NPB	ST
VERDESO	NPB	ST
VEREGEN	NPB	
VIRASAL	NPB	
WINLEVI	NPB	PA
XERAC AC	NPB	
XEROFORM OIL EMULSION 2"X2"	NPB	
XEROFORM OIL EMULSION GAUZE	NPB	
XEROFORM PETROLAT PATCH 2"X2"	NPB	
XEROFORM PETROLAT PATCH 4"X4"	NPB	
ZACARE	NPB	ST
zaclir cleansing	G	
zenatane	G	QL (2 EA per 1 day)
ZIANA	NPB	ST

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ZILXI	NPB	ST
ZONALON	NPB	ST; QL (45 GM per 25 days)
ZYCLARA	NPB	ST; QL (28 EA per 25 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	NPB	ST; QL (7.5 GM per 25 days)
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	NPB	ST; QL (28 GM per 25 days)
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	G	M
ACTOPLUS MET	NPB	ST; M; QL (3 EA per 1 day)
ACTOS	NPB	M; QL (1 EA per 1 day)
ADLYXIN	NPB	ST; M; QL (0.22 ML per 1 day)
ADLYXIN STARTER PACK	NPB	ST; M; QL (12 ML per 365 days)
ALOGLIPTIN BENZOATE	NPB	ST; M; QL (1 EA per 1 day)
ALOGLIPTIN-METFORMIN HCL	NPB	ST; M; QL (2 EA per 1 day)
ALOGLIPTIN-PIOGLITAZONE	NPB	ST; M; QL (1 EA per 1 day)
AMARYL	NPB	M
BYDUREON BCISE AUTOINJECTOR	PB	ST; M; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN	PB	ST; M; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN	PB	ST; M; QL (0.04 ML per 1 day)
CYCLOSET	NPB	M; QL (204 EA per 25 days)
DUETACT	NPB	ST; M; QL (1 EA per 1 day)
FARXIGA	PB	ST; M; QL (1 EA per 1 day)
glimepiride	G	M
glipizide er	G	M
glipizide ir	G	M
glipizide xl	G	M
glipizide-metformin hcl	G	M
GLUCOTROL XL	NPB	M
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	NPB	ST; M; QL (2 EA per 1 day)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	NPB	ST; M; QL (4 EA per 1 day)
glyburide micronized	G	M
glyburide oral	G	M
glyburide-metformin	G	M
GLYNASE	NPB	M
GLYXAMBI	PB	ST; M
INVOKAMET	NPB	ST; M; QL (2 EA per 1 day)
INVOKAMET XR	NPB	ST; M; QL (2 EA per 1 day)
INVOKANA	NPB	ST; M; QL (1 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
JANUMET	PB	ST; M; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	PB	ST; M; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	PB	ST; M; QL (2 EA per 1 day)
JANUVIA	PB	ST; M; QL (1 EA per 1 day)
JARDIANCE	PB	ST; M; QL (1 EA per 1 day)
JENTADUETO	PB	ST; M; QL (2 EA per 1 day)
JENTADUETO XR	PB	ST; M
KAZANO	NPB	ST; M; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	NPB	ST; M; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	NPB	ST; M; QL (1 EA per 1 day)
metformin hcl er	G	M
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	G	ST; M; QL (2 EA per 1 day)
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	G	ST; M; QL (4 EA per 1 day)
metformin hcl er (osm)	G	ST; M
metformin hcl oral solution	G	ST; M; QL (850 ML per 25 days)
metformin hcl oral tablet	G	M
miglitol	G	M
nateglinide	G	M
NESINA	NPB	ST; M; QL (1 EA per 1 day)
ONGLYZA	NPB	ST; M; QL (1 EA per 1 day)
OSENI	NPB	ST; M; QL (1 EA per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	PB	ST; M; QL (0.06 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	PB	ST; M; QL (0.11 ML per 1 day)
pioglitazone hcl	G	M; QL (1 EA per 1 day)
pioglitazone hcl-glimepiride	G	M; QL (1 EA per 1 day)
pioglitazone hcl-metformin hcl	G	M; QL (3 EA per 1 day)
PRECOSE	NPB	M
QTERN	NPB	ST; M
repaglinide	G	M
RIOMET	NPB	ST; M; QL (850 ML per 25 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG	PB	ST; M; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	PB	ST; M; QL (60 EA per 365 days)

Drug Name	Drug Tier	Restrictions / Limits
SEGLUROMET	NPB	ST; M
SOLIQUA	PB	ST; M; QL (15 ML per 25 days)
STEGLATRO	NPB	ST; M
STEGLUJAN	NPB	ST; M
SYMLINPEN 120	PB	ST; M; QL (19 ML per 25 days)
SYMLINPEN 60	PB	ST; M; QL (11 ML per 25 days)
SYNJARDY	PB	ST; M
SYNJARDY XR	PB	ST; M
tolbutamide	G	M
TRADJENTA	PB	ST; QL (1 EA per 1 day)
TRIJARDY XR	PB	ST
TRULICITY	PB	ST; M; QL (0.08 ML per 1 day)
VICTOZA	PB	ST; M; QL (0.3 ML per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	PB	ST; M; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	PB	ST; M
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	PB	ST; M; QL (2 EA per 1 day)
XULTOPHY	PB	ST; M; QL (15 ML per 25 days)
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	NPB	ST; OTC; QL (1 EA per 273 days)
ACCU-CHEK AVIVA PLUS TEST STRIPS	NPB	ST; OTC; QL (300 EA per 25 days)
ACCU-CHEK COMPACT PLUS TEST STRIPS	NPB	ST; OTC; QL (300 EA per 25 days)
ACCU-CHEK GUIDE TEST STRIPS	NPB	ST; OTC; QL (1 EA per 273 days)
ACCU-CHEK GUIDE TEST STRIPS	NPB	ST; OTC; QL (300 EA per 25 days)
ACCU-CHEK GUIDE KIT W/DEVICE	NPB	ST; OTC; QL (1 EA per 273 days)
ACCU-CHEK SMARTVIEW TEST STRIPS	NPB	ST; OTC; QL (300 EA per 25 days)
AGAMATRIX PRESTO TEST	NPB	ST; OTC; QL (300 EA per 25 days)
ASSURE PLATINUM	NPB	ST; OTC; QL (300 EA per 25 days)
BIOTEL CARE BLOOD GLUCOSE	NPB	OTC; QL (1 EA per 273 days)
BIOTEL CARE BLOOD GLUCOSE SYST	NPB	ST; OTC; QL (1 EA per 273 days)
BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
BLULINK GLUCOSE TEST	NPB	OTC; QL (300 EA per 25 days)
CARETOUCH TEST	NPB	ST; OTC; QL (300 EA per 25 days)
CEQUR SIMPLICITY STARTER	NPB	
CONTOUR MONITOR KIT W/DEVICE	NPB	ST; OTC; QL (1 EA per 273 days)
CONTOUR NEXT EZ KIT W/DEVICE	NPB	OTC; QL (1 EA per 273 days)
CONTOUR NEXT EZ KIT W/DEVICE	NPB	ST; OTC; QL (1 EA per 273 days)
CONTOUR NEXT LINK KIT W/DEVICE	NPB	ST; OTC; QL (1 EA per 273 days)
CONTOUR NEXT MONITOR KIT W/DEVICE	NPB	ST; OTC; QL (1 EA per 273 days)
CONTOUR NEXT TEST STRIPS	NPB	ST; OTC; QL (300 EA per 25 days)
CONTOUR TEST STRIPS	NPB	ST; OTC; QL (300 EA per 25 days)
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	PB	ST; QL (0.143 EA per 1 day)
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	PB	ST; QL (0.1 EA per 1 day)
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	PB	ST; QL (1 EA per 63 days)
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	PB	ST; QL (1 EA per 273 days)
DIATHRIVE BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
DIATHRIVE GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
DIATHRIVE+ GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
EASY TALK PLUS II TEST STRIPS	NPB	OTC; QL (300 EA per 25 days)
EASY TOUCH HEALTHPRO GLUCOSE	NPB	OTC; QL (300 EA per 25 days)
EASY TRAK II GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
EMBRACE TALK GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
EMBRACE TALK MONITORING SYSTEM	NPB	ST; OTC; QL (1 EA per 273 days)
FORA 6 CONNECT	NPB	ST; OTC; QL (300 EA per 25 days)
FORA GTEL BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
FORA TN'G ADVANCE PRO IN VITRO	NPB	OTC; QL (300 EA per 25 days)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
FORTISCARE G1 TEST STRIP	NPB	OTC; QL (300 EA per 25 days)
FREESTYLE FREEDOM LITE	NPB	ST; OTC; QL (1 EA per 273 days)
FREESTYLE INSULINX SYSTEM	NPB	ST; OTC; QL (1 EA per 273 days)
FREESTYLE INSULINX TEST	NPB	ST; OTC; QL (300 EA per 25 days)
FREESTYLE LIBRE 14 DAY READER	PB	ST; QL (1 EA per 273 days)
FREESTYLE LIBRE 14 DAY SENSOR	PB	ST; QL (0.072 EA per 1 day)
FREESTYLE LIBRE 2 READER	PB	ST; QL (1 EA per 273 days)
FREESTYLE LIBRE 2 SENSOR	PB	ST; QL (0.1 EA per 1 day)
FREESTYLE LIBRE READER	PB	ST; QL (1 EA per 273 days)
FREESTYLE LITE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
FREESTYLE PRECISION NEO TEST	NPB	ST; OTC; QL (300 EA per 25 days)
FREESTYLE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
GHT BLOOD GLUCOSE MONITOR	NPB	ST; OTC; QL (1 EA per 273 days)
GLUCOCARD 01 SENSOR PLUS	NPB	ST; OTC; QL (300 EA per 25 days)
GLUCOCARD EXPRESSION TEST	NPB	ST; OTC; QL (300 EA per 25 days)
GLUCOCARD SHINE CONNEX	NPB	ST; OTC; QL (1 EA per 273 days)
GLUCOCARD SHINE EXPRESS	NPB	ST; OTC; QL (1 EA per 273 days)
GLUCOCARD SHINE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
GLUCOCARD VITAL TEST	NPB	ST; OTC; QL (300 EA per 25 days)
GOJJI BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
HW EMBRACE PRO GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
HW EMBRACE TALK GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
INFINITY BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
KROGER HEALTHPRO GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
LANCETS IN VITRO STRIP	NPB	ST; OTC; QL (300 EA per 25 days)
MICRODOT TEST	NPB	ST; OTC; QL (300 EA per 25 days)
ONE DROP BLOOD GLUCOSE MONITOR	NPB	ST; OTC; QL (1 EA per 273 days)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ONE DROP TEST	NPB	ST; OTC; QL (300 EA per 25 days)
ONETOUCH ULTRA TEST STRIPS	PB	OTC; QL (300 EA per 25 days)
ONETOUCH ULTRA 2 KIT W/DEVICE	PB	OTC; QL (1 EA per 273 days)
ONETOUCH ULTRA MINI KIT W/DEVICE	PB	OTC; QL (1 EA per 273 days)
ONETOUCH VERIO KIT W/DEVICE	PB	OTC; QL (1 EA per 273 days)
ONETOUCH VERIO FLEX SYSTEM	PB	OTC; QL (1 EA per 273 days)
ONETOUCH VERIO TEST STRIPS	PB	OTC; QL (300 EA per 25 days)
ONETOUCH VERIO IQ SYSTEM	PB	OTC; QL (1 EA per 273 days)
ONETOUCH VERIO REFLECT	PB	OTC; QL (1 EA per 273 days)
ONETOUCH VERIO SYNC SYSTEM	PB	OTC; QL (1 EA per 273 days)
POGO AUTOMATIC TEST CARTRIDGES	NPB	ST; OTC; QL (300 EA per 25 days)
PRECISION LINK	NPB	ST; OTC; QL (1 EA per 273 days)
PRECISION PCX PLUS TEST	NPB	ST; OTC; QL (300 EA per 25 days)
PRECISION QID TEST	NPB	ST; OTC; QL (300 EA per 25 days)
PRECISION SOF-TACT TEST	NPB	ST; OTC; QL (300 EA per 25 days)
PRECISION XTRA BLOOD GLUCOSE	NPB	ST; OTC; QL (300 EA per 25 days)
PRODIGY NO CODING BLOOD GLUC	NPB	ST; OTC; QL (1 EA per 273 days)
RELION BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
RELION PREMIER TEST	NPB	ST; OTC; QL (300 EA per 25 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	NPB	OTC; QL (300 EA per 25 days)
TRUE METRIX BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (300 EA per 25 days)
TRUE METRIX METER KIT	NPB	OTC; QL (1 EA per 273 days)
TRUE METRIX PRO BLOOD GLUCOSE	NPB	ST; OTC; QL (300 EA per 25 days)
TRUETRACK TEST	NPB	ST; OTC; QL (300 EA per 25 days)
VIVAGUARD INO TEST STRIPS	NPB	ST; OTC; QL (300 EA per 25 days)
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	NPB	
BAQSIMI TWO PACK	NPB	

Drug Name	Drug Tier	Restrictions / Limits
diazoxide oral	G	M
GLUCAGEN HYPOKIT	PB	
glucagon emergency kit 1 mg injection 1 mg	G	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	NPB	
GLUCAGON EMERGENCY KIT	NPB	
GVOKE HYPOPEN 1-PACK	NPB	
GVOKE HYPOPEN 2-PACK	NPB	
GVOKE PFS	NPB	
PROGLYCEM	NPB	M
<b>Diabetes - Insulins</b>		
ADMELOG	NPB	ST; M; QL (50 ML per 25 days)
ADMELOG SOLOSTAR	NPB	ST; M; QL (45 ML per 25 days)
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NPB	M
AFREZZA INHALATION POWDER 4 UNIT	NPB	M; QL (630 EA per 23 days)
APIDRA SOLOSTAR	NPB	ST; M; QL (45 ML per 25 days)
APIDRA VIAL	NPB	ST; M; QL (50 ML per 25 days)
BASAGLAR KWIKPEN	NPB	ST; M
DROPLET MICRON	PB	ST; M; OTC
FIASP	NPB	ST; M; QL (50 ML per 25 days)
FIASP FLEXTOUCH	NPB	ST; M; QL (45 ML per 25 days)
FIASP PENFILL	NPB	ST; M; QL (45 ML per 25 days)
HUMALOG KWIKPEN	PB	M; QL (45 ML per 25 days)
HUMALOG MIX 50/50 KWIKPEN	PB	M; QL (45 ML per 25 days)
HUMALOG MIX 50/50 VIAL	PB	M; QL (50 ML per 25 days)
HUMALOG MIX 75/25 KWIKPEN	PB	M; QL (45 ML per 25 days)
HUMALOG MIX 75/25 VIAL	PB	M; QL (50 ML per 25 days)
HUMALOG SUBCUTANEOUS SOLUTION	PB	M; QL (50 ML per 25 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	PB	M; QL (15 ML per 34 days)
HUMALOG U-100 JUNIOR KWIKPEN	PB	M; QL (45 ML per 25 days)
HUMULIN 70/30 KWIKPEN	PB	M; OTC; QL (45 ML per 25 days)
HUMULIN 70/30 VIAL	PB	M; OTC; QL (45 ML per 25 days)
HUMULIN N KWIKPEN	PB	M; OTC
HUMULIN N VIAL	PB	M; OTC; QL (50 ML per 25 days)
HUMULIN R U-500 KWIKPEN	PB	M; QL (45 ML per 25 days)
HUMULIN R U-500 VIAL	PB	M; QL (50 ML per 25 days)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
HUMULIN R VIAL	PB	M; OTC; QL (50 ML per 25 days)
INSULIN ASP PROT & ASP FLEXPEN	NPB	ST; M
INSULIN ASPART	NPB	ST; M
INSULIN ASPART FLEXPEN	NPB	ST; M; QL (45 ML per 25 days)
INSULIN ASPART PENFILL	NPB	ST; M; QL (45 ML per 25 days)
INSULIN ASPART PROT & ASPART	NPB	ST; M
INSULIN LISPRO	NPB	ST; M; QL (50 ML per 25 days)
INSULIN LISPRO (1 UNIT DIAL)	NPB	ST; M; QL (45 ML per 25 days)
INSULIN LISPRO JUNIOR KWIKPEN	NPB	ST; M; QL (45 ML per 25 days)
INSULIN LISPRO PROT & LISPRO	NPB	ST; M; QL (45 ML per 25 days)
INSULIN PEN NEEDLES 30G X 6 MM	PB	ST; M; OTC
LANTUS SOLOSTAR	PB	M
LANTUS U-100 VIAL	PB	M; QL (50 ML per 25 days)
LEVEMIR U-100 FLEXTOUCH	PB	M; QL (45 ML per 25 days)
LEVEMIR U-100 VIAL	PB	M; QL (50 ML per 25 days)
LYUMJEV KWIKPEN	PB	
LYUMJEV VIAL	PB	
NOVOLIN 70/30 FLEXPEN	NPB	ST; M; OTC; QL (45 ML per 25 days)
NOVOLIN 70/30 FLEXPEN RELION	NPB	ST; M; OTC; QL (45 ML per 25 days)
NOVOLIN 70/30 RELION	NPB	ST; M; OTC; QL (45 ML per 25 days)
NOVOLIN 70/30 VIAL	NPB	ST; M; OTC; QL (45 ML per 25 days)
NOVOLIN N FLEXPEN	NPB	ST; M; OTC
NOVOLIN N FLEXPEN RELION	NPB	ST; M; OTC
NOVOLIN N RELION	NPB	ST; M; OTC; QL (50 ML per 25 days)
NOVOLIN N VIAL	NPB	ST; M; OTC; QL (50 ML per 25 days)
NOVOLIN R FLEXPEN	NPB	ST; M; OTC
NOVOLIN R FLEXPEN RELION	NPB	ST; M; OTC
NOVOLIN R RELION	NPB	ST; M; OTC; QL (50 ML per 25 days)
NOVOLIN R VIAL	NPB	ST; M; OTC; QL (50 ML per 25 days)
NOVOLOG 70/30 FLEXPEN RELION	NPB	ST; M
NOVOLOG FLEXPEN	NPB	ST; M; QL (45 ML per 25 days)
NOVOLOG FLEXPEN RELION	NPB	ST; M; QL (45 ML per 25 days)

Drug Name	Drug Tier	Restrictions / Limits
NOVOLOG MIX 70/30 FLEXPEN	NPB	ST; M
NOVOLOG MIX 70/30 RELION	NPB	ST; M
NOVOLOG MIX 70/30 VIAL	NPB	ST; M
NOVOLOG PENFILL	NPB	ST; M; QL (45 ML per 25 days)
NOVOLOG RELION	NPB	ST; M
NOVOLOG U-100 VIAL	NPB	ST; M
TOUJEO MAX SOLOSTAR	PB	M; QL (45 ML per 25 days)
TOUJEO SOLOSTAR	PB	M
TRESIBA	PB	M; QL (50 ML per 25 days)
TRESIBA FLEXTOUCH	PB	M; QL (45 ML per 25 days)
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
adc/f (0.5mg/ml)	G	ACA
ARGININE HCL INJECTION	NPB	
ASCORBIC ACID INJECTION	NPB	
ATABEX OB	NPB	
CALCIFOL	NPB	
calcium-folic acid plus d	G	
CARBAGLU	PB-S	PA
CARNITOR ORAL	NPB	M
CARNITOR SF	NPB	M
CHEMET	PB	
CHROMAGEN	NPB	
CITRANATAL BLOOM	NPB	
CITRANATAL MEDLEY	NPB	
clovique	G	PA
cyanocobalamin injection solution 1000 mcg/ml	G	M
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	PB	M
cytra k crystals	G	
DECARA K	NPB	
deferasirox	G-S	
deferasirox granules	G-S	
deferiprone	G-S	
DEXPANTHENOL INJECTION	NPB	
DRISDOL	NPB	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	NPB	M
effer-k oral tablet effervescent 25 meq	G	M
ELITE-OB	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ENBRACE HR	NPB	
ERGOCAL	NPB	
ergocalciferol oral capsule	G	
EXJADE	PB-S	
FERIVA 21/7	NPB	
ferotrin sic	G	
FERRALET 90	NPB	
ferraplus 90	G	
FERRIPROX	PB-S	
FERRIPROX TWICE-A-DAY	PB-S	
FERRO-PLEX HEMATINIC	NPB	
FLORIVA ORAL LIQUID	NPB	M; ACA
FLORIVA ORAL TABLET CHEWABLE	NPB	
FLORIVA PLUS	NPB	ACA
fluoritab	G	M; ACA
FOLDITAM	NPB	
folic acid oral tablet 1 mg	G	M
FOLI-D	NPB	
FOLITE	NPB	
foltrin	G	
FOLVITE-D	NPB	
GALZIN	NPB	
GENICIN VITA-D	NPB	
GLUTATHIONE INJECTION	NPB	
GLYCINE INJECTION	NPB	
HEMATRON-AF	NPB	
hydroxocobalamin acetate	G	
iodine strong oral	G	
JADENU	NPB-S	
JADENU SPRINKLE	PB-S	
JYNARQUE	PB-S	PA; QL (2 EA per 1 day)
klor-con	G	M
klor-con 10	G	M
klor-con m10	G	M
klor-con m15	G	M
klor-con m20	G	M
klor-con/ef	G	M
K-PHOS	PB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
K-PHOS NO 2	NPB	
k-prime	G	M
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	G	M
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	NPB	ST; M
k-tan plus	G	
levocarnitine oral solution	G	M
levocarnitine oral tablet	G	M
levocarnitine sf	G	M
LIPO	NPB	
LIPO-C	NPB	
LOKELMA	PB	
LYSINE HCL INJECTION	NPB	
MAGNESIUM SULFATE INJECTION	NPB	
MEPHYTON	NPB	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	NPB	
MULTIGEN	NPB	
multi-vitamin/fluoride	G	ACA
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg	G	ACA
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25-0.3 MG, 0.5-0.3 MG, 1-0.3 MG	NPB	
multivitamin/fluoride oral tablet chewable 1 mg	G	
multi-vitamin/fluoride/iron	G	ACA
nafrinse	G	M
nafrinse drops	G	M; ACA
NASCOBAL	PB	M
NEPHRON FA	NPB	
NESTABS	NPB	
NESTABS ONE	NPB	
NIFEREX	NPB	
NUTRIVIT	PB	
ORACIT	NPB	
phospho-trin 250 neutral	G	
phytonadione oral	G	
polysaccharide iron forte	G	
POLY-VI-FLOR	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
POLY-VI-FLOR/IRON	NPB	
pot & sod cit-cit ac	G	
POTABA	NPB	M
potassium chloride crys er	G	M
potassium chloride er	G	M
potassium chloride oral	G	M
potassium citrate er	G	M
potassium citrate-citric acid	G	
PRENAISSANCE	NPB	
prenatal plus iron	G	
PRENATE DHA	NPB	
PRENATE ELITE	NPB	
PRENATE ENHANCE	G	
PRENATE ESSENTIAL	NPB	
PRENATE MINI	NPB	
PRENATE PIXIE	NPB	
PRENATE RESTORE	G	
PRENATVITE RX	NPB	
PRIMACARE	NPB	
QUFLORA FE	NPB	
QUFLORA FE PEDIATRIC	NPB	ACA
QUFLORA GUMMIES	NPB	
QUFLORA PEDIATRIC ORAL SOLUTION	NPB	ACA
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	NPB	ACA
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	NPB	
RELNATE DHA	NPB	
RENATABS WITH IRON	NPB	
SALINE-PHENOL	NPB	
SAMSCA	PB-S	PA; QL (2 EA per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	NPB	
sod citrate-citric acid	G	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	G	M; ACA
sodium fluoride oral tablet 1.1 (0.5 f) mg	G	M; ACA
sodium fluoride oral tablet 2.2 (1 f) mg	G	M
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	G	M; ACA

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
sodium fluoride oral tablet chewable 2.2 (1 f) mg	G	M
sodium polystyrene sulfonate	G	
sps	G	
SYPRINE	NPB	PA
TAURINE INJECTION	NPB	
TOLVAPTAN ORAL TABLET 15 MG	PB-S	PA; QL (2 EA per 1 day)
tolvaptan tablet 30 mg oral	G	PA; QL (2 EA per 1 day)
tolvaptan tablet 30 mg oral	G-S	PA; QL (2 EA per 1 day)
tolvaptan tablet 30 mg oral	PB-S	PA; QL (2 EA per 1 day)
TRI-AMINO	NPB	
TRICARE PRENATAL DHA ONE	NPB	
trientine hcl	G	PA
TRINATE	NPB	
TRI-VI-FLOR	NPB	
TRI-VI-FLORO	NPB	
tri-vite/fluoride	G	ACA
UROCIT-K 10	NPB	M
UROCIT-K 15	NPB	M
UROCIT-K 5	NPB	M
VELTASSA	PB	
VINATE ONE	G	
VITAFOL-OB+DHA	NPB	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	G	
vitamins acd-fluoride	G	ACA
vp-pnv-dha	NPB	
WILZIN	NPB	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	NPB	ST; M; QL (2 EA per 1 day)
ACIPHEX SPRINKLE	NPB	ST; M; QL (2 EA per 1 day)
CARAFATE	NPB	M
cimetidine hcl	G	M
cimetidine oral tablet 300 mg, 400 mg, 800 mg	G	M
CYTOTEC	NPB	M
DEXILANT	NPB	ST; M; QL (2 EA per 1 day)
esomeprazole magnesium oral capsule delayed release	PB	M; QL (2 EA per 1 day)
esomeprazole magnesium oral packet	G	M; QL (2 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ESOMEPRAZOLE STRONTIUM	NPB	ST; M; QL (2 EA per 1 day)
famotidine oral suspension reconstituted	G	
famotidine oral tablet 40 mg	G	M
lansoprazole oral	PB	M; QL (2 EA per 1 day)
misoprostol oral	G	M
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG	NPB	ST; M; QL (2 EA per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	NPB	ST; M; QL (2 EA per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG	PB	ST; M; QL (2 EA per 1 day)
nizatidine	G	M
omeprazole oral capsule delayed release	PB	M; QL (2 EA per 1 day)
omeprazole-sodium bicarbonate	PB	M; QL (2 EA per 1 day)
pantoprazole sodium oral packet	G	M; QL (2 EA per 1 day)
pantoprazole sodium oral tablet delayed release	PB	M; QL (2 EA per 1 day)
PEPCID ORAL TABLET 40 MG	NPB	M
PREVACID	NPB	ST; M; QL (2 EA per 1 day)
PREVACID SOLUTAB	NPB	ST; M; QL (2 EA per 1 day)
PRILOSEC	NPB	ST; M; QL (2 EA per 1 day)
PROTONIX ORAL	NPB	ST; M; QL (2 EA per 1 day)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	NPB	ST; M; QL (2 EA per 1 day)
rabeprazole sodium oral tablet delayed release	PB	M; QL (2 EA per 1 day)
sucralfate oral	G	M
ZEGERID	NPB	ST; M; QL (2 EA per 1 day)
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	G	
alvimopan	G	
AMITIZA	PB	QL (2 EA per 1 day)
amoxicill-clarithro-lansopraz	G	QL (112 EA per 25 days)
ANASPAZ	G	
ATROOPEN	NPB	
belladonna alkaloids-opium	G	
cascara sagrada oral fluid extract	NPB	
CHENODAL	PB-S	PA
chlordiazepoxide-clidinium	G	
CLENPIQ	PB	ACA
constulose	G	

Drug Name	Drug Tier	Restrictions / Limits
cromolyn sodium oral	G	
CUVPOSA	NPB	
dicyclomine hcl oral	G	
diphenoxylate-atropine	G	
DONNATAL	NPB	
ED-SPAZ	G	
ENTEREG	NPB	
enulose	G	
GASTROCROM	NPB	
GATTEX	NPB-S	
gavilyte-c	G	ACA
gavilyte-g	G	ACA
gavilyte-n with flavor pack	G	ACA
generlac	G	
GIALAX	NPB	ACA
glycopyrrolate oral	G	
GOLYTELY	NPB	
HELIDAC THERAPY	NPB	
hyoscyamine sulfate er	G	
hyoscyamine sulfate injection	G	
hyoscyamine sulfate oral elixir	G	
hyoscyamine sulfate oral solution	G	
hyoscyamine sulfate oral tablet	G	
hyoscyamine sulfate sl	G	
hyoscyamine sulfate sublingual	G	
hyosyne	G	
KRISTALOSE	NPB	
lactulose	G	
lactulose encephalopathy	G	
LEVBID	NPB	
LEVSIN ORAL	NPB	
LEVSIN/SL	NPB	
LIBRAX	NPB	ST
LINZESS	PB	QL (1 EA per 1 day)
LOMOTIL	NPB	
LOTRONEX	NPB	
LUBIPROSTONE	PB	QL (2 EA per 1 day)
methscopolamine bromide oral	G	

Drug Name	Drug Tier	Restrictions / Limits
mineral oil heavy oral	PB	
MOTEGRITY	NPB	QL (1 EA per 1 day)
MOTOFEN	NPB	
MOVANTIK	PB	QL (1 EA per 1 day)
MOVIPREP	NPB	
MYTESI	NPB	QL (2 EA per 1 day)
NULEV	G	
NULYTELY LEMON-LIME	NPB	
OMECLAMOX-PAK	NPB	QL (80 EA per 25 days)
opium	G	
oscimin	G	
oscimin sr	G	
OSMOPREP	NPB	ACA
pb-hyoscy-atropine-scopolamine	G	
peg 3350-kcl-na bicarb-nacl	G	ACA
peg-3350/electrolytes	G	ACA
peg-3350/electrolytes/ascorbat	G	ACA
peg-kcl-nacl-nasulf-na asc-c	G	ACA
phenobarbital-belladonna alk	G	
PHENOHYTRO	NPB	
PLENVU	NPB	ACA
PYLERA	PB	
RELISTOR ORAL	NPB	QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	PB	QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	PB	QL (0.4 ML per 1 day)
RELTONE	NPB	M
SEROSTIM	PB-S	PA
SUPREP BOWEL PREP KIT	PB	ACA
SUTAB	NPB	QL (24 EA per 1 fill)
SYMAX DUOTAB	NPB	
SYMAX-SL	NPB	
SYMAX-SR	NPB	
SYMPROIC	PB	QL (1 EA per 1 day)
TALICIA	NPB	QL (12 EA per 1 day)
TRULANCE	PB	QL (1 EA per 1 day)
URSO 250	NPB	M
URSO FORTE	NPB	M

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
URSODIOL ORAL CAPSULE 200 MG, 400 MG	NPB	M
ursodiol oral capsule 300 mg	G	M
ursodiol oral tablet	G	M
VIBERZI	PB	QL (2 EA per 1 day)
XERMELO	PB-S	PA; QL (3 EA per 1 day)
ZELNORM	NPB	QL (2 EA per 1 day)
ZORBTIVE	NPB-S	PA
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
BUPHENYL ORAL TABLET	NPB	
CERDELGA	PB-S	
CHOLBAM	PB-S	
CREON	PB	
CYSTAGON	PB-S	
EVRYSDI	NPB-S	PA; QL (8 ML per 1 day)
GALAFOLD	NPB-S	PA; QL (0.5 EA per 1 day)
KUVAN	PB-S	PA
miglustat	G-S	
MYALEPT	PB-S	PA
nitisinone	G-S	
NITYR	PB-S	
OCALIVA	PB-S	PA; QL (1 EA per 1 day)
ORFADIN	PB-S	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	PB-S	PA; QL (0.5 ML per 1 day)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	PB-S	PA; QL (0.15 ML per 1 day)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	PB-S	PA; QL (2 ML per 1 day)
PANCREAZE	NPB	ST
PERTZYE	NPB	ST
PROCYSBI	NPB-S	ST
RAVICTI	PB-S	
sapropterin dihydrochloride	G-S	PA
sodium phenylbutyrate oral tablet	G	
STRENSIQ	PB-S	PA
SUCRAID	PB-S	
VIOKACE	PB	
XURIDEN	PB-S	QL (4 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
ZAVESCA	NPB-S	ST
ZENPEP	PB	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	NPB	
bethanechol chloride oral	G	
calcium acetate (phos binder)	G	
calcium acetate oral tablet 667 mg	G	
CUPRIMINE	NPB	ST; M
darifenacin hydrobromide er	G	M
DEPEN TITRATABS	NPB	M
DETROL	NPB	ST; M
DETROL LA	NPB	ST; M
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	NPB	ST; M
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	NPB	ST; M; QL (1 EA per 1 day)
ELMIRON	PB	PA
FEM PH	G	
flavoxate hcl	G	M
FOSRENOL	NPB	ST
GELNIQUE	PB	ST; M; QL (34 GM per 25 days)
GEMTESA	NPB	ST
HYOPHEN	NPB	
INTRAROSA	NPB	
lanthanum carbonate	G	
LITHOSTAT	NPB	
me/naphos(mb/hyo1	G	
MYRBETRIQ	PB	ST
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	G	M
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	G	M; QL (1 EA per 1 day)
oxybutynin chloride oral	G	M
OXYTROL	NPB	ST; M; QL (0.29 EA per 1 day)
penicillamine oral	G	M
phenazo oral tablet 200 mg	G	
phenazopyridine hcl oral tablet 100 mg, 200 mg	G	
PHOSLYRA	PB	

Drug Name	Drug Tier	Restrictions / Limits
PHOSPHASAL	NPB	
PYRIDIUM	NPB	
RENAGEL	NPB	ST
RENVELA	NPB	
RIMSO-50	NPB	
sevelamer carbonate	G	
sevelamer hcl	G	
solifenacin succinate	G	M
THIOLA	NPB-S	PA
THIOLA EC	NPB-S	PA
tiopronin oral	G	PA
tolterodine tartrate	G	M
tolterodine tartrate er	G	M
TOVIAZ	PB	ST
trospium chloride	G	M
trospium chloride er	G	M
URELLE	NPB	
URIBEL	NPB	
URIMAR-T	NPB	
urin ds	G	
URO-458	NPB	
UROGESIC-BLUE	G	
UTIRA-C	NPB	
VELPHORO	PB	
VESICARE	PB	ST; M
VESICARE LS	NPB	M
VILAMIT MB	NPB	
VILEVEV MB	NPB	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	G	M
AVODART	NPB	ST; M
CARDURA XL	NPB	M; QL (1 EA per 1 day)
dutasteride oral	G	M
dutasteride-tamsulosin hcl	G	M
finasteride oral tablet 5 mg	G	M
FLOMAX	NPB	ST; M
JALYN	NPB	ST; M

Drug Name	Drug Tier	Restrictions / Limits
PROSCAR	NPB	ST; M
RAPAFLO	NPB	ST; M
silodosin	G	M
tamsulosin hcl	G	M
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	G	M; QL (1 EA per 1 day)
terazosin hcl oral capsule 10 mg	G	M; QL (2 EA per 1 day)
UROXATRAL	NPB	ST; M
<b>Hormonal Agents - Adrenal</b>		
ACTIVE INJECTION BLM-1	NPB	
ACTIVE INJECTION BM	NPB	
ACTIVE INJECTION DL	NPB	
ACTIVE INJECTION DLM	NPB	
ACTIVE INJECTION KIT L	NPB	
ACTIVE INJECTION KM	NPB	
ACTIVE INJECTION LM-DEP-2	NPB	
ACTIVE INJECTION M-1	NPB	
BETALIDO	NPB	
BUPIVILOG	NPB	
CONTRAST ALLERGY PREMED PACK	NPB	
CORTEF	NPB	
DECADRON	G	
DEXABLISS	NPB	ST
dexamethasone intensol	G	
dexamethasone oral elixir	G	
dexamethasone oral solution	G	
dexamethasone oral tablet	G	
dexamethasone oral tablet therapy pack	G	ST
DEXLIDO	NPB	
DEXLIDO-M	NPB	
DXEVO 11-DAY	NPB	ST
DYURAL-40	NPB	
DYURAL-80	NPB	
DYURAL-L	NPB	
DYURAL-LM	NPB	
fludrocortisone acetate oral	G	M
HEMADY	NPB	
HIDEX 6-DAY	PB	ST
hydrocortisone oral	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
lidolog	G	
MARBETA-25	NPB	
MARBETA-L	NPB	
MARDEX-25	NPB	
MEDROL	NPB	
METHYLPREDNISOLONE ACE-LIDO	NPB	
methylprednisolone oral	G	
MILLIPRED	G	
MULTI-SPECIALTY	NPB	
ORAPRED ODT	NPB	
P-CARE K40MX	NPB	
P-CARE K80MX	NPB	
PEDIAPRED	NPB	
POINT OF CARE KM	NPB	
POINT OF CARE L.2	NPB	
POINT OF CARE L.5	NPB	
POINT OF CARE LM DEP 2	NPB	
prednisolone oral solution	G	
prednisolone sodium phosphate oral	G	
prednisone intensol	G	
prednisone oral	G	
RAYOS	NPB	ST
READYSHARP ANESTH + BETAMETH	NPB	
READYSHARP ANESTH + DEXAMETH	NPB	
READYSHARP ANESTH + METHYLPRED	NPB	
ROPIDEX	NPB	
TAPERDEX 12-DAY	NPB	ST
TAPERDEX 6-DAY	NPB	ST
TAPERDEX 7-DAY	NPB	ST
ZCORT 7-DAY	NPB	ST
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	PB	PA
ANDROGEL PUMP	NPB	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	NPB	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	NPB	ST
danazol oral	G	
DEPO-TESTOSTERONE	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
FORTESTA	NPB	ST
JATENZO	NPB	PA
METHITEST	PB	
methyltestosterone oral	G	
NATESTO	NPB	ST
TESTIM	NPB	ST
TESTOSTERONE CYPIONATE INJECTION	G	
testosterone cypionate intramuscular	G	
testosterone enanthate intramuscular	G	PA
testosterone transdermal	G	
VOGELXO	NPB	ST
VOGELXO PUMP	NPB	ST
XYOSTED	NPB	PA
<b>Hormonal Agents - Osteoporosis</b>		
EVISTA	NPB	PA; M
OSPHENA	NPB	
raloxifene hcl	G	PA; M
<b>Hormonal Agents - Pituitary</b>		
cabergoline	G	M; QL (1 EA per 1 day)
CETROTIDE	PB	
chorionic gonadotropin intramuscular	G	ST; QL (3 EA per 25 days)
clomiphene citrate oral	G	
DDAVP ORAL	NPB	M
desmopressin ace spray refrig	G	M
DESMOPRESSIN ACETATE NASAL	PB	M
desmopressin acetate oral	G	M
desmopressin acetate spray	G	M
EGRIFTA SV	PB-S	PA; QL (1 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG	PB-S	QL (0.009 EA per 1 day)
FIRMAGON	PB-S	QL (0.036 EA per 1 day)
FIRMAGON (240 MG DOSE)	PB-S	QL (0.006 EA per 1 day)
FOLLISTIM AQ	NPB	ST
ganirelix acetate	G-S	ST
GENOTROPIN	PB-S	PA
GENOTROPIN MINIQUICK	PB-S	PA
GONAL-F	PB	
GONAL-F RFF	PB	
GONAL-F RFF REDIRECT	PB	

Drug Name	Drug Tier	Restrictions / Limits
HUMATROPE	NPB-S	PA
INCRELEX	PB-S	PA
ISTURISA	NPB-S	PA
leuprolide acetate injection	G-S	
LEUPROLIDE ACETATE-BUPIVACAINE	NPB	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	PB	QL (0.012 EA per 1 day)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	PB	QL (0.04 EA per 1 day)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	PB-S	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	NPB-S	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	PB-S	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	NPB-S	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	NPB-S	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	NPB-S	
LUPRON DEPOT-PED (1-MONTH)	PB-S	PA
LUPRON DEPOT-PED (3-MONTH)	PB	PA
MENOPUR	PB	
MYCAPSSA	NPB	
NOCDURNA	NPB	M
NORDITROPIN FLEXPRO	PB-S	PA
novarel intramuscular solution reconstituted 10000 unit	NPB	QL (3 EA per 25 days)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	PB	
NUTROPIN AQ NUSPIN 10	NPB-S	PA
NUTROPIN AQ NUSPIN 20	NPB-S	PA
NUTROPIN AQ NUSPIN 5	NPB-S	PA
octreotide acetate	G-S	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	PB-S	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NPB-S	PA
ORILISSA ORAL TABLET 150 MG	PB	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	PB	PA; QL (2 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
OVIDREL	PB	
pregnyl	NPB	ST; QL (3 EA per 25 days)
SAIZEN	NPB-S	PA
SAIZENPREP	NPB-S	PA
SANDOSTATIN	NPB-S	
SOMATULINE DEPOT	PB-S	
SOMAVERT	PB-S	
STIMATE	PB	M
SYNAREL	PB	
ZOMACTON	NPB-S	PA
ZOMACTON (FOR ZOMA-JET 10)	NPB-S	PA
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	NPB-S	PA; QL (4 EA per 1 day)
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ACTIVELLA	NPB	M
afirmelle	G	M; ACA
ALORA	NPB	M; QL (0.4 EA per 1 day)
altavera	G	M; ACA
alyacen 1/35	G	M; ACA
alyacen 7/7/7	G	M; ACA
amabelz	G	M
amethia	G	M; ACA; QL (1 EA per 1 day)
amethyst	G	M; ACA
ANGELIQ	NPB	M
ANNOVERA	NPB	ACA
apri	G	M; ACA
aranelle	G	M; ACA
ashlyna	G	M; ACA; QL (1 EA per 1 day)
aubra	G	M; ACA
aubra eq	G	M; ACA
aurovela 1.5/30	G	M; ACA
aurovela 1/20	G	M; ACA
aurovela 24 fe	G	M; ACA
aurovela fe 1.5/30	G	M; ACA
aurovela fe 1/20	G	M; ACA
aviane	G	M; ACA
AYGESTIN	NPB	M

Drug Name	Drug Tier	Restrictions / Limits
ayuna	G	M; ACA
azurette	G	M; ACA
BALCOLTRA	NPB	ST; M
balziva	G	M; ACA
BEYAZ	NPB	ST; M
BIJUVA	NPB	
blisovi 24 fe	G	M; ACA
blisovi fe 1.5/30	G	M; ACA
blisovi fe 1/20	G	M; ACA
briellyn	G	M; ACA
camila	G	M; ACA
camrese	G	M; ACA; QL (1 EA per 1 day)
camrese lo	G	M; ACA; QL (1 EA per 1 day)
caziant	G	M; ACA
charlotte 24 fe	G	M; ACA
chateal	G	M; ACA
chateal eq	G	M; ACA
CLIMARA	NPB	M; QL (0.2 EA per 1 day)
CLIMARA PRO	NPB	ST; M; QL (0.2 EA per 1 day)
COMBIPATCH	PB	M
COVARYX	NPB	
COVARYX HS	NPB	
CRINONE	PB	QL (0.6 GM per 1 day)
cryselle-28	G	M; ACA
cyclafem 1/35	G	M; ACA
cyclafem 7/7/7	G	M; ACA
cyred	G	M; ACA
cyred eq	G	M; ACA
dasetta 1/35	G	M; ACA
dasetta 7/7/7	G	M; ACA
daysee	G	M; ACA; QL (1 EA per 1 day)
deblitane	G	M; ACA
DELESTROGEN	NPB	
delyla	G	M; ACA
DEPO-ESTRADIOL	PB	
DEPO-PROVERA	NPB	QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104	NPB	ACA; QL (0.02 ML per 1 day)
desogestrel-ethinyl estradiol	G	M; ACA

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM	PB	M; QL (34 EA per 28 days)
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM, 1.25 MG/1.25GM	PB	M
DIVIGEL TRANSDERMAL GEL 1 MG/GM	PB	M; QL (34 GM per 28 days)
dolishale	G	M; ACA
dotti	G	M; QL (0.4 EA per 1 day)
drospirene-eth estrad-levomefol	G	M; ACA
drospirenone-ethinyl estradiol	G	M; ACA
DUAVEE	PB	
EEMT	NPB	
EEMT HS	NPB	
ELESTRIN	NPB	M; QL (52 GM per 28 days)
elinest	G	M; ACA
ELLA	NPB	QL (1 EA per 25 days)
eluryng	G	M; ACA; QL (1 EA per 25 days)
emoquette	G	M; ACA
ENDOMETRIN	NPB	ST
enpresse-28	G	M; ACA
enskyce	G	M; ACA
errin	G	M; ACA
est estrogens-methyltest	G	
est estrogens-methyltest ds	G	
est estrogens-methyltest hs	G	
estarrylla	G	M; ACA
ESTRACE	NPB	M
estradiol oral	G	M
estradiol transdermal patch twice weekly	G	M; QL (0.4 EA per 1 day)
estradiol transdermal patch weekly	G	M; QL (0.2 EA per 1 day)
estradiol vaginal	G	M
estradiol valerate intramuscular	G	
estradiol-norethindrone acet	G	M
ESTRING	PB	M; QL (0.012 EA per 1 day)
ESTROGEL	NPB	M; QL (50 GM per 28 days)
ESTROSTEP FE	NPB	ST; M
ethynodiol diac-eth estradiol	G	M; ACA
etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal	G	M; ACA; QL (1 EA per 25 days)

Drug Name	Drug Tier	Restrictions / Limits
etonogestrel-ethynodiol dihydrogen phosphate ring 0.12-0.015 mg/24hr vaginal	NPB	M; ACA; QL (1 EA per 25 days)
EVAMIST	NPB	M; QL (17 ML per 28 days)
FALESSA	NPB	ST
falmina	G	M; ACA
fayosim	G	M; ACA; QL (1 EA per 1 day)
FEMHRT	NPB	M
FEMRING	NPB	ST; M; QL (0.012 EA per 1 day)
femynor	G	M; ACA
fyavolv	G	M
gemmafly	G	M; ACA
GENERESS FE	NPB	ST; M
hailey 1.5/30	G	M; ACA
hailey 24 fe	G	M; ACA
hailey fe 1.5/30	G	M; ACA
hailey fe 1/20	G	M; ACA
heather	G	M; ACA
iclevia	G	M; ACA; QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK	NPB	M
IMVEXXY STARTER PACK	NPB	M
incassia	G	M; ACA
introvale	G	M; ACA; QL (1 EA per 1 day)
isibloom	G	M; ACA
jaimiess	G	M; ACA; QL (1 EA per 1 day)
jasmiel	G	M; ACA
jencycla	G	M; ACA
jinteli	G	M
jolessa	G	M; ACA; QL (1 EA per 1 day)
juleber	G	M; ACA
junel 1.5/30	G	M; ACA
junel 1/20	G	M; ACA
junel fe 1.5/30	G	M; ACA
junel fe 1/20	G	M; ACA
junel fe 24	G	M; ACA
kaitlib fe	G	M; ACA
kalliga	G	M; ACA
kariva	G	M; ACA
kelnor 1/35	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
kelnor 1/50	G	M; ACA
kurvelo	G	M; ACA
larin 1.5/30	G	M; ACA
larin 1/20	G	M; ACA
larin 24 fe	G	M; ACA
larin fe 1.5/30	G	M; ACA
larin fe 1/20	G	M; ACA
larissia	G	M; ACA
layolis fe	G	M; ACA
leena	G	M; ACA
lessina	G	M; ACA
levonest	G	M; ACA
levonorgest-eth est & eth est	G	M; ACA; QL (1 EA per 1 day)
levonorgest-eth estrad 91-day	G	M; ACA; QL (1 EA per 1 day)
levonorgestrel-ethynodiol estrad	G	M; ACA
levonorg-eth estrad triphasic	G	M; ACA
levora 0.15/30 (28)	G	M; ACA
lillow	G	M; ACA
LO LOESTRIN FE	PB	ST; M
LOESTRIN 1.5/30 (21)	NPB	ST; M
LOESTRIN 1/20 (21)	NPB	ST; M
LOESTRIN FE 1.5/30	NPB	ST; M
LOESTRIN FE 1/20	NPB	ST; M
lojaimiess	G	M; ACA; QL (1 EA per 1 day)
loryna	G	M; ACA
LOSEASONIQUE	NPB	ST; M; QL (1 EA per 1 day)
low-ogestrel	G	M; ACA
lo-zumandimine	G	M; ACA
lutera	G	M; ACA
lyleq	G	M; ACA
lyllana	G	M; QL (0.4 EA per 1 day)
lyza	G	M; ACA
marlissa	G	M; ACA
medroxyprogesterone acetate intramuscular	G	ACA; QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	G	M
megestrol acetate oral suspension	G	
megestrol acetate oral tablet	G-S	
MENEST	NPB	M

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
MENOSTAR	NPB	M; QL (0.2 EA per 1 day)
merzee	G	M; ACA
mibelas 24 fe	G	M; ACA
microgestin 1.5/30	G	M; ACA
microgestin 1/20	G	M; ACA
microgestin 24 fe	G	M; ACA
microgestin fe 1.5/30	G	M; ACA
microgestin fe 1/20	G	M; ACA
milii	G	M; ACA
mimvey	G	M
MINASTRIN 24 FE	NPB	ST; M
MINIVELLE	NPB	ST; M; QL (0.4 EA per 1 day)
MIRCETTE	NPB	ST; M
mono-linyah	G	M; ACA
NATAZIA	NPB	ST; M
necon 0.5/35 (28)	G	M; ACA
NEXTSTELLIS	NPB	ACA
nikki	G	M; ACA
nora-be	G	M; ACA
norethin ace-eth estrad-fe	G	M; ACA
norethindrone acetate oral	G	M
norethindrone acet-ethinyl est	G	M; ACA
norethindrone oral	G	M; ACA
norethindrone-eth estradiol	G	M
norethin-eth estradiol-fe	G	M; ACA
norgestimate-eth estradiol	G	M; ACA
norgestimate-ethinyl estradiol triphasic	G	M; ACA
norlyda	G	M; ACA
norlyroc	G	M; ACA
nortrel 0.5/35 (28)	G	M; ACA
nortrel 1/35 (21)	G	M; ACA
nortrel 1/35 (28)	G	M; ACA
nortrel 7/7/7	G	M; ACA
NUVARING	NPB	M; QL (1 EA per 25 days)
nylia 7/7/7	G	M; ACA
nymyo	G	M; ACA
ocella	G	M; ACA
ORIAHNN	PB	PA; QL (2 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
orsythia	G	M; ACA
philith	G	M; ACA
pimtrea	G	M; ACA
pirmella 1/35	G	M; ACA
pirmella 7/7/7	G	M; ACA
portia-28	G	M; ACA
PREFEST	NPB	M
PREMARIN ORAL	PB	M
PREMARIN VAGINAL	PB	M
PREMPHASE	PB	M
PREMPRO	PB	M
previfem	G	M; ACA
progesterone intramuscular	G	
progesterone oral	G	
PROMETRIUM	NPB	
PROVERA	NPB	M
QUARTETTE	NPB	ST; M; QL (1 EA per 1 day)
reclipsen	G	M; ACA
rivelsa	G	M; ACA; QL (1 EA per 1 day)
SAFYRAL	NPB	ST; M
SEASONIQUE	NPB	ST; M; QL (1 EA per 1 day)
setlakin	G	M; ACA; QL (1 EA per 1 day)
sharobel	G	M; ACA
simliya	G	M; ACA
simpesse	G	M; ACA; QL (1 EA per 1 day)
SLYND	NPB	
sprintec 28	G	M; ACA
sronyx	G	M; ACA
syeda	G	M; ACA
tarina 24 fe	G	M; ACA
tarina fe 1/20	G	M; ACA
tarina fe 1/20 eq	G	M; ACA
taysofy	G	M; ACA
TAYTULLA	NPB	ST; M
tilia fe	G	M; ACA
tri femynor	G	M; ACA
tri-estarylla	G	M; ACA
tri-legest fe	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
tri-linyah	G	M; ACA
tri-lo-estarrylla	G	M; ACA
tri-lo-marzia	G	M; ACA
tri-lo-mili	G	M; ACA
tri-lo-sprintec	G	M; ACA
tri-mili	G	M; ACA
tri-nymyo	G	M; ACA
tri-previfem	G	M; ACA
tri-sprintec	G	M; ACA
trivora (28)	G	M; ACA
tri-vylibra	G	M; ACA
tri-vylibra lo	G	M; ACA
tulana	G	M; ACA
TWIRLA	NPB	ST
tyblume	G	M; ACA
tydemy	G	M; ACA
VAGIFEM	NPB	ST; M
velivet	G	M; ACA
vestura	G	M; ACA
vienna	G	M; ACA
viorele	G	M; ACA
VIVELLE-DOT	NPB	ST; M; QL (0.4 EA per 1 day)
volnea	G	M; ACA
vyfemla	G	M; ACA
vylibra	G	M; ACA
wera	G	M; ACA
wymzya fe	G	M; ACA
xulane	G	M; ACA
YASMIN 28	NPB	ST; M
YAZ	NPB	ST; M
yuvafem	G	M
zafemy	G	M; ACA
zarah	G	M; ACA
zovia 1/35 (28)	G	M; ACA
zovia 1/35e (28)	G	M; ACA
zumandimine	G	M; ACA
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	G	M

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
CYTOMEL	NPB	ST; M
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	NPB	M
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg	NPB	M
LEVOTHYROXINE SODIUM ORAL CAPSULE	NPB	M
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg	G	M
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	G	M
liothyronine sodium oral	G	M
methimazole oral	G	M
NATURE-THROID	G	M
np thyroid	G	M
propylthiouracil oral	G	M
SODIUM IODIDE I-131	NPB	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 88 MCG	NPB	M
TAPAZOLE	NPB	M
THYQUIDITY	NPB	M
TIROSINT	NPB	M
TIROSINT-SOL	NPB	M
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg	G	M
WESTHROID	G	M
WP THYROID	G	M
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	NPB-S	PA
ACTEMRA SUBCUTANEOUS	NPB-S	PA; QL (3.6 ML per 21 days)
ARAVA	NPB	M; QL (1 EA per 1 day)
ARCALYST	NPB-S	PA
ASTAGRAF XL	NPB	ST
AZASAN	NPB	
azathioprine oral	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
BENLYSTA SUBCUTANEOUS	PB-S	PA
CELLCEPT	NPB	
CIMZIA	PB-S	PA
CIMZIA PREFILLED KIT	PB-S	PA
CIMZIA STARTER KIT	PB-S	PA
COSENTYX (300 MG DOSE)	NPB-S	PA; QL (2 ML per 23 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	NPB-S	PA; QL (2 ML per 23 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	NPB-S	PA
COSENTYX SENSOREADY (300 MG)	NPB-S	PA; QL (2 ML per 23 days)
COSENTYX SENSOREADY PEN	NPB-S	PA; QL (2 ML per 23 days)
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 2 GM/12ML, 4 GM/24ML, 8 GM/48ML	NPB	
cyclosporine modified	G	
cyclosporine oral	G	
ENBREL MINI	NPB-S	PA; QL (4 ML per 25 days)
ENBREL SUBCUTANEOUS SOLUTION	NPB-S	PA; QL (8 ML per 25 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	NPB-S	PA; QL (6 ML per 25 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	NPB-S	PA; QL (4 ML per 25 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	NPB-S	PA; QL (8 EA per 25 days)
ENBREL SURECLICK	NPB-S	PA; QL (4 ML per 25 days)
ENSPRYNG	NPB-S	PA
ENVARSUS XR	NPB	ST
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	G	
FIRAZYR	PB-S	PA
gengraf	G	
HUMIRA	PB-S	PA; QL (2 EA per 25 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	PB-S	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	PB-S	PA; QL (2 EA per 25 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	PB-S	PA; QL (2 EA per 25 days)

Drug Name	Drug Tier	Restrictions / Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	PB-S	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	PB-S	PA; QL (2 EA per 25 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	PB-S	PA
HUMIRA PEN-PEDIATRIC UC START	PB-S	PA
HUMIRA PEN-PS/UV/ADOL HS START	PB-S	PA; QL (2 EA per 25 days)
HUMIRA PEN-PSOR/UVEIT STARTER	PB-S	PA
icatibant acetate	G-S	PA
ILUMYA	NPB-S	PA
IMURAN	NPB	
KEVZARA	NPB-S	PA
KINERET	NPB-S	PA; QL (19 ML per 21 days)
leflunomide oral	G	M; QL (1 EA per 1 day)
LUPKYNIS	NPB-S	PA; QL (6 EA per 1 day)
methotrexate oral	G	
methotrexate sodium	G	
methotrexate sodium (pf)	G	
mycophenolate mofetil oral	G	
mycophenolate sodium	G	
MYFORTIC	NPB	
NEORAL	NPB	
OLUMIANT	NPB-S	PA
ORENCIA CLICKJECT	NPB-S	PA
ORENCIA SUBCUTANEOUS	NPB-S	PA
ORLADEYO	NPB-S	PA; QL (1 EA per 1 day)
OTEZLA ORAL TABLET	PB-S	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK	PB-S	PA; QL (55 EA per 21 days)
OTREXUP	PB-S	QL (1.6 ML per 21 days)
PROGRAF ORAL	NPB	
RAPAMUNE	NPB	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML	PB-S	QL (0.8 ML per 21 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	PB-S	QL (1 ML per 21 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML	PB-S	QL (1.2 ML per 21 days)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML	PB-S	QL (1.4 ML per 21 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	PB-S	QL (1.6 ML per 21 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	PB-S	QL (1.8 ML per 21 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	PB-S	QL (2 ML per 21 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	PB-S	QL (2.4 ML per 21 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML	PB-S	QL (0.6 ML per 21 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML	PB-S	QL (0.06 ML per 1 day)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12.5 MG/0.5ML	PB-S	QL (0.08 ML per 1 day)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15 MG/0.6ML	PB-S	QL (0.09 ML per 1 day)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 17.5 MG/0.7ML	PB-S	QL (0.1 ML per 1 day)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.8ML	PB-S	QL (0.12 ML per 1 day)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22.5 MG/0.9ML	PB-S	QL (0.13 ML per 1 day)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/ML	PB-S	QL (0.15 ML per 1 day)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7.5 MG/0.3ML	PB-S	QL (0.05 ML per 1 day)
RIDAURA	PB	M
RINVOQ	PB-S	PA
sajazir	G-S	PA
SANDIMMUNE ORAL CAPSULE	NPB	
SANDIMMUNE ORAL SOLUTION	PB	
SILIQ	NPB-S	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	PB-S	PA; QL (1 ML per 21 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	PB-S	PA; QL (0.5 ML per 21 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB-S	PA; QL (1 ML per 21 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	PB-S	PA; QL (0.5 ML per 21 days)
sirolimus oral	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
SKYRIZI	NPB-S	PA
SKYRIZI (150 MG DOSE)	NPB-S	PA
SKYRIZI PEN	NPB-S	PA
STELARA SUBCUTANEOUS	PB-S	PA
tacrolimus oral	G	
TALTZ	NPB-S	PA
TREMFYA	PB-S	PA
TREXALL	NPB	
XATMEP	NPB-S	PA
XELJANZ ORAL SOLUTION	PB-S	PA
XELJANZ ORAL TABLET	PB-S	PA; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	PB-S	PA; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	PB-S	PA; QL (1 EA per 1 day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	NPB	
ZORTRESS ORAL TABLET 1 MG	PB	
<b>Immunological Agents - Drugs for Vaccination</b>		
ACTHIB	PB	ACA
ADACEL	PB	ACA
AFLURIA QUADRIVALENT	PB	ACA
BEXSERO	PB	ACA
BOOSTRIX	PB	ACA
DAPTACEL	PB	ACA
DIPHTHERIA-TETANUS TOXOIDS DT	PB	ACA
ENGERIX-B	PB	ACA
FLUAD QUADRIVALENT	PB	ACA
FLUARIX QUADRIVALENT	PB	ACA
FLUBLOK QUADRIVALENT	PB	ACA
FLUCELVAX QUADRIVALENT	PB	ACA
FLULAVAL QUADRIVALENT	PB	ACA
FLUMIST QUADRIVALENT	NPB	ACA
FLUZONE HIGH-DOSE QUADRIVALENT	PB	ACA
FLUZONE QUADRIVALENT	PB	ACA
GARDASIL 9	PB	ACA
HAVRIX	NPB	ACA
HEPLISAV-B	NPB	ACA

Drug Name	Drug Tier	Restrictions / Limits
HIBERIX	PB	ACA
INFANRIX	PB	ACA
IPOP	PB	ACA
JANSSEN COVID-19 VACCINE	PB	ACA
KINRIX	NPB	ACA
MENACTRA	PB	ACA
MENQUADFI	PB	ACA
MENVEO	NPB	ACA
M-M-R II	PB	ACA
MODERNA COVID-19 VACCINE	PB	ACA
PEDIARIX	PB	ACA
PEDVAX HIB	PB	ACA
PENTACEL	PB	ACA
PFIZER-BIONTECH COVID-19 VACC	PB	ACA
PNEUMOVAX 23	PB	ACA
PREVNAR 13	PB	ACA
PREVNAR 20	NPB	
PROQUAD	PB	ACA
QUADRACEL	PB	ACA
RECOMBIVAX HB	PB	ACA
ROTARIX	NPB	ACA
ROTATEQ	PB	ACA
SHINGRIX	PB	ACA
TDVAX	PB	ACA
TENIVAC	NPB	ACA
TETANUS-DIPHTHERIA TOXOIDS TD	PB	ACA
TRUMENBA	PB	ACA
TWINRIX	PB	ACA
VAQTA	NPB	ACA
VARIVAX	PB	ACA
VAXELIS	NPB	ACA
VAXNEUVANCE	NPB	
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	NPB	
ANALPRAM HC SINGLES	NPB	
ANALPRAM-HC	NPB	
anucort-hc	G	
ANUSOL-HC EXTERNAL	NPB	ST

Drug Name	Drug Tier	Restrictions / Limits
ANUSOL-HC RECTAL	NPB	
APRISO	NPB	M
ASACOL HD	NPB	ST; M
AZULFIDINE	NPB	M
AZULFIDINE EN-TABS	NPB	M
balsalazide disodium	G	
budesonide er	G	
budesonide oral	G	
CANASA	NPB	M
COLAZAL	NPB	
CORTENEMA	NPB	
CORTIFOAM	NPB	ST
DELZICOL	NPB	ST; M
DIPENTUM	NPB	ST; M
ENTOCORT EC	NPB	
HEMMOREX-HC	NPB	
hydrocortisone (perianal)	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
hydrocortisone acetate rectal suppository 30 mg	G	
hydrocortisone acetate suppository 25 mg rectal	NPB	
hydrocortisone acetate suppository 25 mg rectal	G	
hydrocortisone rectal	G	
hydrocort-pramoxine (perianal)	G	
LIALDA	NPB	M
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL	NPB	
mesalamine er oral capsule 0.375 gm	G	M
mesalamine oral	G	M
mesalamine rectal	G	M
mesalamine-cleanser	G	
ORTIKOS	NPB	ST
PENTASA	PB	M
PROCORT	NPB	
PROCTOCORT EXTERNAL	NPB	ST
PROCTOCORT RECTAL	NPB	
PROCTOFOAM HC	NPB	
proto-med hc	G	
proto-pak	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
proctozone-hc	G	
ROWASA	NPB	
SFROWASA	NPB	M
sulfasalazine oral	G	M
UCERIS ORAL	NPB	
UCERIS RECTAL	PB	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL ORAL TABLET 150 MG	NPB	ST; M; QL (0.04 EA per 1 day)
ACTONEL ORAL TABLET 35 MG	NPB	ST; M; QL (0.15 EA per 1 day)
alendronate sodium oral solution	G	M; QL (300 ML per 21 days)
alendronate sodium oral tablet 10 mg, 5 mg	G	M; QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	G	M; QL (0.15 EA per 1 day)
ATELVIA	NPB	ST; M; QL (0.15 EA per 1 day)
BINOSTO	NPB	ST; M; QL (0.15 EA per 1 day)
BONIVA	NPB	ST; M; QL (0.04 EA per 1 day)
calcitonin (salmon) injection	G	M
calcitonin (salmon) nasal	G	M; QL (0.13 ML per 1 day)
FORTEO	NPB-S	PA; QL (3 ML per 21 days)
FOSAMAX	NPB	ST; M; QL (0.15 EA per 1 day)
FOSAMAX PLUS D	NPB	ST; QL (0.15 EA per 1 day)
ibandronate sodium oral	G	M; QL (0.04 EA per 1 day)
RAYALDEE	NPB	M
risedronate sodium oral tablet 150 mg	G	M; QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg	G	M
risedronate sodium oral tablet 35 mg	G	M; QL (0.15 EA per 1 day)
risedronate sodium oral tablet 5 mg	G	M; QL (1 EA per 1 day)
risedronate sodium oral tablet delayed release	G	M; QL (0.15 EA per 1 day)
TERIPARATIDE (RECOMBINANT)	PB-S	PA; QL (3 ML per 21 days)
TYMLOS	PB-S	PA
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	G	M
cinacalcet hcl	G	
doxercalciferol oral	G	M
NATPARA	PB-S	PA; QL (0.08 EA per 1 day)
paricalcitol oral	G	M
ROCALTROL	NPB	M
SENSIPAR	NPB	

Drug Name	Drug Tier	Restrictions / Limits
ZEMPLAR ORAL	NPB	M
<b>Miscellaneous Therapeutic Agents</b>		
ALPHA-LIPOIC ACID INJECTION	NPB	
AMINOPMRMS	NPB	
APP SLIM RMS	NPB	
asilnasalrms	G	
BACTERIOSTATIC WATER(BENZ ALC)	NPB	
BD VERITOR SYSTEM SARS-COV-2	NPB	
BINAXNOW COVID-19 AG CARD	NPB	
COENZYME Q-10 INJECTION	NPB	
COVID-19 SPECIMEN COLLECTION	NPB	OTC
COVID-19 TESTING BY PHARMACIST	NPB	OTC
DANDELION	NPB	
DOJOLVI	NPB	PA
ENDARI	NPB-S	PA
ergoloid mesylates oral	G	M
FIRDAPSE	NPB-S	PA
GRASTEK	PB	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG	NPB	
ID NOW COVID-19	NPB	
INSPIREASE RESERVOIR BAGS	NPB	
KATE FARMS PEPTIDE 1.5 ENTERAL	NPB	
KATE FARMS STANDARD 1.4 ENTERAL	NPB	
LENSCALE	NPB	
methergine	G	
methylergonovine maleate oral	G	
mlk f1	G	
mlk f2	G	
mlk f3	G	
MLK F4	NPB	
ODACTRA	PB	
OMNIPOD DASH 5 PACK PODS	PB	PA; QL (10 EA per 30 days)
ORAFATE	NPB-S	
ORALAIR	NPB	
ORALAIR ADULT STARTER PACK	NPB	
ORALAIR CHILDRENS STARTER PACK	NPB	
OXBRYTA	NPB-S	PA; QL (3 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
PALFORZIA	NPB-S	PA
PHEXXI	NPB	PA; QL (60 GM per 60 days)
PROTHELIAL	NPB-S	
QUICKVUE SARS ANTIGEN TEST	NPB	
RAGWITEK	PB	
RUZURGI	NPB-S	PA
SILATRIX	NPB	
SOFIA SARS ANTIGEN FIA	NPB	
SOFIA2 SARS ANTIGEN FIA	NPB	
STEMPHYLIUM	NPB	
VENOMIL HONEY BEE VENOM	NPB	
VENOMIL WASP VENOM	NPB	
VENOMIL WHITE FACED HORNET	NPB	
VENOMIL YELLOW HORNET VENOM	NPB	
VENOMIL YELLOW JACKET VENOM	NPB	
VISTOGARD	PB-S	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG	NPB	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 1300 MCG	NPB	
XPERT XPRESS SARS-COV-2	NPB	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG	NPB	
ZOKINVY	NPB-S	PA; QL (4 EA per 1 day)

**Ophthalmic Agents - Drugs for Eye Allergy,  
Infection and Inflammation**

ACULAR	NPB	
ACULAR LS	NPB	
ACUVAIL	NPB	ST
ALOCRIL	NPB	ST
ALOMIDE	NPB	ST
ALREX	PB	ST
AZASITE	PB	
azelastine hcl ophthalmic	G	
bacitracin ophthalmic	G	
bepotastine besilate	G	
BEPREVE	NPB	ST
BESIVANCE	NPB	

Drug Name	Drug Tier	Restrictions / Limits
BETADINE OPHTHALMIC PREP	NPB	
BLEPH-10	NPB	
bromfenac sodium (once-daily)	G	QL (6.8 ML per 365 days)
BROMSITE	NPB	QL (20 ML per 365 days)
CILOXAN	NPB	
ciprofloxacin hcl ophthalmic	G	
cromolyn sodium ophthalmic	G	
dexamethasone sodium phosphate ophthalmic	G	
diclofenac sodium ophthalmic	G	
difluprednate	G	
DUREZOL	NPB	
epinastine hcl	G	
erythromycin ophthalmic	G	
EYSUVIS	NPB	PA
FLAREX	NPB	ST
fluorometholone	G	
flurbiprofen sodium	G	
FML	NPB	ST
FML FORTE	NPB	ST
FML LIQUIFILM	NPB	ST
gatifloxacin ophthalmic	G	
gentak	G	
gentamicin sulfate ophthalmic	G	
ILEVRO	PB	QL (0.2 ML per 1 day)
INVELTYS	PB	ST
ketorolac tromethamine ophthalmic	G	
KLARITY-A	NPB	
KLARITY-L	NPB	
levofloxacin ophthalmic	G	
LOTEMAX OPHTHALMIC GEL	NPB	QL (20 GM per 365 days)
LOTEMAX OPHTHALMIC OINTMENT	PB	QL (14 GM per 365 days)
LOTEMAX OPHTHALMIC SUSPENSION	PB	
LOTEMAX SM	PB	
loteprednol etabonate ophthalmic gel	G	QL (20 GM per 365 days)
loteprednol etabonate ophthalmic suspension	G	
MAXIDEX	NPB	ST
MITOSOL	NPB	
MOXEZA	NPB	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
moxifloxacin hcl (2x day)	G	
moxifloxacin hcl ophthalmic solution	G	
NATACYN	PB	
NEVANAC	NPB	ST; QL (0.2 ML per 1 day)
OCUFLOX	NPB	
ofloxacin ophthalmic	G	
olopatadine hcl ophthalmic	G	
POVIDONE-IODINE OPHTHALMIC	NPB	
PRED FORTE	NPB	ST
PRED MILD	NPB	ST
prednisolone acetate ophthalmic	G	
prednisolone acetate p-f	G	
prednisolone sodium phosphate ophthalmic	G	
PREDNISOLON-MOXIFLOX-NEPAFENAC	NPB	
PROLENSA	PB	QL (12 ML per 365 days)
sulfacetamide sodium ophthalmic	G	
tobramycin ophthalmic	G	
TOBREX	NPB	
trifluridine	G	
TRIPLE PMB	NPB	
TRIPLE PMK	NPB	
UPNEEQ	NPB	PA
VIGAMOX	NPB	
ZERVIATE	NPB	ST
ZIRGAN	NPB	
ZYMAXID	NPB	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	G	M
acetazolamide oral	G	M
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	PB	M
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	NPB	M
apraclonidine hcl	G	
AZOPT	NPB	M
betaxolol hcl ophthalmic	G	M
BETIMOL	NPB	M
BETOPTIC-S	NPB	M
bimatoprost ophthalmic	G	M; QL (0.1 ML per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
brimonidine tartrate ophthalmic	G	M
brinzolamide	G	M
carteolol hcl	G	M
COMBIGAN	PB	M
COSOPT	NPB	ST; M
COSOPT PF	NPB	ST; M
dorzolamide hcl ophthalmic	G	M
dorzolamide hcl-timolol mal pf	G	M
DORZOLAMIDE HCL-TIMOLOL MAL SOLUTION 22.3-6.8 MG/ML OPHTHALMIC	NPB	ST; M
dorzolamide hcl-timolol mal solution 22.3-6.8 mg/ml ophthalmic	G	M
IOPIDINE	NPB	
ISOPTO CARPINE	NPB	M
ISTALOL	NPB	ST; M
KEVEYIS	NPB-S	PA; QL (4 EA per 1 day)
LATANOPROST SOLUTION 0.005 % OPHTHALMIC	NPB	ST; M
latanoprost solution 0.005 % ophthalmic	G	M
levobunolol hcl	G	M
LUMIGAN	PB	M; QL (0.1 ML per 1 day)
methazolamide oral	G	M
pilocarpine hcl ophthalmic	G	M
RHOPRESSA	PB	M
ROCKLATAN	NPB	ST; M; QL (0.1 ML per 1 day)
SIMBRINZA	NPB	M
timolol maleate ocudose	G	M
timolol maleate ophthalmic	G	M
timolol maleate pf	G	M
TIMOPTIC	NPB	M
TIMOPTIC OCUDOSE	NPB	ST; M
TIMOPTIC-XE	NPB	M
TRAVATAN Z	NPB	M; QL (10 ML per 30 days)
travoprost (bak free)	G	M; QL (10 ML per 30 days)
VYZULTA	NPB	M; QL (0.2 ML per 1 day)
XALATAN	NPB	ST; M
XELPROS	NPB	ST; M; QL (0.1 ML per 1 day)
ZIOPTAN	NPB	ST; M; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ak-poly-bac	G	
AKTEN	NPB	
ALCAINE	NPB	
altafrin	G	
atropine sulfate ophthalmic ointment	G	M
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	NPB	ST; M
atropine sulfate ophthalmic solution 1 %	G	M
bacitracin-polymyxin b ophthalmic	G	
bacitra-neomycin-polymyxin-hc	G	
BLEPHAMIDE	NPB	
BLEPHAMIDE S.O.P.	NPB	
CEQUA	NPB	PA; M; QL (2 EA per 1 day)
CYCLOGYL	NPB	M
CYCLOMYDRIL	NPB	M
cyclopentolate hcl ophthalmic	G	M
CYSTADROPS	NPB-S	PA; QL (0.072 ML per 1 day)
CYSTARAN	PB-S	PA; QL (2.15 ML per 1 day)
DOUBLE PM	NPB	
GELFILM OPHTHALMIC	NPB	
homatropaire	G	M
ISOPTO ATROPINE	NPB	ST; M
LACRISERT	NPB	
LASTACAFT	NPB	ST
MAXITROL	NPB	
MEMBRANEBLUE	NPB	
neomycin-bacitracin zn-polymyx	G	
neomycin-polymyxin-dexameth ophthalmic ointment	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
neomycin-polymyxin-gramicidin	G	
neomycin-polymyxin-hc ophthalmic	G	
neo-polycin	G	
neo-polycin hc	G	
OXERVATE	PB-S	PA; QL (2 ML per 1 day)
phenylephrine hcl ophthalmic	G	

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
polycin	G	
polymyxin b-trimethoprim	G	
POLYTRIM	NPB	
PRED-G	NPB	
PRED-G S.O.P.	NPB	
PREDNISOLONE ACET-MOXIFLOXACIN	NPB	
proparacaine hcl ophthalmic	G	
RESTASIS	PB	M; QL (2 EA per 1 day)
RESTASIS MULTIDOSE	PB	M; QL (2 ML per 1 day)
sulfacetamide-prednisolone ophthalmic solution	G	
TOBRADEX OPHTHALMIC OINTMENT	PB	
TOBRADEX OPHTHALMIC SUSPENSION	NPB	
TOBRADEX ST	PB	
tobramycin-dexamethasone	G	
TROPICAMIDE-PHENYLEPHRINE	NPB	
VISIONBLUE	NPB	
XIIDRA	PB	M
ZYLET	PB	

#### Otic Agents - Drugs for Ear Conditions

acetic acid otic	G	
CETRAXAL	NPB	ST
CIPRO HC	NPB	
CIPRODEX	NPB	ST
ciprofloxacin hcl otic	G	
ciprofloxacin-dexamethasone	G	
CIPROFLOXACIN-FLUOCINOLONE PF	PB	
cortic-nd	G	
CORTISPORIN-TC	NPB	
DERMOTIC	NPB	
flac	G	
fluocinolone acetonide otic	G	
hydrocortisone-acetic acid	G	
neomycin-polymyxin-hc otic	G	
ofloxacin otic	G	
OTIPRIO	NPB	
OTOVEL	PB	
PRAMOTIC	NPB	

Drug Name	Drug Tier	Restrictions / Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ADRENALIN NASAL	NPB	
azelastine hcl nasal	G	QL (2 ML per 1 day)
azelastine-fluticasone	G	QL (0.77 GM per 1 day)
BECONASE AQ	NPB	ST; QL (1 GM per 1 day)
benzonatate	G	
BROMPHENIRAMINE MALEATE INTRAMUSCULAR	NPB	
carbinoxamine maleate	G	
CLARINEX	NPB	QL (1 EA per 1 day)
CLARINEX-D 12 HOUR	NPB	QL (2 EA per 1 day)
clemastine fumarate oral syrup	G	
clemastine fumarate oral tablet 2.68 mg	G	
cyproheptadine hcl oral	G	
desloratadine	PB	QL (1 EA per 1 day)
dexchlorpheniramine maleate oral	G	
DICOPANOL FUSEPAQ	NPB	
DICOPANOL RAPIDPAQ	NPB	
di-phen	G	
diphen oral elixir	G	
diphenhydramine hcl oral elixir	G	
DYMISTA	NPB	ST; QL (0.77 GM per 1 day)
FASENRA	PB-S	PA
FASENRA PEN	PB-S	PA
flunisolide nasal	PB	QL (0.84 ML per 1 day)
fluticasone propionate nasal	PB	
GILPHEX TR	NPB	
guaiatussin ac	G	OTC
guaifenesin ac	G	OTC
HYCODAN	NPB	
hydrocodone polst-chlorphen polst er susp	G	
hydrocodone-homatropine	G	
hydromet	G	
HYPERSAL	NPB	
ipratropium bromide nasal	G	
KARBINAL ER	NPB	
maxi-tuss ac	G	OTC
mometasone furoate nasal	PB	QL (1.14 GM per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
NASONEX	NPB	ST; QL (1.14 GM per 1 day)
NUCALA	PB-S	PA; QL (0.11 EA per 1 day)
olopatadine hcl nasal	G	QL (1.02 GM per 1 day)
OMNARIS	NPB	ST; QL (0.42 GM per 1 day)
PATANASE	NPB	QL (1.02 GM per 1 day)
promethazine hcl oral	G	
promethazine hcl rectal	G	
promethazine vc	G	
promethazine vc/codeine	G	
promethazine-codeine	G	
promethazine-dm	G	
promethazine-phenyleph-codeine	G	
promethazine-phenylephrine	G	
promethegan	G	
pseudoephedrine-bromphen-dm	G	
QNASL	PB	ST; QL (0.36 GM per 1 day)
QNASL CHILDRENS	PB	ST; QL (0.23 GM per 1 day)
RYCLORA	NPB	
ryvent	NPB	
sodium chloride inhalation	G	
SSKI	NPB	
TESSALON PERLES	NPB	
TUSSICAPS	NPB	
TUXARIN ER	NPB	
TUZISTRA XR	NPB	
virtussin ac w/alc	G	OTC
XHANCE	NPB	ST; QL (1.1 ML per 1 day)
ZETONNA	NPB	ST; QL (0.21 GM per 1 day)

**Respiratory Tract / Pulmonary Agents -  
Drugs for Asthma and Other Lung  
Conditions**

ACCOLATE	NPB	ST; M; QL (2 EA per 1 day)
acetylcysteine inhalation	G	
ADVAIR DISKUS	PB	M; QL (2 EA per 1 day)
ADVAIR HFA	PB	M; QL (0.4 GM per 1 day)
AIRDUO DIGIHALER	NPB	ST; M; QL (0.04 EA per 1 day)
AIRDUO RESPICLICK 113/14	NPB	ST; M; QL (0.04 EA per 1 day)
AIRDUO RESPICLICK 232/14	NPB	ST; M; QL (0.04 EA per 1 day)
AIRDUO RESPICLICK 55/14	NPB	ST; M; QL (0.04 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	G	M; QL (1.2 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	PB	M; QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	G	M; QL (630 ML per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	G	M; QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	G	M; QL (5 EA per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	NPB	M; QL (5 ML per 1 day)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	G	M; QL (5 ML per 1 day)
albuterol sulfate oral	G	M
ALVESCO	NPB	ST; M; QL (0.41 GM per 1 day)
ANORO ELLIPTA	PB	M; QL (2 EA per 1 day)
arformoterol tartrate	G	ST; M; QL (4 ML per 1 day)
ARMONAIR DIGITALER	NPB	M; QL (0.04 EA per 1 day)
ARNUITY ELLIPTA	PB	M; QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES)	PB	M; QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES)	PB	M; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES)	PB	M; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES)	PB	M; QL (0.04 EA per 1 day)
ASMANEX (7 METERED DOSES)	PB	M; QL (0.04 EA per 1 day)
ASMANEX HFA	PB	M; QL (0.44 GM per 1 day)
ATROVENT HFA	PB	M; QL (0.86 GM per 1 day)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	NPB	QL (0.07 EA per 1 day)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	NPB	ST
BEVESPI AEROSPHERE	PB	M; QL (0.36 GM per 1 day)
BREO ELLIPTA	PB	M; QL (2 EA per 1 day)
BREZTRI AEROSPHERE	PB	QL (0.36 GM per 1 day)
BROVANA	NPB	ST; M; QL (4 ML per 1 day)
budesonide inhalation	G	M; QL (120 ML per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE	NPB	M; QL (0.34 GM per 1 day)
COMBIVENT RESPIMAT	PB	QL (0.27 GM per 1 day)
cromolyn sodium inhalation	G	M
DALIRESP ORAL TABLET 250 MCG	PB	PA

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
DALIRESP ORAL TABLET 500 MCG	PB	PA; QL (1 EA per 1 day)
DUAKLIR PRESSAIR	NPB	ST; QL (0.04 EA per 1 day)
DULERA INHALATION AEROSOL 100-5 MCG/ACT	NPB	ST; M; QL (13 GM per 25 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT, 50-5 MCG/ACT	NPB	ST; M; QL (0.44 GM per 1 day)
ELIXOPHYLLIN	NPB	M
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml	G	QL (4 EA per 25 days)
epinephrine injection solution auto-injector 0.3 mg/0.3ml	G	
EPIPEN 2-PAK	NPB	ST
EPIPEN JR 2-PAK	NPB	ST; QL (4 EA per 25 days)
ESBRIET	PB-S	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	PB	M; QL (2 EA per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	PB	M; QL (8 EA per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	PB	M; QL (0.8 GM per 1 day)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	PB	M; QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	G	M; QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	NPB	ST; M; QL (0.04 EA per 1 day)
formoterol fumarate inhalation	G	M; QL (4 ML per 1 day)
INCRUSE ELLIPTA	NPB	ST; M; QL (1 EA per 1 day)
ipratropium bromide inhalation	G	M; QL (10.42 ML per 1 day)
ipratropium-albuterol	G	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	G	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	G	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	G	QL (9 ML per 1 day)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	NPB	ST; QL (1 GM per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
LONHALA MAGNAIR REFILL KIT	NPB	M; QL (2 ML per 1 day)
LONHALA MAGNAIR STARTER KIT	NPB	M; QL (2 ML per 1 day)
montelukast sodium oral packet	G	M
montelukast sodium oral tablet	G	M; QL (1 EA per 1 day)
montelukast sodium oral tablet chewable	G	M; QL (1 EA per 1 day)
OFEV	PB-S	PA
PERFOROMIST	NPB	M; QL (4 ML per 1 day)
PROAIR DIGIHALER	NPB	ST; M; QL (0.07 EA per 1 day)
PROAIR HFA	G	M; QL (1.2 GM per 1 day)
PROAIR RESPICLICK	G	M; QL (0.07 EA per 1 day)
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NPB	M; QL (1.2 GM per 1 day)
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NPB	ST; M; QL (1.2 GM per 1 day)
PULMICORT FLEXHALER	PB	M; QL (0.07 EA per 1 day)
PULMICORT SUSPENSION	NPB	ST; M; QL (120 ML per 30 days)
QVAR REDIHALER	PB	M; QL (0.71 GM per 1 day)
SEREVENT DISKUS	PB	M; QL (2 EA per 1 day)
SINGULAIR ORAL PACKET	NPB	ST; M
SINGULAIR ORAL TABLET	NPB	ST; M; QL (1 EA per 1 day)
SINGULAIR ORAL TABLET CHEWABLE	NPB	ST; M; QL (1 EA per 1 day)
SPIRIVA HANDIHALER	PB	ST; M; QL (1 EA per 1 day)
SPIRIVA RESPIMAT	PB	M; QL (0.14 GM per 1 day)
STIOLTO RESPIMAT	PB	M; QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT	PB	M; QL (0.14 GM per 1 day)
SYMBICORT	PB	M; QL (0.34 GM per 1 day)
SYMJEPI	NPB	
terbutaline sulfate oral	G	M
THEO-24	NPB	M
theophylline	G	M
theophylline er	G	M
TRELEGY ELLIPTA	PB	M; QL (2 EA per 1 day)
TUDORZA PRESSAIR	NPB	ST; QL (0.04 EA per 1 day)
VENTOLIN HFA	PB	M; QL (1.2 GM per 1 day)
wixela inhuh	G	M; QL (2 EA per 1 day)
XOPENEX CONCENTRATE	NPB	QL (3 EA per 1 day)
XOPENEX HFA	NPB	ST; QL (1 GM per 1 day)
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML	NPB	QL (18 ML per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
XOPENEX INHALATION NEBULIZATION SOLUTION 1.25 MG/3ML	NPB	QL (9 ML per 1 day)
YUPELRI	PB	M; QL (3 ML per 1 day)
zafirlukast	G	M; QL (2 EA per 1 day)
zileuton er	G	ST; M; QL (4 EA per 1 day)
ZYFLO	NPB	ST; M
<b>Respiratory Tract / Pulmonary Agents -</b>		
<b>Drugs for Cystic Fibrosis</b>		
BETHKIS	PB-S	QL (224 ML per 25 days)
BRONCHITOL	NPB	
BRONCHITOL TOLERANCE TEST	NPB	
CAYSTON	PB-S	
KALYDECO	PB-S	PA
KITABIS PAK	PB-S	QL (280 ML per 25 days)
ORKAMBI ORAL PACKET	PB-S	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	PB-S	PA; QL (4 EA per 1 day)
PULMOZYME	PB	
SYMDEKO	PB-S	PA; QL (2 EA per 1 day)
TOBI NEBULIZER	NPB	QL (280 ML per 25 days)
TOBI PODHALER	PB	QL (8 EA per 1 day)
tobramycin inhalation nebulization solution 300 mg/4ml	G-S	QL (224 ML per 25 days)
tobramycin nebulization solution 300 mg/5ml inhalation	G	QL (280 ML per 25 days)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	PB-S	QL (280 ML per 25 days)
TRIKAFTA	PB-S	PA; QL (3 EA per 1 day)
<b>Respiratory Tract / Pulmonary Agents -</b>		
<b>Drugs for Pulmonary Hypertension</b>		
ADCIRCA	NPB-S	PA; QL (2 EA per 1 day)
ADEMPAS	PB-S	PA; QL (3 EA per 1 day)
alyq	G-S	PA; QL (2 EA per 1 day)
ambrisentan	G-S	PA; QL (1 EA per 1 day)
bosentan	G-S	PA; QL (2 EA per 1 day)
LETAIRIS	PB-S	PA; QL (1 EA per 1 day)
OPSUMIT	PB-S	PA; QL (1 EA per 1 day)
ORENITRAM	NPB-S	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	NPB-S	PA; QL (7.5 ML per 1 day)
REVATIO ORAL TABLET	NPB-S	PA; QL (3 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
sildenafil citrate oral suspension reconstituted	G-S	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	G-S	PA; QL (3 EA per 1 day)
tadalafil (pah)	G-S	PA; QL (2 EA per 1 day)
TRACLEER 62.5 MG, 125 MG	PB-S	PA; QL (2 EA per 1 day)
TRACLEER 32 MG	PB-S	PA; QL (4 EA per 1 day)
UPTRAVI ORAL TABLET	PB-S	PA; QL (2 EA per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK	PB-S	PA; QL (400 EA per 365 days)
VENTAVIS	NPB-S	PA; QL (9 ML per 1 day)
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	NPB	ST
baclofen external	G	
baclofen oral	G	
carisoprodol oral	G	
chlorzoxazone oral tablet 250 mg	G	ST
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	G	
cyclobenzaprine hcl er	G	
cyclobenzaprine hcl oral	G	
CYCLOPHENE RAPIDPAQ	NPB	
DANTRIUM ORAL	NPB	ST
dantrolene sodium oral	G	
ENOVARX-BACLOFEN	NPB	
enovarx-cyclobenzaprine hcl cream 20 mg/gm transdermal	G	
ENOVARX-CYCLOBENZAPRINE HCL CREAM 20 MG/GM TRANSDERMAL	NPB	
FEXMID	NPB	ST
FIRST-BACLOFEN	NPB	
LORZONE	NPB	ST
METAXALL CP	NPB	
metaxalone	G	
methocarbamol oral	G	
NORGESIC FORTE	NPB	ST
orphenadrine citrate er	G	
orphenadrine-asa-caffeine	G	ST
ORPHENGESIC FORTE	NPB	ST
OZOBAX	NPB	
SKELAXIN	NPB	ST

Drug Name	Drug Tier	Restrictions / Limits
SOMA	NPB	ST
TABRADOL FUSEPAQ	NPB	
TABRADOL RAPIDPAQ	NPB	
tizanidine hcl oral	G	
VANADOM	NPB	ST
ZANAFLEX	NPB	ST
<b>Sleep Disorder Agents</b>		
AMBIEN	NPB	ST; QL (2 EA per 1 day)
AMBIEN CR	NPB	ST; QL (1 EA per 1 day)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	G	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	G	PA; QL (2 EA per 1 day)
BELSOMRA	NPB	ST; QL (1 EA per 1 day)
DAYVIGO	NPB	ST; QL (1 EA per 1 day)
doxepin hcl oral tablet	G	QL (1 EA per 1 day)
EDLUAR	NPB	ST; QL (1 EA per 1 day)
eszopiclone	G	QL (1 EA per 1 day)
flurazepam hcl	G	QL (1 EA per 1 day)
HETLIOZ	NPB-S	PA; QL (1 EA per 1 day)
HETLIOZ LQ	NPB-S	PA
LUNESTA	NPB	ST; QL (1 EA per 1 day)
modafinil oral tablet 100 mg	G	PA; QL (2 EA per 1 day)
modafinil oral tablet 200 mg	G	PA; QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	NPB	PA; QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG	NPB	PA; QL (2 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG	NPB	PA; QL (2 EA per 1 day)
PROVIGIL ORAL TABLET 200 MG	NPB	PA; QL (1 EA per 1 day)
ramelteon	G	QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG	NPB	QL (2 EA per 1 day)
RESTORIL ORAL CAPSULE 22.5 MG	NPB	
ROZEREM	NPB	ST; QL (1 EA per 1 day)
SILENOR	NPB	ST; QL (1 EA per 1 day)
SUNOSI	PB	PA; QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	G	QL (2 EA per 1 day)
temazepam oral capsule 22.5 mg	G	
WAKIX	NPB-S	PA; QL (2 EA per 1 day)
XYREM	PB-S	PA; QL (540 ML per 23 days)
XYWAV	NPB-S	PA; QL (18 ML per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
zaleplon oral capsule 10 mg	G	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	G	QL (1 EA per 1 day)
zolpidem tartrate er	G	QL (1 EA per 1 day)
zolpidem tartrate oral	G	QL (2 EA per 1 day)
zolpidem tartrate sublingual	G	QL (1 EA per 1 day)
ZOLPIMIST	NPB	ST; QL (0.26 ML per 1 day)
<b>Stimulation or Suppression</b>		
TAKHZYRO	NPB-S	PA

## Index of Drugs

A.A.G.C. KIT IN TERODERM	63	ACTIVE INJECTION DL	91	AIF #3 DRUG PREPARATION
abacavir sulfate	42	ACTIVE INJECTION DLM	91	KIT
abacavir sulfate-lamivudine	42	ACTIVE INJECTION KET-L	12	AIMOVIG
abacavir-lamivudine-zidovudine	42	ACTIVE INJECTION		AIRDUO DIGIHALER
ABILIFY	39	KETMARC-L	12	AIRDUO RESPICLICK 113/14
ABILIFY MAINTENA	39	ACTIVE INJECTION KIT L	91	119 AIRDUO RESPICLICK 232/14
ABILIFY MYCITE	39	ACTIVE INJECTION KM	91	119 AIRDUO RESPICLICK 55/14
ABILIFY MYCITE MAINTENANCE KIT	39	ACTIVE INJECTION LM-2	15	119 AJOVY
ABILIFY MYCITE STARTER KIT	39	ACTIVE INJECTION LM-DEP-2	91	AKLIEF
abiraterone acetate	32	ACTIVE INJECTION M-1	91	ak-poly-bac
ABSORICA	63	ACTIVELLA	95	AKTEN
ABSORICA LD	63	ACTONEL	110	AKYNZEO
acamprosate calcium	16	ACTOPLUS MET	72	ala-cort
ACANYA	63	ACTOS	72	albendazole
acarbose	72	ACULAR	112	ALBENZA
ACCOLATE	119	ACULAR LS	112	albuterol sulfate
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	74	ACUVAIL	112	ALBUTEROL SULFATE
ACCU-CHEK COMPACT PLUS TEST STRIPS	74	acyclovir	42	albuterol sulfate hfa
ACCU-CHEK GUIDE KIT W/DEVICE	74	ACZONE	63	ALBUTEROL SULFATE HFA
ACCU-CHEK GUIDE TEST STRIPS	74	ADACEL	107	120 ALCAINE
ACCU-CHEK SMARTVIEW TEST STRIPS	74	adapalene	63	120 alclometasone dipropionate
ACCUPRIL	48	ADAPALENE	63	120 ALDACTAZIDE
ACCURETIC	48	adapalene-benzoyl peroxide	63	48 ALDACTONE
accutane	63	ADASUVE	39	63 ALDARA
acebutolol hcl	48	adc/f (0.5mg/ml)	80	32 ALECENSA
acetaminophen-codeine	10	ADCIRCA	123	110 alendronate sodium
acetaminophen-codeine #2	10	ADDERALL	56	90 alfuzosin hcl er
acetaminophen-codeine #3	10	ADDERALL XR	56	37 ALINIA
acetaminophen-codeine #4	10	adefovир dipivoxil	42	48 aliskiren fumarate
acetazolamide	114	ADEMPAS	123	32 ALKERAN
acetazolamide er	114	ADHANSIA XR	56	30 allopurinol
acetic acid	117	ADIPEX-P	60	10 ALLZITAL
acetylcysteine	119	ADLYXIN	72	30 almotriptan malate
ACIPHEX	84	ADLYXIN STARTER PACK	72	112 ALOCRIL
ACIPHEX SPRINKLE	84	ADMЕLOG	78	72 ALOGLIPTIN BENZOATE
acitretin	63	ADMЕLOG SOLOSTAR	78	72 ALOGLIPTIN-METFORMIN
ACNESIC	63	ADRENALIN	118	72 HCL
ACTEMRA	103	ADVAIR DISKUS	119	72 ALOGLIPTIN-PIOGLITAZONE
ACTEMRA ACTPEN	103	ADVAIR HFA	119	112 ALOMIDE
ACTHIB	107	ADZENYS ER	56	95 ALORA
ACTICLATE	17	ADZENYS XR-ODT	56	85 alosetron hcl
ACTIQ	10	AEMCOLO	17	114 ALPHAGAN P
ACTIVE INJECTION BLM-1	91	AFINITOR	32	111 ALPHA-LIPOIC ACID
ACTIVE INJECTION BM	91	AFINITOR DISPERZ	32	46 alprazolam
		afirmelle	95	46 alprazolam er
		AFLURIA QUADRIVALENT	107	46 alprazolam intensol
		AFREZZA	78	46 alprazolam xr
		AGAMATRIX PRESTO TEST	74	112 ALREX
		AGRYLIN	47	17 ALTABAX
		AIF #2 DRUG PREPARATION KIT	13	48 ALTACE
				116 altafrin
				95 altavera

ALTOPREV.....	48	ANAFRANIL.....	24	ASACOL HD.....	109
ALTRENO.....	63	anagrelide hcl.....	48	ascomp-codeine.....	10
ALUNBRIG.....	32	ANALPRAM HC.....	108	ASCORBIC ACID.....	80
ALVESCO.....	120	ANALPRAM HC SINGLES.....	108	asenapine maleate.....	40
alvimopan.....	85	ANALPRAM-HC.....	108	ashlyna.....	95
alyacen 1/35.....	95	ANASPAZ.....	85	asilnasalrms.....	111
alyacen 7/7/7.....	95	anastrozole.....	32	ASMANEX (120 METERED	
alyq.....	123	ANCOBON.....	28	DOSES).....	120
amabelz.....	95	ANDRODERM.....	92	ASMANEX (14 METERED	
amantadine hcl.....	38	ANDROGEL.....	92	DOSES).....	120
AMARYL.....	72	ANDROGEL PUMP.....	92	ASMANEX (30 METERED	
AMBIEN.....	125	ANGELIQ.....	95	DOSES).....	120
AMBIEN CR.....	125	ANNOVERA.....	95	ASMANEX (60 METERED	
ambrisentan.....	123	ANORO ELLIPTA.....	120	DOSES).....	120
amcinonide.....	63	ANTARA.....	48	ASMANEX (7 METERED	
AMERGE.....	30	anucort-hc.....	108	DOSES).....	120
amethia.....	95	ANUSOL-HC.....	108, 109	ASMANEX HFA.....	120
amethyst.....	95	APADAZ.....	10	aspirin-dipyridamole er.....	39
AMICAR.....	47	apap-caff-dihydrocodeine.....	10	ASPIRIN-OMEPRAZOLE.....	39
amiloride hcl.....	48	APEXICON E.....	63	ASSURE PLATINUM.....	74
amiloride-hydrochlorothiazide...	48	APIDRA SOLOSTAR.....	78	ASTAGRAF XL.....	103
aminocaproic acid.....	47	APIDRA VIAL.....	78	ASTRINGYN.....	48
AMINOPMRMS.....	111	APLENZIN.....	24	ATABEX OB.....	80
amiodarone hcl.....	48	APOKYN.....	38	ATACAND.....	48
AMITIZA.....	85	APO-VARENICLINE.....	16	ATACAND HCT.....	48
amitriptyline hcl.....	24	APP SLIM RMS.....	111	atazanavir sulfate.....	42
AMLODIPINE		apraclonidine hcl.....	114	ATELVIA.....	110
BES+SYRSPEND SF.....	48	aprepitant.....	27	atenolol.....	48
amlodipine besylate.....	48	apri.....	95	ATENOLOL+SYRSPEND SF...	48
amlodipine besylate-benazepril		APRISO.....	109	atenolol-chlorthalidone.....	48
hcl.....	48	APTENSIO XR.....	57	ATIVAN.....	46
amlodipine besylate-valsartan..	48	APTIOM.....	21	atomoxetine hcl.....	57
amlodipine-atorvastatin.....	48	APTIVUS.....	42	atorvastatin calcium.....	49
amlodipine-olmesartan.....	48	ARAKODA.....	37	atovaquone.....	37
amlodipine-valsartan-hctz.....	48	aranelle.....	95	atovaquone-proguanil hcl.....	37
amnesteem.....	63	ARAVA.....	103	ATRALIN.....	64
amoxapine.....	24	ARAZLO.....	64	ATRIPLA.....	42
amoxicill-clarithro-lansopraz....	85	ARCALYST.....	103	ATROPEN.....	85
amoxicillin.....	17	arformoterol tartrate.....	120	atropine sulfate.....	116
amoxicillin-potassium		ARGININE HCL.....	80	ATROPINE SULFATE.....	116
clavulanate.....	17	ARICEPT.....	23	ATROVENT HFA.....	120
amoxicillin-potassium		ARIKAYCE.....	17	AUBAGIO.....	59
clavulanate er.....	17	ARIMIDEX.....	32	aubra.....	95
AMPHETAMINE ER.....	56	ariPIPRAZOLE.....	39, 40	aubra eq.....	95
amphetamine sulfate.....	56	ARISTADA.....	40	AUGMENTIN.....	17
amphetamine-		ARISTADA INITIO.....	40	AUGMENTIN ES-600.....	17
dextroamphetamine.....	57	ARIIXTRA.....	20	aurovela 1.5/30.....	95
amphetamine-		armodafinil.....	125	aurovela 1/20.....	95
dextroamphetamine er.....	57	ARMONAIR DIGIHALER.....	120	aurovela 24 fe.....	95
ampicillin.....	17	ARMOUR THYROID.....	102	aurovela fe 1.5/30.....	95
AMPYRA.....	59	ARNUITY ELLIPTA.....	120	aurovela fe 1/20.....	95
AMRIX.....	124	AROMASIN.....	32	AURYXIA.....	89
AMZEEQ.....	63	ARTHROTEC.....	13	AUSTEDO.....	60

AUVI-Q.....	120	BD VERITOR SYSTEM SARS-COV-2.....	111	BEVESPI AEROSPHERE.....	120
AVALIDE.....	49	BECONASE AQ.....	118	bexarotene.....	32
AVAPRO.....	49	BELBUCA.....	10	BEXSERO.....	107
AVAR CLEANSER.....	64	belladonna alkaloids-opium.....	85	BEYAZ.....	96
AVAR LS CLEANSER.....	64	BELSOMRA.....	125	bicalutamide.....	32
AVAR-E EMOLlient.....	64	benazepril hcl.....	49	BIDIL.....	49
AVAR-E GREEN.....	64	benazepril-hydrochlorothiazide.....	49	BIJUVA.....	96
AVAR-E LS.....	64	BENICAR.....	49	BIKTARVY.....	42
aviane.....	95	BENICAR HCT.....	49	BILTRICIDE.....	37
avidoxy.....	17	BENLYSTA.....	104	bimatoprost.....	114
AVITA.....	64	BENZAC AC WASH.....	64	BINAXNOW COVID-19 AG CARD.....	111
AVODART.....	90	BENZACLIN.....	64	BINOSTO.....	110
AVONEX PEN.....	59	BENZA CLIN WITH PUMP.....	64	BIOTEL CARE BLOOD GLUCOSE.....	74
AVONEX PREFILLED.....	59	BENZAMYCIN.....	64	BIOTEL CARE BLOOD GLUCOSE SYST.....	74
AYGESTIN.....	95	benzepro.....	64	bisoprolol fumarate.....	49
ayuna.....	96	BENZEPRO CREAMY WASH..	64	bisoprolol-hydrochlorothiazide..	49
AYVAKIT.....	32	BENZEPRO FOAMING.....	64	BLEPH-10.....	113
AZASAN.....	103	CLOTHS.....	64	BLEPHAMIDE.....	116
AZASITE.....	112	BENZEPRO SHORT.....	64	BLEPHAMIDE S.O.P.....	116
azathioprine.....	103	CONTACT.....	64	blisovi 24 fe.....	96
azelaic acid.....	64	BENZHYDROCODONE-ACETAMINOPHEN.....	10	blisovi fe 1.5/30.....	96
azelastine hcl.....	112, 118	BENZNIDAZOLE.....	37	blisovi fe 1/20.....	96
azelastine-fluticasone.....	118	benzonataate.....	118	BLOOD GLUCOSE TEST.....	74
AZELEX.....	64	BENZOYL PEROX-HYDROCORTISONE.....	64	BLULINK GLUCOSE TEST.....	75
AZILECT.....	38	benzoyl peroxide.....	64	BONIVA.....	110
azithromycin.....	17	BENZOYL PEROXIDE.....	64	BONJESTA.....	27
AZOPT.....	114	BENZOYL PEROXIDE		BOOSTRIX.....	107
AZOR.....	49	FORTE- HC.....	64	bosentan.....	123
AZULFIDINE.....	109	benzoyl peroxide-erythromycin.	64	BOSULIF.....	32
AZULFIDINE EN-TABS.....	109	benzphetamine hcl.....	60	bp cleansing wash.....	64
azurette.....	96	benztropine mesylate.....	38	bp wash.....	64
bac.....	10	bepotastine besilate.....	112	BRAFTOVI.....	32
bacitracin.....	112	BEPREVE.....	112	BREO ELLIPTA.....	120
bacitracin-polymyxin b.....	116	beser.....	64	BREZTRI AEROSPHERE.....	120
bacitra-neomycin-polymyxin-hc .....	116	BESIVANCE.....	112	briellyn.....	96
baclofen.....	124	BETADINE OPHTHALMIC		BRILINTA.....	39
BACTERIOSTATIC WATER(BENZ ALC).....	111	PREP.....	113	brimonidine tartrate.....	115
BACTRIM.....	17	BETALIDO.....	91	brinzolamide.....	115
BACTRIM DS.....	17	betamethasone dipropionate....	64	BRISDELLE.....	24
BAFIERTAM.....	59	betamethasone dipropionate		BRIVIACT.....	21
BALCOLTRA.....	96	aug.....	64	bromfenac sodium (once-daily) .....	113
balsalazide disodium.....	109	betamethasone valerate.....	64	bromocriptine mesylate.....	38
BALVERSA.....	32	BETAPACE.....	49	BROMPHENIRAMINE	
balziva.....	96	BETAPACE AF.....	49	MALEATE.....	118
BANZEL.....	21	BETASERON.....	59	BROMSITE.....	113
BAQSIMI ONE PACK.....	77	betaxolol hcl.....	49, 114	BRONCHITOL.....	123
BAQSIMI TWO PACK.....	77	bethanechol chloride.....	89	BRONCHITOL TOLERANCE TEST.....	123
BARACLUIDE.....	42	BETHKIS.....	123	BROVANA.....	120
BASAGLAR KWIKPEN.....	78	BETIMOL.....	114		
BAXDELA.....	17	BETOPTIC-S.....	114		

BRUKINSA	32	calcium-folic acid plus d	80	cefaclor er	17
BRYHALI	64	CALQUENCE	33	cefadroxil	17
budesonide	109, 120	CAMBIA	13	cefdinir	17
budesonide er	109	camila	96	cefixime	17
BUDESONIDE-		camrese	96	cefopodoxime proxetil	17
FORMOTEROL FUMARATE	120	camrese lo	96	cefprozil	17
bumetanide	49	CANASA	109	cefuroxime axetil	17
BUMEX	49	candesartan cilexetil	49	CELEBREX	13
BUNAVAIL	16	candesartan cilexetil-hctz	49	celecoxib	13
BUPAP	10	CANTHARIDIN	65	CELEXA	24
BUPHENYL	88	capecitabine	33	CELLCEPT	104
BUPIVACAINE HCL	15	CAPEX	65	CELONTIN	21
BUPIVILOG	91	CAPHOSOL	62	CENTANY	17
buprenorphine	10	CAPLYTA	40	cephalexin	17
buprenorphine hcl	16	CAPRELSA	33	CEQUA	116
buprenorphine hcl-naloxone		captopril	49	CEQUR SIMPLICITY	
hcl	16	CARAC	65	STARTER	75
bupropion hcl	24	CARAFATE	84	CERDELGA	88
bupropion hcl er (smoking det)	16	CARBAGLU	80	CETRAXAL	117
bupropion hcl er (sr)	24	carbamazepine	21	CETROTIDE	93
bupropion hcl er (xl)	24	carbamazepine er	21	cevimeline hcl	62
BUPROPION HCL ER (XL)	24	CARBATROL	21	charlotte 24 fe	96
buspirone hcl	46	carbidopa	38	chateal	96
butalbital-acetaminophen	10	carbidopa-levodopa	38	chateal eq	96
BUTALBITAL-		carbidopa-levodopa er	38	CHEMET	80
ACETAMINOPHEN	10	carbidopa-levodopa-		CHENODAL	85
butalbital-apap-caff-cod	10	entacapone	38	chlordiazepoxide hcl	46
butalbital-apap-caffeine	10	carbinoxamine maleate	118	chlordiazepoxide-amitriptyline	24
butalbital-asa-caff-codeine	10	CARDIZEM	49	chlordiazepoxide-clidinium	85
butalbital-aspirin-caffeine	10	CARDIZEM CD	49	chlorhexidine gluconate	62
butorphanol tartrate	10	CARDIZEM LA	49	chloroquine phosphate	37
BUTTRANS	10	CARDURA	49	chlorpromazine hcl	40
BYDUREON BCISE		CARDURA XL	90	chlorthalidone	49
AUTOINJECTOR	72	CARETOUCH TEST	75	chlorzoxazone	124
BYETTA 10 MCG PEN	72	carisoprodol	124	CHOLBAM	88
BYETTA 5 MCG PEN	72	carisoprodol-aspirin-codeine	10	cholestyramine	49
BYSTOLIC	49	CARNITOR	80	cholestyramine light	49
cabergoline	93	CARNITOR SF	80	chorionic gonadotropin	93
CABLIVI	39	CAROSPIR	49	CHROMAGEN	80
CABOMETYX	32	carteolol hcl	115	ciclodan	28
CADUET	49	cartia xt	49	ciclopirox	28
CAFERGOT	30	carvedilol	49	ciclopirox olamine	28
caffeine citrate	60	carvedilol phosphate er	49	cilostazol	39
CALAN SR	49	cascara sagrada	85	CILOXAN	113
CALCIFOL	80	CASODEX	33	CIMDUO	42
calcipotriene	64	CATAFLAM	13	cimetidine	84
CALCIPOTRIENE	64	CATAPRES-TTS-1	49	cimetidine hcl	84
calcipotriene-betameth diprop	64	CATAPRES-TTS-2	49	CIMZIA	104
calcitonin (salmon)	110	CATAPRES-TTS-3	49	CIMZIA PREFILLED KIT	104
CALCITRENE	65	cavarest	62	CIMZIA STARTER KIT	104
calcitriol	65, 110	CAYSTON	123	cinacalcet hcl	110
calcium acetate	89	caziant	96	CIPRO	17
calcium acetate (phos binder)	89	cefaclor	17	CIPRO HC	117

CIPRODEX.....	117	clozapine.....	40	CORTANE-B.....	65
ciprofloxacin hcl.....	17, 113, 117	CLOZARIL.....	40	CORTEF.....	91
ciprofloxacin-dexamethasone.	117	coal tar.....	65	CORTENEMA.....	109
CIPROFLOXACIN-		COARTEM.....	37	cortic-nd.....	117
FLUOCINOLONE PF.....	117	codeine sulfate.....	10	CORTIFOAM.....	109
citalopram hydrobromide.....	24	COENZYME Q-10.....	111	CORTISPORIN-TC.....	117
CITRANATAL BLOOM.....	80	COLAZAL.....	109	COSENTYX (300 MG DOSE).....	104
CITRANATAL MEDLEY.....	80	COLCHICINE.....	30	COSENTYX 150 MG/ML.....	104
claravis.....	65	colchicine.....	30	COSENTYX SENSOREADY	
CLARINEX.....	118	colchicine-probenecid.....	30	(300 MG).....	104
CLARINEX-D 12 HOUR.....	118	COLCRYS.....	30	COSENTYX SENSOREADY	
clarithromycin.....	17	colesevelam hcl.....	50	PEN.....	104
clarithromycin er.....	17	COLESTID.....	50	COSOPT.....	115
clemastine fumarate.....	118	COLESTID FLAVORED.....	50	COSOPT PF.....	115
CLENPIQ.....	85	colestipol hcl.....	50	COTELLIC.....	33
CLEOCIN.....	17	colistimethate sodium (cba).....	18	COTEMPLA XR-ODT.....	57
CLEOCIN-T.....	65	COLY-MYCIN M.....	18	COVARYX.....	96
CLIMARA.....	96	COMBIGAN.....	115	COVARYX HS.....	96
CLIMARA PRO.....	96	COMBIPATCH.....	96	COVID-19 SPECIMEN	
clindacin etz.....	65	COMBIVENT RESPIMAT.....	120	COLLECTION.....	111
clindacin-p.....	65	COMBIVIR.....	42	COVID-19 TESTING BY	
CLINDAGEL.....	65	COMETRIQ.....	33	PHARMACIST.....	111
clindamycin hcl.....	17	COMPLERA.....	42	COZAAR.....	50
clindamycin palmitate hcl.....	17	compro.....	27	CREON.....	88
clindamycin phosphate.....	17, 65	COMTAN.....	38	CRESEMBA.....	28
CLINDAMYCIN PHOSPHATE..	65	CONCERTA.....	57	CRESTOR.....	50
clindamycin phosphate-		CONDYLOX.....	65	CRINONE.....	96
benzoyl peroxide.....	65	CONJUPRI.....	50	CRYIXIVAN.....	42
clindamycin-tretinoin.....	65	CONSENSI.....	50	cromolyn sodium.....	86, 113, 120
CLINDESSE.....	17	constulose.....	85	crotan.....	37
CLINOIN.....	65	CONTOUR MONITOR KIT		CRYODOSE TA.....	15
CLINPRO 5000.....	62	W/DEVICE.....	75	cryselle-28.....	96
clobazam.....	21	CONTOUR NEXT EZ KIT		CUPRIMINE.....	89
clobetasol prop emollient base.	65	W/DEVICE.....	75	CUTAQUIG.....	104
clobetasol propionate.....	65	CONTOUR NEXT LINK KIT		CUTIVATE.....	66
clobetasol propionate e.....	65	W/DEVICE.....	75	CUVPOSA.....	86
clobetasol propionate emulsion	65	CONTOUR NEXT MONITOR		cyanocobalamin.....	80
CLOBEX.....	65	KIT W/DEVICE.....	75	CYANOCOBALAMIN.....	80
CLOBEX SPRAY.....	65	CONTOUR NEXT TEST		cyclafem 1/35.....	96
clocortolone pivalate.....	65	STRIPS.....	75	cyclafem 7/7/7.....	96
clodan.....	65	CONTOUR TEST STRIPS.....	75	cyclobenzaprine hcl.....	124
CLODERM.....	65	CONTRAST ALLERGY		cyclobenzaprine hcl er.....	124
clomiphene citrate.....	93	PREMED PACK.....	91	CYCLOGYL.....	116
clomipramine hcl.....	24	CONTRAVE.....	60	CYCLOMYDRIL.....	116
clonazepam.....	47	CONZIP.....	10	cyclopentolate hcl.....	116
clonidine.....	50	COPAXONE.....	59, 60	CYCLOPHENE RAPIDPAQ....	124
clonidine hcl.....	50	COPIKTRA.....	33	cyclophosphamide.....	33
clonidine hcl er.....	57	CORDRAN.....	65	CYCLOPHOSPHAMIDE.....	33
clopidogrel bisulfate.....	39	COREG.....	50	cycloserine.....	32
clorazepate dipotassium.....	47	COREG CR.....	50	CYCLOSET.....	72
clotrimazole.....	28	coremino.....	18	cyclosporine.....	104
clotrimazole-betamethasone....	28	CORGARD.....	50	cyclosporine modified.....	104
clovique.....	80	CORLANOR.....	50	CYMBALTA.....	24

cyproheptadine hcl.....	118	DERMA-SMOOTH/FS BODY.....	66	diazepam intensol.....	47
cyred.....	96	DERMA-SMOOTH/FS		diazoxide.....	78
cyred eq.....	96	SCALP.....	66	DIBENZYLINE.....	50
CYSTADROPS.....	116	DERMAZENE.....	28	DICLEGIS.....	27
CYSTAGON.....	88	DERMOTIC.....	117	DICLOFENAC CAP 35MG.....	13
CYSTARAN.....	116	DESCOVY.....	42	DICLOFENAC PATCH 1.3%....	13
CYTOMEL.....	103	desipramine hcl.....	24	diclofenac potassium.....	13
CYTOTEC.....	84	desloratadine.....	118	diclofenac sodium.....	13, 66, 113
cytra k crystals.....	80	desmopressin ace spray refrigerated.....	93	diclofenac sodium er.....	13
D.H.E. 45.....	30	DESMOPRESSIN ACETATE...93		diclofenac-misoprostol.....	13
dalfampridine er.....	60	desmopressin acetate.....	93	dicloxacillin sodium.....	18
DALIRESP.....	120, 121	desmopressin acetate spray.....	93	DICOPANOL FUSEPAQ.....	118
danazol.....	92	desogestrel-ethynodiol dihydrogenated.....	96	DICOPANOL RAPIDPAQ.....	118
DANDELION.....	111	DESONATE.....	66	dicyclomine hcl.....	86
DANTRIUM.....	124	desonide.....	66	diethylpropion hcl.....	61
dantrolene sodium.....	124	DESOWEN.....	66	diethylpropion hcl er.....	61
dapsone.....	32, 66	desoximetasone.....	66	DIFFERIN.....	66
DAPSONE.....	66	DESOXYN.....	57	DIFCID.....	18
DAPTACEL.....	107	desrx.....	66	diflorasone diacetate.....	66
DARAPRIM.....	37	DESVENLAFAKINE ER.....	24	DIFLUCAN.....	28
darifenacin hydrobromide er....	89	desvenlafaxine succinate er.....	24	diflunisal.....	13
dasetta 1/35.....	96	DETROL.....	89	difluprednate.....	113
dasetta 7/7/7.....	96	DETROL LA.....	89	digitek.....	50
DAURISMO.....	33	DEXABLISS.....	91	digox.....	50
DAYPRO.....	13	dexamethasone.....	91	digoxin.....	50
daysee.....	96	dexamethasone intensol.....	91	dihydroergotamine mesylate....	30
DAYTRANA.....	57	dexamethasone sodium		DILANTIN.....	21
DAYVIGO.....	125	phosphate.....	113	DILANTIN INFATABS.....	21
DDAVP.....	93	dexchlorpheniramine maleate.....	118	DILAUDID.....	10
DEBACTEROL.....	62	DEXCOM G4 / G5 / G6		diltiazem hcl.....	50
deblitane.....	96	RECEIVER, TRANSMITTER,		diltiazem hcl er.....	50
DECADRON.....	91	SENSOR (INCLUDING		diltiazem hcl er beads.....	50
DECARA K.....	80	PLATINUM, PLATINUM		diltiazem hcl er coated beads...	50
deferasirox.....	80	PEDIATRIC).....	75	dilt-xr.....	50
deferasirox granules.....	80	DEXEDRINE.....	57	dimenhydrinate.....	27
deferiprone.....	80	DEXILANT.....	84	dimethyl fumarate.....	60
DELESTROGEN.....	96	DEXLIDO.....	91	dimethyl fumarate starter pack..	60
DELSTRIGO.....	42	DEXLIDO-M.....	91	DIOVAN.....	50
delyla.....	96	dexmethylphenidate hcl.....	57	DIOVAN HCT.....	50
DELZICOL.....	109	dexmethylphenidate hcl er.....	57	DIPENTUM.....	109
demeclocycline hcl.....	18	DEXPANTHENOL.....	80	diphen.....	118
DEMSER.....	50	dextroamphetamine sulfate.....	58	di-phen.....	118
DENAVIR.....	42	dextroamphetamine sulfate er		diphenhydramine hcl.....	118
DENTA 5000 PLUS.....	62	.....	57, 58	diphenoxylate-atropine.....	86
DENTAGEL.....	62	DIACOMIT.....	21	DIPHTHERIA-TETANUS	
DEPAKOTE.....	21	DIASTAT ACUDIAL.....	21	TOXOIDS DT.....	107
DEPAKOTE ER.....	21	DIASTAT PEDIATRIC.....	21	DIPROLENE.....	66
DEPAKOTE SPRINKLES.....	21	DIATHRIVE BLOOD		DIPROLENE AF.....	66
DEPEN TITRATABS.....	89	GLUCOSE TEST.....	75	dipyridamole.....	39
DEPO-ESTRADIOL.....	96	DIATHRIVE GLUCOSE TEST..	75	disopyramide phosphate.....	50
DEPO-PROVERA.....	96	DIATHRIVE+ GLUCOSE		disulfiram.....	16
DEPO-SUBQ PROVERA 104....	96	TEST.....	75	DITROPAN XL.....	89
DEPO-TESTOSTERONE.....	92	diazepam.....	21, 47	DIURIL.....	50

divalproex sodium.....	21	dutasteride-tamsulosin hcl.....	90	eluryng.....	97
divalproex sodium er.....	21	DUTOPROL.....	50	EMBRACE TALK GLUCOSE	
DIVIGEL.....	97	DXEVO 11-DAY.....	91	TEST.....	75
dofetilide.....	50	DYANAVEL XR.....	58	EMBRACE TALK	
DOJOLVI.....	111	DYMISTA.....	118	MONITORING SYSTEM.....	75
dolishale.....	97	DYRENium.....	50	EMCYT.....	33
donepezil hcl.....	23	DYURAL-40.....	91	EMEND.....	27
DONNATAL.....	86	DYURAL-80.....	91	EMEND TRI-PACK.....	27
DOPTELET.....	48	DYURAL-L.....	91	EMFLAZA.....	30
DORAL.....	47	DYURAL-LM.....	91	EMGALITY.....	30
DORYX.....	18	E.E.S. 400.....	18	EMGALITY (300 MG DOSE)....	30
DORYX MPC.....	18	E.E.S. GRANULES.....	18	emoquette.....	97
dorzolamide hcl.....	115	EASY TALK PLUS II TEST STRIPS.....	75	EMSAM.....	25
DORZOLAMIDE HCL-TIMOLOL MAL.....	115	EASY TOUCH HEALTHPRO GLUCOSE.....	75	emtricitabine.....	42
dorzolamide hcl-timolol mal....	115	EASY TRAK II GLUCOSE		emtricitabine-tenofovir df.....	42
dorzolamide hcl-timolol mal pf	115	TEST.....	75	EMTRIVA.....	42
dotti.....	97	easygel.....	62	EMVERM.....	37
DOUBLE PM.....	116	EC-NAPROSYN.....	13	enalapril maleate.....	51
DOVATO.....	42	ec-naproxen.....	13	enalapril-hydrochlorothiazide....	51
DOVONEX.....	66	econazole nitrate.....	28	ENBRACE HR.....	81
doxazosin mesylate.....	50	ECOZA.....	28	ENBREL.....	104
doxepin hcl.....	24, 66, 125	EDARBI.....	50	ENBREL MINI.....	104
doxercalciferol.....	110	EDARBYCLOR.....	50	ENBREL SURECLICK.....	104
doxycycline.....	66	EDECIN.....	50	ENDARI.....	111
doxycycline hyolate.....	18	EDLUAR.....	125	endocet.....	10
DOXYCYCLINE HYCLATE.....	18	ED-SPAZ.....	86	ENDOMETRIN.....	97
doxycycline monohydrate.....	18	EDURANT.....	42	ENGERIX-B.....	107
doxylamine-pyridoxine.....	27	EEMT.....	97	ENOVARX-BACLOFEN.....	124
DRISDOL.....	80	EEMT HS.....	97	enovarx-cyclobenzaprine hcl..	124
DRITHO-CREME HP.....	66	efavirenz.....	42	ENOVARX-	
DRIZALMA SPRINKLE.....	24	efavirenz-emtricitab-tenofovir....	42	CYCLOBENZAPRINE HCL....	124
dronabinol.....	27	efavirenz-lamivudine-tenofovir..	42	ENOVARX-DICLOFENAC	
DROPLET MICRON.....	78	EFFER-K.....	80	SODIUM.....	13
drospiren-eth estrad-levomefol.	97	effer-k.....	80	ENOVARX-IBUPROFEN.....	13
drospirenone-ethynodiol estradiol...	97	EFFEXOR XR.....	24, 25	ENOVARX-LIDOCAINE HCL....	15
DROXIA.....	33	EFFIENT.....	39	ENOVARX-NAPROXEN.....	13
droxidopa.....	50	EFUDEX.....	66	ENOVARX-TRAMADOL.....	66
DRYSOL.....	66	EGATEN.....	37	enoxaparin sodium.....	20
DSUVIA.....	10	EGRIFTA SV.....	93	enpresse-28.....	97
DUAKLIR PRESSAIR.....	121	ELESTRIN.....	97	enskyce.....	97
DUAL COMPLEX FORMULA 1		eletriptan hydrobromide.....	30	ENSPLYNG.....	104
KIT.....	13	ELIDEI.....	66	ENSTILAR.....	67
DUAVEE.....	97	ELIGARD.....	93	entacapone.....	38
DUETACT.....	72	elinest.....	97	entecavir.....	42
DUEXIS.....	13	ELIQUIS.....	20	ENTEREG.....	86
DULERA.....	121	ELIQUIS DVT/PE STARTER		ENTOCORT EC.....	109
duloxetine hcl.....	24	PACK.....	20	ENTRESTO.....	51
DUOBRII.....	66	ELITE-OB.....	80	enulose.....	86
DUPIXENT.....	66	ELIXOPHYLLIN.....	121	ENVARSUS XR.....	104
DUREZOL.....	113	ELLA.....	97	ENZOCLEAR.....	67
DURLAZA.....	39	ELMIRON.....	89	EPANED.....	51
dutasteride.....	90			EPCLUSIA.....	42
				EPIDIOLEX.....	21

EPIDUO.....	67	ethosuximide.....	21	FEMARA.....	33
EPIDUO FORTE.....	67	ethyl chloride.....	15	FEMHRT.....	98
EPIFOAM.....	67	ethynodiol diac-eth estradiol....	97	FEMRING.....	98
epinastine hcl.....	113	etodolac.....	13	femynor.....	98
epinephrine.....	121	etodolac er.....	13	fenofibrate.....	51
EPIPEN 2-PAK.....	121	etonogestrel-ethinyl estradiol.....	97, 98	fenofibrate micronized.....	51
EPIPEN JR 2-PAK.....	121	etoposide.....	33	fenofibric acid.....	51
epitol.....	21	etravirine.....	43	FENOGLIDE.....	51
EPIVIR.....	43	EUCRISA.....	67	fenoprofen calcium.....	13
EPIVIR HBV.....	42, 43	euthyrox.....	103	fenortho.....	13
elplerenone.....	51	EVAMIST.....	98	fentanyl.....	10, 11
EPZICOM.....	43	EVEKEO.....	58	fentanyl citrate.....	10
EQUETRO.....	47	EVEKEO ODT.....	58	FENTANYL CITRATE.....	10
ERGOCAL.....	81	everolimus.....	33, 104	FENTORA.....	11
ergocalciferol.....	81	EVISTA.....	93	FERIVA 21/7.....	81
ergoloid mesylates.....	111	EVOCLIN.....	67	ferotrinisic.....	81
ERGOMAR.....	30	EVOTAZ.....	43	FERRALET 90.....	81
ergotamine-caffeine.....	30	EVOXAC.....	62	ferraplus 90.....	81
ERIVEDGE.....	33	EVRYSDI.....	88	FERRIPROX.....	81
ERLEADA.....	33	EXELDERM.....	28	FERRO-PLEX HEMATINIC.....	81
erlotinib hcl.....	33	EXELON.....	23	FETZIMA.....	25
errin.....	97	exemestane.....	33	FETZIMA TITRATION.....	25
ERTACZO.....	28	EXFORGE.....	51	FEXMID.....	124
ery.....	67	EXFORGE HCT.....	51	FIASP.....	78
ERYGEL.....	67	EXJADE.....	81	FIASP FLEXTOUCH.....	78
ERYPED 200.....	18	EXTAVIA.....	60	FIASP PENFILL.....	78
ERYPED 400.....	18	EXTINA.....	28	FIBRICOR.....	51
ERY-TAB.....	18	EYSUVIS.....	113	FINACEA.....	67
ERYTHROCIN STEARATE.....	18	EZALLOR SPRINKLE.....	51	finasteride.....	90
erythromycin.....	18, 67, 113	ezetimibe.....	51	FINTEPLA.....	21
erythromycin base.....	18	ezetimibe-simvastatin.....	51	FIORICET.....	11
erythromycin ethylsuccinate.....	18	FABIOR.....	67	FIORICET/CODEINE.....	11
ESBRIET.....	121	FALESSA.....	98	FIRAZYR.....	104
escitalopram oxalate.....	25	falmina.....	98	FIRDAPSE.....	111
ESGIC.....	10	famciclovir.....	43	FIRMAGON.....	93
esomeprazole magnesium.....	84	famotidine.....	85	FIRMAGON (240 MG DOSE)...	93
ESOMEPRAZOLE		FANAPT.....	40	FIRST-BACLOFEN.....	124
STRONTIUM.....	85	FANAPT TITRATION PACK....	40	FIRST-METRONIDAZOLE.....	18
est estrogens-methyltest.....	97	FANATREX FUSEPAQ.....	21	FIRVANQ.....	18
est estrogens-methyltest ds.....	97	FARESTON.....	33	flac.....	117
est estrogens-methyltest hs.....	97	FARXIGA.....	72	FLAGYL.....	18
estarrylla.....	97	FARYDAK.....	33	FLAREX.....	113
estazolam.....	47	FASENRA.....	118	flavoxate hcl.....	89
ESTRACE.....	97	FASENRA PEN.....	118	flecainide acetate.....	51
estradiol.....	97	fayosim.....	98	FLECTOR.....	13
estradiol valerate.....	97	FBL KIT.....	13	FLOLIPID.....	51
estradiol-norethindrone acet.....	97	febuxostat.....	30	FLOMAX.....	90
ESTRING.....	97	felbamate.....	21	FLORIVA.....	81
ESTROGEL.....	97	FELBATOL.....	21	FLORIVA PLUS.....	81
ESTROSTEP FE.....	97	FELDENE.....	13	FLOVENT DISKUS.....	121
eszopiclone.....	125	felodipine er.....	51	FLOVENT HFA.....	121
ethacrynic acid.....	51	FEM PH.....	89	FLUAD QUADRIVALENT.....	107
ethambutol hcl.....	32				

FLUARIX QUADRIVALENT	107	FOLITE	81	ganirelix acetate	93
FLUBLOK QUADRIVALENT	107	FOLLISTIM AQ	93	GARDASIL 9	107
FLUCELVAX		foltrin	81	GASTROCROM	86
QUADRIVALENT	107	FOLVITE-D	81	gatifloxacin	113
fluconazole	28	fondaparinux sodium	20	GATTEX	86
flucytosine	28	FORA 6 CONNECT	75	gavilyte-c	86
fludrocortisone acetate	91	FORA GTEL BLOOD		gavilyte-g	86
FLULALVAL QUADRIVALENT	107	GLUCOSE TEST	75	gavilyte-n with flavor pack	86
FLUMIST QUADRIVALENT	107	FORA TN'G ADVANCE PRO	75	GAVRETO	33
flunisolide	118	FORFIVO XL	25	GEBAUERS PAIN EASE	15
fluocinolone acetonide	67, 117	formoterol fumarate	121	GEBAUERS SPRAY AND	
fluocinolone acetonide body	67	FORTAZ	18	STRETCH	15
fluocinolone acetonide scalp	67	FORTEO	110	GELFILM	116
fluocinonide	67	FORTESTA	93	GELNIQUE	89
fluocinonide emulsified base	67	FORTISCARE G1 TEST		gemfibrozil	51
FLUORIDEX	62	STRIP	76	gemmily	98
fluoridex daily renewal	62	FOSAMAX	110	GEMTESA	89
FLUORIDEX ENHANCED		FOSAMAX PLUS D	110	GENERESS FE	98
WHITENING	62	fosamprenavir calcium	43	generlac	86
FLUORIDEX SENSITIVITY		fosfomycin tromethamine	18	genraf	104
RELIEF	62	fosinopril sodium	51	GENICIN VITA-D	81
fluoritab	81	fosinopril sodium-hctz	51	GENOTROPIN	93
fluorometholone	113	FOSRENOL	89	GENOTROPIN MINIQUICK	93
FLUOROPLEX	67	FRAGMIN	20	gentak	113
FLUOROURACIL	67	FREESTYLE FREEDOM LITE	76	gentamicin sulfate	18, 113
fluorouracil	67	FREESTYLE INSULINX		GENVOYA	43
fluoxetine hcl	25	SYSTEM	76	GEODON	40
fluoxetine hcl (pmdd)	25	FREESTYLE INSULINX TEST	76	GHT BLOOD GLUCOSE	
fluphenazine hcl	40	FREESTYLE LIBRE 14 DAY		MONITOR	76
flurandrenolide	67	READER	76	GIALAX	86
flurazepam hcl	125	FREESTYLE LIBRE 14 DAY		GILENYA	60
flurbiprofen	13	SENSOR	76	GILOTrif	33
flurbiprofen sodium	113	FREESTYLE LIBRE 2		GILPHEX TR	118
flutamide	33	READER	76	GIMOTI	27
fluticasone propionate	67, 118	FREESTYLE LIBRE 2		glatiramer acetate	60
fluticasone-salmeterol	121	SENSOR	76	glatopa	60
FLUTICASONE-		FREESTYLE LIBRE READER	76	GLEEVEC	33
SALMETEROL	121	FREESTYLE LITE TEST	76	GLEOSTINE	33
fluvastatin sodium	51	FREESTYLE PRECISION		glimepiride	72
fluvastatin sodium er	51	NEO TEST	76	glipizide er	72
fluvoxamine maleate	25	FREESTYLE TEST	76	glipizide ir	72
fluvoxamine maleate er	25	FROVA	30	glipizide xl	72
FLUZONE HIGH-DOSE		frovatriptan succinate	30	glipizide-metformin hcl	72
QUADRIVALENT	107	furosemide	51	GLOPERBA	30
FLUZONE QUADRIVALENT	107	FUZEON	43	GLUCAGEN HYPOKIT	78
FML	113	fyavolv	98	glucagon emergency kit	78
FML FORTE	113	FYCOMPRA	21	GLUCAGON EMERGENCY	
FML LIQUIFILM	113	gabapentin	21	KIT	78
FOCALIN	58	GABITRIL	21	GLUCOCARD 01 SENSOR	
FOCALIN XR	58	GALAFOLD	88	PLUS	76
FOLDITAM	81	galantamine hydrobromide	23	GLUCOCARD EXPRESSION	
folic acid	81	galantamine hydrobromide er	23	TEST	76
FOLI-D	81	GALZIN	81		

GLUCOCARD SHINE		HARVONI.....	43	HW EMBRACE PRO
CONNEX.....	76	HAVRIX.....	107	GLUCOSE TEST.....
GLUCOCARD SHINE		heather.....	98	HW EMBRACE TALK
EXPRESS.....	76	HELIDAC THERAPY.....	86	GLUCOSE TEST.....
GLUCOCARD SHINE TEST.....	76	HEMADY.....	91	HYCAMTIN.....
GLUCOCARD VITAL TEST.....	76	HEMANGEOL.....	51	HYCODAN.....
GLUCOTROL XL.....	72	HEMATRON-AF.....	81	hydralazine hcl.....
GLUMETZA.....	72	HEMMOREX-HC.....	109	HYDREA.....
GLUTATHIONE.....	81	heparin sodium (porcine).....	20	HYDRO 40.....
glyburide.....	72	heparin sodium (porcine) pf.....	20	hydrochlorothiazide.....
glyburide micronized.....	72	HEPLISAV-B.....	107	hydrocodone bitartrate er.....
glyburide-metformin.....	72	HEPSERA.....	43	hydrocodone polst-chlorphen
GLYCINE.....	81	HETLIOZ.....	125	polst er susp.....
glycopyrrolate.....	86	HETLIOZ LQ.....	125	hydrocodone-acetaminophen... 11
glydo.....	15	HIBERIX.....	108	hydrocodone-homatropine..... 118
GLYNASE.....	72	HIDEX 6-DAY.....	91	hydrocodone-ibuprofen..... 11
GLYXAMBI.....	72	HIPREX.....	18	hydrocortisone ..... 68, 91, 109
GOCOVRI.....	38	homatropaire.....	116	hydrocortisone (perianal)..... 109
GOJJI BLOOD GLUCOSE		HONEY BEE VENOM		hydrocortisone ace-pramoxine
TEST.....	76	PROTEIN.....	111	..... 68, 109
GOLYTELY.....	86	HORIZANT.....	61	hydrocortisone acetate..... 109
GONAL-F.....	93	HUMALOG.....	78	hydrocortisone butyr lipo base.. 68
GONAL-F RFF.....	93	HUMALOG KWIKPEN.....	78	hydrocortisone butyrate..... 68
GONAL-F RFF REDIRECT.....	93	HUMALOG MIX 50/50		hydrocortisone valerate..... 68
GONITRO.....	51	KWIKPEN.....	78	hydrocortisone-acetic acid..... 117
GORDOFILM.....	67	HUMALOG MIX 50/50 VIAL.....	78	hydrocort-pramoxine (perianal)
GRALISE.....	61	HUMALOG MIX 75/25		..... 109
granisetron hcl.....	27	KWIKPEN.....	78	hydromet..... 118
GRASTEK.....	111	HUMALOG MIX 75/25 VIAL.....	78	hydromorphone hcl..... 11
griseofulvin microsize.....	28	HUMALOG U-100 JUNIOR		hydromorphone hcl er..... 11
griseofulvin ultramicrosize.....	28	KWIKPEN.....	78	hydroxocobalamin acetate..... 81
guaiatussin ac.....	118	HUMATIN.....	18	hydroxychloroquine sulfate..... 37
guaifenesin ac.....	118	HUMATROPE.....	94	hydroxyurea..... 33
guanfacine hcl.....	51	HUMIRA.....	104	hydroxyzine hcl..... 47
guanfacine hcl er.....	58	HUMIRA PEDIATRIC		hydroxyzine pamoate..... 47
GVOKE HYPOOPEN 1-PACK.....	78	CROHNS START.....	104	HYOPHEN..... 89
GVOKE HYPOOPEN 2-PACK.....	78	HUMIRA PEN.....	104, 105	hyoscyamine sulfate..... 86
GVOKE PFS.....	78	HUMIRA PEN-CD/UC/HS		hyoscyamine sulfate er..... 86
GYNAZOLE-1.....	28	STARTER.....	105	hyoscyamine sulfate sl..... 86
hailey 1.5/30.....	98	HUMIRA PEN-PEDIATRIC UC		hyosyne..... 86
hailey 24 fe.....	98	START.....	105	HYPERSAL..... 118
hailey fe 1.5/30.....	98	HUMIRA PEN-PS/UV/ADOL		HYSINGLA ER..... 11
hailey fe 1/20.....	98	HS START.....	105	HYZAAR..... 51
halcinonide.....	67	HUMIRA PEN-PSOR/UVEIT		ibandronate sodium..... 110
HALCION.....	47	STARTER.....	105	IBRANCE..... 33
HALDOL DECANOATE.....	40	HUMULIN 70/30 KWIKPEN.....	78	ibuprofen..... 13
halobetasol propionate.....	67	HUMULIN 70/30 VIAL.....	78	ibuprofen-famotidine..... 13
HALOBETASOL		HUMULIN N KWIKPEN.....	78	icatibant acetate..... 105
PROPIONATE.....	67	HUMULIN N VIAL.....	78	iclevia..... 98
HALOG.....	67	HUMULIN R U-500 KWIKPEN..	78	ICLUSIG..... 33
haloperidol.....	40	HUMULIN R U-500 VIAL.....	78	icosapent ethyl..... 51
haloperidol decanoate.....	40	HUMULIN R VIAL.....	79	ID NOW COVID-19..... 111
haloperidol lactate.....	40			IDHIFA..... 33

ILEVRO	113	INSULIN LISPRO	79	jantoven	20
ILUMYA	105	INSULIN LISPRO (1 UNIT DIAL)	79	JANUMET	73
imatinib mesylate	33, 34	INSULIN LISPRO JUNIOR		JANUMET XR	73
IMBRUVICA	34	KWIKPEN	79	JANUVIA	73
IMCIVREE	61	INSULIN LISPRO PROT & LISPRO	79	JARDIANCE	73
imipramine hcl	25	INSULIN PEN NEEDLES	79	jasmiel	98
imipramine pamoate	25	INTELENCE	43	JATENZO	93
imiquimod	68	INTRAROSA	89	jencycla	98
IMIQUIMOD PUMP	68	INTRON A	43	JENTADUETO	73
IMITREX	30, 31	introvale	98	JENTADUETO XR	73
IMITREX STATDOSE REFILL	30, 31	INTUNIV	58	jinteli	98
IMITREX STATDOSE SYSTEM	31	INVEGA	40	JORNAY PM	58
IMPAVIDO	37	INVEGA SUSTENNA	40	JUBLIA	28
IMPEKLO	68	INVEGA TRINZA	40	juleber	98
IMPOYZ	68	INVELTYS	113	JULUCA	43
IMURAN	105	INVIRASE	43	junel 1.5/30	98
IMVEXXY MAINTENANCE PACK	98	INVOKAMET	72	junel 1/20	98
IMVEXXY STARTER PACK	98	INVOKANA	72	junel fe 1.5/30	98
INBRIJA	38	iodine strong	81	junel fe 1/20	98
incassia	98	IOPIDINE	115	JUXTAPID	52
INCRELEX	94	IPOL	108	JYNARQUE	81
INCRUSE ELLIPTA	121	ipratropium bromide	118, 121	K.B.G.L IN TERODERM	14
indapamide	51	ipratropium-albuterol	121	kaitlib fe	98
INDERAL LA	51	irbesartan	52	KALETRA	43
INDERAL XL	51	irbesartan-hydrochlorothiazide	52	kalliga	98
INDOCIN	13	IRESSA	34	KALYDECO	123
INDOMETHACIN	14	ISENTRESS	43	KAPSPARGO SPRINKLE	52
indomethacin	14	ISENTRESS HD	43	KAPVAY	58
indomethacin er	13	isibloom	98	KARBINAL ER	118
INFANRIX	108	isoniazid	32	kariva	98
INFINITY BLOOD GLUCOSE TEST	76	ISOPTO ATROPINE	116	KATE FARMS PEPTIDE 1.5	111
INGREZZA	61	ISOPTO CARPINE	115	KATE FARMS STANDARD 1.4	
INLYTA	34	ISORDIL TITRADOSE	52	KATERZIA	52
INNOPRAN XL	52	isosorbide dinitrate	52	KAZANO	73
INOVA	68	isosorbide mononitrate	52	KEFLEX	18
INOVA 4/1 ACNE CONTROL THERAPY	68	isosorbide mononitrate er	52	kelnor 1/35	98
INQOVI	34	isotretinoin	68	kelnor 1/50	99
INREBIC	34	isoxyprine hcl	52	KENALOG	68
INSPIREASE RESERVOIR BAGS	111	isradipine	52	KEPPRA	22
INSPRA	52	ISTALOL	115	KEPPRA XR	22
INSULIN ASP PROT & ASP FLEXPEN	79	ISTURISA	94	KERALYT	68
INSULIN ASPART	79	itraconazole	28	KERYDIN	28
INSULIN ASPART FLEXPEN	79	ivermectin	37, 68	KESIMPTA	60
INSULIN ASPART PENFILL	79	JADENU	81	ketoconazole	28
INSULIN ASPART PROT & ASPART	79	JADENU SPRINKLE	81	ketodan	28
		jaimiess	98	KETOPHENE RAPIDPAQ	14
		JAKAFI	34	ketoprofen	14
		JALYN	90	ketoprofen er	14
		JANSSEN COVID-19 VACCINE	108	KETOROCAINE-L	14
				KETOROCAINE-LM	14

KETOROLAC		LAMPIT .....	37	LEVOTHYROXINE SODIUM..	103
TROMETHAMINE.....	14	LANCETS.....	76	levothyroxine sodium.....	103
ketorolac tromethamine ...	14, 113	LANOXIN.....	52	levoxyl.....	103
KEVEYIS.....	115	Iansoprazole.....	85	LEVSIN.....	86
KEVZARA.....	105	Ianthanum carbonate.....	89	LEVSIN/SL.....	86
KINERET.....	105	LANTUS SOLOSTAR.....	79	LEXAPRO.....	25
KINRIX.....	108	LANTUS U-100 VIAL.....	79	LEXETTE.....	68
KISQALI.....	34	lapatinib ditosylate.....	34	LEXIVA.....	43
KISQALI FEMARA.....	34	larin 1.5/30.....	99	LIALDA.....	109
KITABIS PAK.....	123	larin 1/20.....	99	LIBRAX.....	86
KLARITY-A.....	113	larin 24 fe.....	99	LICART.....	14
KLARITY-L.....	113	larin fe 1.5/30.....	99	lidocaine.....	15
KLARON.....	68	larin fe 1/20.....	99	LIDOCAINE (ANORECTAL)....	68
KLISYRI.....	68	larissia.....	99	lidocaine hcl.....	15, 62
KLONOPIN.....	47	LASIX.....	52	lidocaine hcl urethral/mucosal...	15
klor-con.....	81	LASTACAF.....	116	LIDOCAINE HCL-	
klor-con 10.....	81	LATANOPROST.....	115	TETRACAINE HCL.....	15
klor-con m10.....	81	latanoprost.....	115	lidocaine viscous hcl.....	62
klor-con m15.....	81	LATUDA.....	40	LIDOCAINE-	
klor-con m20.....	81	layolis fe.....	99	HYDROCORTISONE ACE....	109
klor-con/ef.....	81	LAZANDA.....	11	lidocaine-prilocaine.....	15
KLOXXADO.....	16	leena.....	99	LIDOCAINE-TETRACAINE.....	15
KOMBIGLYZE XR.....	73	leflunomide.....	105	LIDODERM.....	15
KORLYM.....	95	LENSCALE.....	111	LIDOHEAL-90.....	15
KOSELUGO.....	34	LENVIMA.....	34	lidolog.....	92
K-PHOS.....	81	LESCOL XL.....	52	LIFEMS NALOXONE.....	16
K-PHOS NO 2.....	82	lessina.....	99	lillow.....	99
k-prime.....	82	LETAIRIS.....	123	lindane.....	37
KRINTAFEL.....	37	letrozole.....	34	linezolid.....	18, 19
KRISTALOSE.....	86	leucovorin calcium.....	34	LINZESS.....	86
KROGER HEALTHPRO		LEUKERAN.....	34	liothyronine sodium.....	103
GLUCOSE TEST.....	76	leuprolide acetate.....	94	LIPITOR.....	52
K-TAB.....	82	LEUPROLIDE ACETATE-		LIPO.....	82
k-tan plus.....	82	BUPIVACAINE.....	94	LIPO-C.....	82
kurvelo.....	99	levalbuterol hcl.....	121	LIPOFEN.....	52
KUVAN.....	88	LEVALBUTEROL HFA.....	121	lisinopril.....	52
KYNMOBI.....	38	LEVIBID.....	86	lisinopril-hydrochlorothiazide ..	52
KYNMOBI TITRATION KIT.....	38	LEVEMIR U-100 FLEXTOUCH.	79	lithium carbonate.....	47
labetalol hcl.....	52	LEVEMIR U-100 VIAL.....	79	lithium carbonate er.....	47
LACRISERT.....	116	levetiracetam.....	22	LITHOBID.....	47
lactulose.....	86	levetiracetam er.....	22	LITHOSTAT.....	89
lactulose encephalopathy.....	86	levobunolol hcl.....	115	LIVALO.....	52
LAMICTAL.....	22	levocarnitine.....	82	LO LOESTRIN FE.....	99
LAMICTAL ODT.....	22	levocarnitine sf.....	82	LOCOID.....	68
LAMICTAL STARTER.....	22	levofloxacin.....	18, 113	LOCOID LIPOCREAM.....	68
LAMICTAL XR.....	22	levonest.....	99	LODINE.....	14
lamivudine.....	43	levonorgest-eth est & eth est....	99	LODOSYN.....	38
lamivudine-zidovudine.....	43	levonorgest-eth estrad 91-day..	99	LOESTRIN 1.5/30 (21).....	99
lamotrigine.....	22	levonorgestrel-ethynodiol dihydro.....	99	LOESTRIN 1/20 (21).....	99
lamotrigine er.....	22	levonorg-eth estrad triphasic....	99	LOESTRIN FE 1.5/30.....	99
lamotrigine starter kit-blue.....	22	levora 0.15/30 (28).....	99	LOESTRIN FE 1/20.....	99
lamotrigine starter kit-green.....	22	levorphanol tartrate.....	11	lojaimies.....	99
lamotrigine starter kit-orange.....	22	levo-t.....	103	LOKELMA.....	82

LOMAIRA	61	lyeq	99	MENEST	99
LOMOTIL	86	lyllana	99	MENOPUR	94
LONHALA MAGNAIR REFILL KIT	122	LYNPARZA	34	MENOSTAR	100
LONHALA MAGNAIR STARTER KIT	122	LYRICA	61	MENQUADFI	108
LONSURF	34	LYRICA CR	61	MENTAX	29
LOPID	52	LYSINE HCL	82	MENVEO	108
lopinavir-ritonavir	43	LYSODREN	34	meperidine hcl	11
LOPRESSOR	52	LYSTEDA	48	MEPHYTON	82
LOPROX	29	LYUMJEV KWIKPEN	79	meprobamate	47
lorazepam	47	LYUMJEV VIAL	79	MEPRON	37
lorazepam intensol	47	lyza	99	mercaptopurine	34
LORBRENA	34	MACROBID	19	merzee	100
LORTAB	11	MACRODANTIN	19	mesalamine	109
Ioryna	99	mafенide acetate	19	mesalamine er oral capsule	
LORZONE	124	MAGNESIUM SULFATE	82	0.375 gm	109
losartan potassium	52	MALARONE	37	mesalamine-cleanser	109
losartan potassium-hctz	52	malathion	37	MESNEX	34
LOSEASONIQUE	99	MARBETA-25	92	MESTINON	31
LOTEMAX	113	MARBETA-L	92	METAXALL CP	124
LOTEMAX SM	113	MARDEX-25	92	metaxalone	124
LOTENSIN	52	MARINOL	27	metformin hcl er	73
LOTENSIN HCT	52	marlido	15	metformin hcl er (mod)	73
loteprednol etabonate	113	MARPLAN	25	metformin hcl er (osm)	73
LOTREL	52	MATULANE	34	metformin hcl ir	73
LOTRONEX	86	matzim la	52	methadone hcl	11
lovastatin	52	MAVENCLAD	60	methadose sugar-free	11
LOVAZA	52	MAVYRET	44	methamphetamine hcl	58
LOVENOX	20	MAXALT	31	methazolamide	115
low-ogestrel	99	MAXALT-MLT	31	methenamine hippurate	19
loxapine succinate	40	MAXIDEX	113	methergine	111
lo-zumandimine	99	MAXITROL	116	methimazole	103
LUBIPROSTONE	86	maxi-tuss ac	118	METHITEST	93
LUCEMYRA	16	MAXZIDE	52	methocarbamol	124
LULICONAZOLE	29	MAXZIDE-25	52	methotrexate	105
LUMIGAN	115	MAYZENT	60	methotrexate sodium	105
LUNESTA	125	MAYZENT STARTER PACK	60	methotrexate sodium (pf)	105
LUPANETA PACK	94	me/naphos(mb/hyo1	89	methoxsalen rapid	68
LUPKYNIS	105	meclofenamate sodium	14	methscopolamine bromide	86
LUPRON DEPOT (1-MONTH)	94	MEDROL	92	methyl salicylate	68
LUPRON DEPOT (3-MONTH)	94	medroxyprogesterone acetate	99	METHYLCOBALAMIN	82
LUPRON DEPOT (4-MONTH)		mefenamic acid	14	methyldopa	52
INTRAMUSCULAR KIT 30MG	94	mefloquine hcl	37	methylergonovine maleate	111
LUPRON DEPOT (6-MONTH)		megestrol acetate	99	METHYLIN	58
INTRAMUSCULAR KIT 45MG	94	MEKINIST	34	methylphenidate hcl	59
LUPRON DEPOT-PED (1-MONTH)	94	MEKTOVI	34	methylphenidate hcl er	58, 59
LUPRON DEPOT-PED (3-MONTH)	94	meloxicam	14	methylphenidate hcl er (cd)	58
Iutera	99	melphalan	34	methylphenidate hcl er (la)	58
LUXIQ	68	memantine hcl	23	methylphenidate hcl er (xr)	58
LUZU	29	memantine hcl er	23	methylprednisolone	92
		MEMBRANEBLUE	116	METHYLPREDNISOLONE ACE-LIDO	92
		MENACTRA	108		

methyltestosterone	93	mlk f2	111	MYSOLINE	22
metoclopramide hcl	27	mlk f3	111	MYTESI	87
metolazone	52	MLK F4	111	nabumetone	14
metoprolol succinate er	52	M-M-R II	108	nadolol	53
metoprolol tartrate	53	MOBIC	14	nafrinse	82
metoprolol-hydrochlorothiazide	53	modafinil	125	NAFRINSE DAILY	
METROCREAM	68	MODERNA COVID-19		ACIDULATED	62
METROGEL	68	VACCINE	108	NAFRINSE DAILY/NEUTRAL	62
METROLOTION	68	moexipril hcl	53	nafrinse drops	82
metronidazole	19, 68	molindone hcl	40	NAFRINSE WEEKLY	62
METRONIDAZOLE		mometasone furoate	68, 118	naftifine hcl	29
BENZO+SYRSPEND	19	monodoxine nl	19	NAFTIN	29
metyrosine	53	mono-linyah	100	NALFON	14
mexiletine hcl	53	MONSELS FERRIC		NALOCET	11
mibelas 24 fe	100	SUBSULFATE	48	naloxone hcl	16
MICARDIS	53	montelukast sodium	122	NALTREXONE	16
MICARDIS HCT	53	MONUROL	19	naltrexone hcl	16
miconazole 3	29	morgidox	19	NAMENDA TITRATION PAK	23
MICONAZOLE-ZINC OXIDE-		morphine sulfate	11	NAMENDA XR	23
PETROLAT	29	morphine sulfate (concentrate)	11	NAMZARIC	23
MICRODOT TEST	76	morphine sulfate er	11	NAPRELAN	14
microgestin 1.5/30	100	morphine sulfate er beads	11	NAPRO	14
microgestin 1/20	100	MOTEGRITY	87	NAPROSYN	14
microgestin 24 fe	100	MOTOFEN	87	naproxen	14
microgestin fe 1.5/30	100	MOUTH KOTE	62	naproxen sodium	14
microgestin fe 1/20	100	MOUTH KOTE REMINT	62	naproxen sodium er	14
midodrine hcl	53	MOVANTIK	87	NAPROXEN SODIUM ER	14
MIGERGOT	31	MOVIPREP	87	naproxen-esomeprazole	14
miglitol	73	MOXEZA	113	naratriptan hcl	31
miglustat	88	moxifloxacin hcl	19, 114	NARCAN	16
MIGRANAL	31	moxifloxacin hcl (2x day)	114	NARDIL	25
mili	100	MS CONTIN	11	NASCOBAL	82
MILLIPRED	92	MULPLETA	48	NASONEX	119
mimvey	100	MULTAQ	53	NATACYN	114
MINASTRIN 24 FE	100	MULTIGEN	82	NATAZIA	100
mineral oil heavy	87	MULTI-SPECIALTY	92	nateglinide	73
MINIPRESS	53	multivitamin/fluoride	82	NATESTO	93
minitran	53	MULTIVITAMIN/FLUORIDE	82	NATPARA	110
MINIVELLE	100	multi-vitamin/fluoride	82	NATROBA	37
minocycline hcl	19	multi-vitamin/fluoride/iron	82	NATURE-THROID	103
MINOCYCLINE HCL ER	19	mupirocin	19	NAYZILAM	22
minocycline hcl er	19	mupirocin calcium	19	nebivolol hcl	53
MINOLIRA	19	MYALEPT	88	NEBUPENT	37
minoxidil	53	MYAMBUTOL	32	necon 0.5/35 (28)	100
MIRAPEX	38	MYCAPSSA	94	nefazodone hcl	25
MIRAPEX ER	38	MYCOBUTIN	32	neomycin sulfate	19
MIRCETTE	100	mycophenolate mofetil	105	neomycin-bacitracin zn-	
mirtazapine	25	mycophenolate sodium	105	polymyx	116
MIRVASO	68	MYDAYIS	59	neomycin-polymyxin-dexameth	
misoprostol	85	MYFORTIC	105	.....	116
MITIGARE	30	MYLERAN	34	neomycin-polymyxin-	
MITOSOL	113	myorisan	68	gramicidin	116
mlk f1	111	MYRBETRIQ	89	neomycin-polymyxin-hc..	116, 117

neo-polycin	116	nolix	69	NOVOLOG MIX 70/30	
neo-polycin hc	116	nora-be	100	RELION	80
NEORAL	105	NORDITROPIN FLEXPRO	94	NOVOLOG MIX 70/30 VIAL	80
NEO-SYNALAR	68	norethrin ace-eth estrad-fe	100	NOVOLOG PENFILL	80
NEPHRON FA	82	norethindrone	100	NOVOLOG RELION	80
NERLYNX	34	norethindrone acetate	100	NOVOLOG U-100 VIAL	80
NESINA	73	norethindrone acet-ethinyl est.	100	NOXAFIL	29
NESTABS	82	norethindrone-eth estradiol	100	NP #2 DRUG PREPARATION	
NESTABS ONE	82	norethin-eth estradiol-fe	100	KIT	14
neuac	68	NORGESIC FORTE	124	np thyroid	103
NEUPRO	38	norgestimate-eth estradiol	100	NUBEQA	34
NEURONTIN	22	norgestimate-ethinyl estradiol		NUCALA	119
NEVANAC	114	triphasic	100	NUCYNTA	11
nevirapine	44	NORITATE	69	NUCYNTA ER	11
nevirapine er	44	norlyda	100	NUEDEXTA	61
NEXAVAR	34	norlyroc	100	NULEV	87
NEXIUM	85	NORPACE	53	NULYTELY LEMON-LIME	87
NEXLETOL	53	NORPACE CR	53	NUMOISYN	62
NEXLIZET	53	NORPRAMIN	25	NUPLAZID	40
NEXTSTELLIS	100	NORTHERA	53	NURTEC	31
niacin (antihyperlipidemic)	53	nortrel 0.5/35 (28)	100	NUTRIDOX	19
niacin er (antihyperlipidemic)	53	nortrel 1/35 (21)	100	NUTRIVIT	82
niacor	53	nortrel 1/35 (28)	100	NUTROPIN AQ NUSPIN 10	94
NIASPAN	53	nortrel 7/7/7	100	NUTROPIN AQ NUSPIN 20	94
nicardipine hcl	53	nortriptyline hcl	25	NUTROPIN AQ NUSPIN 5	94
NICOTROL	16	NORVASC	54	NUVARING	100
NICOTROL NS	16	NORVIR	44	NUVESSA	19
nifedipine	53	NOURIANZ	38	NUVIGIL	125
nifedipine er	53	novarel	94	NUZYRA	19
nifedipine er osmotic release	53	NOVAREL	94	nyamyc	29
NIFEREX	82	NOVOLIN 70/30 FLEXPEN	79	nylia 7/7/7	100
nikki	100	NOVOLIN 70/30 FLEXPEN		NYMALIZE	54
NILANDRON	34	RELION	79	nymyo	100
nilutamide	34	NOVOLIN 70/30 RELION	79	nystatin	29
nimodipine	53	NOVOLIN 70/30 VIAL	79	nystatin-triamcinolone	29
NINLARO	34	NOVOLIN N FLEXPEN	79	nystop	29
nisoldipine er	53	NOVOLIN N FLEXPEN		OCALIVA	88
nitazoxanide	37	RELION	79	ocella	100
nitisinone	88	NOVOLIN N RELION	79	octreotide acetate	94
NITRO-BID	53	NOVOLIN N VIAL	79	OCUFLOX	114
NITRO-DUR	53	NOVOLIN R FLEXPEN	79	ODACTRA	111
nitrofurantoin	19	NOVOLIN R FLEXPEN		ODEFSEY	44
nitrofurantoin macrocrystal	19	RELION	79	ODOMZO	34
nitrofurantoin monohydrate		NOVOLIN R RELION	79	OFEV	122
macrocrystals	19	NOVOLIN R VIAL	79	ofloxacin	19, 114, 117
nitroglycerin	53	NOVOLOG 70/30 FLEXPEN		olanzapine	40
NITROLINGUAL	53	RELION	79	olanzapine-fluoxetine hcl	25
NITROMIST	53	NOVOLOG FLEXPEN	79	olmesartan medoxomil	54
NITROSTAT	53	NOVOLOG FLEXPEN		olmesartan medoxomil-hctz	54
NITRO-TIME	53	RELION	79	olmesartan-amlodipine-hctz	54
NITYR	88	NOVOLOG MIX 70/30		olopatadine hcl	114, 119
nizatidine	85	FLEXPEN	80	OLUMIANT	105
NOCDURNA	94			OLUX	69

OLUX-E.....	69	ORFADIN.....	88	PAMELOR.....	25
OMECLAMOX-PAK.....	87	ORGOVYX.....	35	PANCREAZE.....	88
omega-3-acid ethyl esters.....	54	ORIAHNN.....	100	PANDEL.....	69
omeprazole.....	85	ORILISSA.....	94	PANRETIN.....	35
omeprazole-sodium bicarbonate.....	85	ORKAMBI.....	123	pantoprazole sodium.....	85
OMNARIS.....	119	ORLADEYO.....	105	paricalcitol.....	110
OMNIPOD DASH 5 PACK PODS.....	111	orphenadrine citrate er.....	124	PARLODEL.....	38
OMNITROPE.....	94	orphenadrine-asa-caffeine.....	124	PARNATE.....	25
ondansetron hcl.....	27	ORPHENGESIC FORTE.....	124	paromomycin sulfate.....	19
ondansetron odt.....	27	orsythia.....	101	paroxetine hcl.....	25
ONE DROP BLOOD GLUCOSE MONITOR.....	76	ORTIKOS.....	109	paroxetine hcl er.....	25
ONE DROP TEST.....	77	oscimin.....	87	paroxetine mesylate.....	25
ONETOUCH ULTRA 2 KIT W/DEVICE.....	77	oscimin sr.....	87	PASER.....	32
ONETOUCH ULTRA MINI KIT W/DEVICE.....	77	oseltamivir phosphate.....	44	PATANASE.....	119
ONETOUCH ULTRA TEST STRIPS.....	77	OSENI.....	73	PAXIL.....	26
ONETOUCH VERIO FLEX SYSTEM.....	77	OSMOLEX ER.....	38	PAXIL CR.....	26
ONETOUCH VERIO IQ SYSTEM.....	77	OSMOPREP.....	87	pb-hyoscy-atropine-scopolamine.....	87
ONETOUCH VERIO KIT W/DEVICE.....	77	OSPHENA.....	93	P-CARE K40MX.....	92
ONETOUCH VERIO REFLECT.....	77	OTEZLA.....	105	P-CARE K80MX.....	92
ONETOUCH VERIO SYNC SYSTEM.....	77	OTIPRIO.....	117	PEDIAPRED.....	92
ONEXTON.....	69	OTOVEL.....	117	PEDIARIX.....	108
ONFI.....	22	OTREXUP.....	105	PEDVAX HIB.....	108
ONGENTYS.....	38	OVACE PLUS.....	69	peg 3350-kcl-na bicarb-nacl.....	87
ONGLYZA.....	73	OVACE PLUS WASH.....	69	peg-3350/electrolytes.....	87
ONUREG.....	35	OVACE WASH.....	69	peg-3350/electrolytes/ascorbat.	87
ONZETRA XSAIL.....	31	OVIDE.....	37	PEGASYS.....	44
opium.....	87	OVIDREL.....	95	peg-kcl-nacl-nasulf-na asc-c.....	87
OPSUMIT.....	123	oxaprozin.....	14	PEMAZYRE.....	35
ORACEA.....	69	OXAYDO.....	12	penicillamine.....	89
ORACIT.....	82	oxazepam.....	47	penicillin v potassium.....	19
ORAFATE.....	111	OXBRYTA.....	111	PENNSAID.....	14
ORALAIR.....	111	oxcarbazepine.....	22	PENTACEL.....	108
ORALAIR ADULT STARTER PACK.....	111	OXERVATE.....	116	pentamidine isethionate.....	37
ORALAIR CHILDRENS STARTER PACK.....	111	oxiconazole nitrate.....	29	PENTASA.....	109
oralone.....	62	OXISTAT.....	29	OXTELLAR XR.....	22
ORAPRED ODT.....	92	oxybutynin chloride.....	89	pentazocine-naloxone hcl.....	12
ORAVIG.....	29	oxybutynin chloride er.....	89	pentoxifylline er.....	54
ORENCIA.....	105	oxycodone hcl.....	12	PEPCID.....	85
ORENCIA CLICKJECT.....	105	OXYCODONE HCL ER.....	12	PERCOCET.....	12
ORENITRAM.....	123	OXYCODONE-ACETAMINOPHEN.....	12	PERFOROMIST.....	122
		oxycodone-acetaminophen.....	12	PERIDEX.....	62
		OXYCONTIN.....	12	perindopril erbumine.....	54
		oxymorphone hcl.....	12	periogard.....	62
		oxymorphone hcl er.....	12	permethrin.....	38
		OXYTROL.....	89	perphenazine.....	27
		OZEMPIC.....	73	perphenazine-amitriptyline.....	26
		OZOBAX.....	124	PERSERIS.....	41
		PACERONE.....	54	PERTZYE.....	88
		PALFORZIA.....	112	PEXEVA.....	26
		paliperidone er.....	41	PFIZER-BIONTECH COVID-19 VACC.....	108
		PALYNZIQ.....	88	phenazo.....	89
				phenazopyridine hcl.....	89

phendimetrazine tartrate.....	61	polysaccharide iron forte.....	82	pregabalin er.....	61
phendimetrazine tartrate er.....	61	POLYTRIM.....	117	pregnyl.....	95
phenelzine sulfate.....	26	POLY-VI-FLOR.....	82	PREMARIN.....	101
phenobarbital.....	22	POLY-VI-FLOR/IRON.....	83	PREMPHASE.....	101
phenobarbital-belladonna alk....	87	POMALYST.....	35	PREMPRO.....	101
PHENOHYTRO.....	87	portia-28.....	101	PRENAISSANCE.....	83
phenoxybenzamine hcl.....	54	posaconazole.....	29	prenatal plus iron.....	83
phentermine hcl.....	61	pot & sod cit-cit ac.....	83	PRENATE DHA.....	83
phenylephrine hcl.....	116	POTABA.....	83	PRENATE ELITE.....	83
PHENYTEK.....	22	potassium chloride.....	83	PRENATE ENHANCE.....	83
phenytoin.....	22	potassium chloride crys er.....	83	PRENATE ESSENTIAL.....	83
phenytoin infatabs.....	22	potassium chloride er.....	83	PRENATE MINI.....	83
phenytoin sodium extended.....	22	potassium citrate er.....	83	PRENATE PIXIE.....	83
PHEXXI.....	112	potassium citrate-citric acid.....	83	PRENATE RESTORE.....	83
philith.....	101	POVIDONE-IODINE.....	114	PRENATVITE RX.....	83
PHOSLYRA.....	89	PR BENZOYL PEROXIDE		PRESTALIA.....	54
PHOSPHASAL.....	90	WASH.....	69	PRETOMANID.....	32
phospho-trin 250 neutral.....	82	PRADAXA.....	21	PREVACID.....	85
phytonadione.....	82	PRALUENT.....	54	PREVACID SOLUTAB.....	85
PIFELTRO.....	44	pramipexole dihydrochloride.....	38	prevalite.....	54
pilocarpine hcl.....	62, 115	pramipexole dihydrochloride er.....	38	PREVIDENT.....	62
pimecrolimus.....	69	PRAMOSONE.....	69	prevident.....	62
pimozide.....	41	PRAMOTIC.....	117	PREVIDENT 5000 BOOSTER	
pimtrea.....	101	PRASTERA.....	14	PLUS.....	62
pindolol.....	54	prasugrel hcl.....	39	PREVIDENT 5000 DRY	
pioglitazone hcl.....	73	pravastatin sodium.....	54	MOUTH.....	62
pioglitazone hcl-glimepiride.....	73	praziquantel.....	38	PREVIDENT 5000 ENAMEL	
pioglitazone hcl-metformin hcl..	73	prazosin hcl.....	54	PROTECT.....	62
PIQRAY.....	35	PRECISION LINK.....	77	PREVIDENT 5000 ORTHO	
pirmella 1/35.....	101	PRECISION PCX PLUS TEST.	77	DEFENSE.....	62
pirmella 7/7/7.....	101	PRECISION QID TEST.....	77	PREVIDENT 5000 PLUS.....	62
piroxicam.....	14	PRECISION SOF-TACT TEST.	77	PREVIDENT 5000 SENSITIVE	62
PLAQUENIL.....	38	PRECISION XTRA BLOOD		previfem.....	101
PLAVIX.....	39	GLUCOSE.....	77	PREVNAR 13.....	108
PLEGRIDY.....	60	PRECOSE.....	73	PREVNAR 20.....	108
PLEGRIDY STARTER PACK...	60	PRED FORTE.....	114	PREVYMIS.....	44
PLENVU.....	87	PRED MILD.....	114	PREZCOBIX.....	44
PLEXION.....	69	PRED-G.....	117	PREZISTA.....	44
PLEXION CLEANSER.....	69	PRED-G S.O.P.....	117	PRIFTIN.....	32
PLIAGLIS.....	15	prednicarbate.....	69	PRILOSEC.....	85
PNEUMOVAX 23.....	108	prednisolone.....	92	PRIMACARE.....	83
podocon.....	69	prednisolone acetate.....	114	primaquine phosphate.....	38
podofilox.....	69	prednisolone acetate p-f.....	114	primidone.....	22
POGO AUTOMATIC TEST		PREDNISOLONE ACET-		PRIMSOL.....	19
CARTRIDGES.....	77	MOXIFLOXACIN.....	117	PRINVIL.....	54
POINT OF CARE KM.....	92	prednisolone sodium		PRISTIQ.....	26
POINT OF CARE L.2.....	92	phosphate.....	92, 114	PROAIR DIGIHALER.....	122
POINT OF CARE L.5.....	92	PREDNISOLON-MOXIFLOX-		PROAIR HFA.....	122
POINT OF CARE LM DEP 2....	92	NEPAFENAC.....	114	PROAIR RESPICLICK.....	122
POINT OF CARE LM-2.2.....	15	prednisone.....	92	probenecid.....	30
POINT OF CARE LM-2.5.....	15	prednisone intensol.....	92	PROCARDIA XL.....	54
polycin.....	117	PREFEST.....	101	PROCENTRA.....	59
polymyxin b-trimethoprim.....	117	pregabalin.....	61	prochlorperazine.....	27

prochlorperazine maleate.....	27	pyridostigmine bromide.....	31	READYSHARP ANESTH +	
PROCORT.....	109	pyridostigmine bromide er.....	31	DEXAMETH.....	92
PROCTOCORT.....	109	pyrimethamine.....	38	READYSHARP ANESTH +	
PROCTOFOAM HC.....	109	PYROGALLIC ACID.....	69	KETOROLAC.....	14
procto-med hc.....	109	QBRELIS.....	54	READYSHARP ANESTH +	
procto-pak.....	109	QBREXA.....	69	METHYLPRED.....	92
proctozone-hc.....	110	QINLOCK.....	35	READYSHARP-A.....	15
PROCYSBI.....	88	QNDSL.....	119	REBIF.....	60
PRODIGY NO CODING		QNDSL CHILDRENS.....	119	REBIF REBIDOSE.....	60
BLOOD GLUC.....	77	QSYMIA.....	61	REBIF REBIDOSE	
progesterone.....	101	QTERN.....	73	TITRATION PACK.....	60
PROGLYCEM.....	78	QUADRACEL.....	108	REBIF TITRATION PACK.....	60
PROGRAF.....	105	QUALAQUIN.....	38	reclipsen.....	101
PROLATE.....	12	QUARTETTE.....	101	RECOMBIVAX HB.....	108
PROLENSA.....	114	quazepam.....	47	RECTIV.....	54
PROMACTA.....	48	QUDEXY XR.....	22	RECURA.....	29
promethazine hcl.....	119	QUESTRAN.....	54	RREDITREX.....	106
promethazine vc.....	119	QUESTRAN LIGHT.....	54	REGLAN.....	27
promethazine vc/codeine.....	119	quetiapine fumarate.....	41	REGRANEX.....	69
promethazine-codeine.....	119	quetiapine fumarate er.....	41	RELAFEN.....	14
promethazine-dm.....	119	QUFLORA FE.....	83	RELAFEN DS.....	14
promethazine-phenyleph-		QUFLORA FE PEDIATRIC.....	83	RELENZA DISKHALER.....	44
codeine.....	119	QUFLORA GUMMIES.....	83	relexxii.....	59
promethazine-phenylephrine..	119	QUFLORA PEDIATRIC.....	83	RELION BLOOD GLUCOSE	
promethegan.....	119	QUICKVUE SARS ANTIGEN		TEST.....	77
PROMETRIUM.....	101	TEST.....	112	RELION PREMIER TEST.....	77
propafenone hcl.....	54	QUILLICHEW ER.....	59	RELISTOR.....	87
propafenone hcl er.....	54	QUILLIVANT XR.....	59	RELNATE DHA.....	83
proparacaine hcl.....	117	quinapril hcl.....	54	RELPAX.....	31
propranolol hcl.....	54	quinapril-hydrochlorothiazide....	54	RELTONE.....	87
propranolol hcl er.....	54	quinidine gluconate er.....	54	REMERON.....	26
propylthiouracil.....	103	quinidine sulfate.....	54	REMERON SOLTAB.....	26
PROQUAD.....	108	quinine sulfate.....	38	REMESENSE.....	63
PROSCAR.....	91	QVAR REDIHALER.....	122	RENAGEL.....	90
PROTHELIAL.....	112	RABEPRAZOLE SODIUM.....	85	RENATABS WITH IRON.....	83
PROTONIX.....	85	rabeprazole sodium.....	85	RENELVA.....	90
PROTOPIC.....	69	RAGWITEK.....	112	repaglinide.....	73
protriptyline hcl.....	26	raloxifene hcl.....	93	REPATHA.....	54
PROVENTIL HFA.....	122	ramelteon.....	125	REPATHA PUSHTRONEX	
PROVERA.....	101	ramipril.....	54	SYSTEM.....	54
PROVIGIL.....	125	RANEXA.....	54	REPATHA SURECLICK.....	54
PROZAC.....	26	ranolazine er.....	54	RESTASIS.....	117
PRUDOXIN.....	69	RAPAFLO.....	91	RESTASIS MULTIDOSE.....	117
pseudoephedrine-bromphen-		RAPAMUNE.....	105	RESTORIL.....	125
dm.....	119	rasagiline mesylate.....	38	RETEVMO.....	35
PSORCON.....	69	RASUVO.....	105, 106	RETIN-A.....	69
PULMICORT FLEXHALER....	122	RAVICTI.....	88	RETIN-A MICRO GEL 0.04 %,	
PULMICORT SUSPENSION..	122	RAYALDEE.....	110	0.1 %.....	69
PULMOZYME.....	123	RAYOS.....	92	RETIN-A MICRO PUMP.....	69
PURIXAN.....	35	RAZADYNE ER.....	23	RETROVIR.....	44
PYLERA.....	87	READYSHARP ANESTH +		REVATIO.....	123
pyrazinamide.....	32	BETAMETH.....	92	REVLIMID.....	35
PYRIDIUM.....	90			REXULTI.....	41

REYATAZ	44	SABRIL	22	SILVADENE	19
REYVOW	31	SAFYRAL	101	silver nitrate	19
RHOFADE	69	SAIZEN	95	silver sulfadiazine	19
RHOPRESSA	115	SAIZENPREP	95	SIMBRINZA	115
ribavirin	44	sajazir	106	simliya	101
RIDAURA	106	SALAGEN	63	simpesse	101
rifabutin	32	salicylic acid	69	SIMPONI	106
rifampin	32	salicylic acid er	69	simvastatin	55
RIFAMPIN+SYRSPEND SF	32	SALINE-PHENOL	83	SINEMET	39
RIGHTEST GT333 BLOOD		salsalate	14	SINGULAIR	122
GLUCOSE	77	SALVAX	69	sirolimus	106
RILUTEK	61	SALVAX DUO PLUS	69	SIRTURO	32
riluzole	61	SAMSCA	83	SITAVIG	45
rimantadine hcl	44	SANCUSO	27	SIVEXTRO	19
RIMSO-50	90	SANDIMMUNE	106	SKELAXIN	124
RINVOQ	106	SANDOSTATIN	95	SKYRIZI	107
RIOMET	73	SANTYL	69	SKYRIZI (150 MG DOSE)	107
risedronate sodium	110	SAPHRIS	41	SKYRIZI PEN	107
RISPERDAL	41	sapropterin dihydrochloride	88	SLYND	101
RISPERDAL CONSTA	41	SAVAYSA	21	sod citrate-citric acid	83
risperidone	41	SAVELLA	61	sodium chloride	119
RITALIN	59	SAVELLA TITRATION PACK	61	sodium fluoride	63, 83, 84
RITALIN LA	59	SAXENDA	61	sodium fluoride 5000 enamel	63
ritonavir	44	scopolamine	27	sodium fluoride 5000 plus	63
rivastigmine	24	SEASONIQUE	101	sodium fluoride 5000 ppm	63
rivastigmine tartrate	24	SECUADO	41	sodium fluoride 5000 sensitive	63
rivelsa	101	SEGLUROMET	74	SODIUM IODIDE I-131	103
rizatriptan benzoate	31	SELECT-OB	83	sodium phenylbutyrate	88
ROCALTROL	110	selegiline hcl	39	sodium polystyrene sulfonate	84
ROCKLATAN	115	selenium sulfide	70	sodium sulfacetamide	70
ROPIDEX	92	SELZENTRY	44, 45	sodium sulfacetamide wash	70
ropinirole hcl	38	SENSIPAR	110	SODIUM SULFACETAMIDE-	
ropinirole hcl er	39	SEREVENT DISKUS	122	BAKUCHIOL	70
rosadan	69	SERNIVO	70	SOFIA SARS ANTIGEN FIA	112
rosuvastatin calcium	54	SEROQUEL	41	SOFIA2 SARS ANTIGEN FIA	112
ROSZET	55	SEROQUEL XR	41	solifenacin succinate	90
ROTARIX	108	SEROSTIM	87	SOLIQUA	74
ROTATEQ	108	sertraline hcl	26	SOLODYN	19
ROWASA	110	setlakin	101	SOLOSEC	19
roweepra	22	sevelamer carbonate	90	SOLTAMOX	35
ROXICODONE	12	sevelamer hcl	90	SOMA	125
ROZEREM	125	SEYSARA	19	SOMATULINE DEPOT	95
ROZLYTREK	35	sf	63	SOMAVERT	95
RUBRACA	35	sf 5000 plus	63	SOOLANTRA	70
rufinamide	22	SFROWASA	110	SORIATANE	70
RUKOBIA	44	sharobel	101	SORILUX	70
RUZURGI	112	SHINGRIX	108	sorine	55
RYBELSUS	73	SIKLOS	35	sotalol hcl	55
RYCLORA	119	SILATRIX	112	sotalol hcl (af)	55
RYDAPT	35	sildenafil citrate	124	SOTYLIZE	55
RYTARY	39	SILENOR	125	SOVALDI	45
RYTHMOL SR	55	SILIQ	106	spinossad	38
ryvent	119	silodosin	91	SPIRIVA HANDIHALER	122

SPIRIVA RESPIMAT .....	122	SULFAMYLYON .....	20	TALTZ .....	107
spironolactone .....	55	sulfasalazine .....	110	TALZENNA .....	35
spironolactone-hctz .....	55	sulfatrim pediatric .....	20	TAMIFLU .....	45
SPORANOX .....	29	sulfurated lime .....	38	tamoxifen citrate .....	35
SPORANOX PULSEPAK .....	29	sulindac .....	15	tamsulosin hcl .....	91
SPRAVATO (56 MG DOSE) .....	26	sumatriptan .....	31	TAPAZOLE .....	103
SPRAVATO (84 MG DOSE) .....	26	sumatriptan succinate .....	31	TAPERDEX 12-DAY .....	92
sprintec 28 .....	101	sumatriptan succinate refill .....	31	TAPERDEX 6-DAY .....	92
SPRITAM .....	22	sumatriptan-naproxen sodium ..	31	TAPERDEX 7-DAY .....	92
SPRIX .....	15	sunitinib malate .....	35	TARCEVA .....	35
SPRYCEL .....	35	SUNOSI .....	125	TARGADOX .....	20
sps .....	84	SUPRAX .....	20	TARGRETIN .....	35
sronyx .....	101	SUPREP BOWEL PREP KIT ..	87	tarina 24 fe .....	101
ssd .....	19	SURE RESULT O3D3 .....		tarina fe 1/20 .....	101
SSKI .....	119	SYSTEM .....	55	tarina fe 1/20 eq .....	101
sss 10-5 .....	70	SUSTIVA .....	45	TASIGNA .....	35
STALEVO 100 .....	39	SUTAB .....	87	TASMAR .....	39
STALEVO 125 .....	39	SUTENT .....	35	TAURINE .....	84
STALEVO 150 .....	39	syeda .....	101	tavaborole .....	29
STALEVO 200 .....	39	SYMAX DUOTAB .....	87	TAVALISSE .....	48
STALEVO 50 .....	39	SYMAX-SL .....	87	taysofy .....	101
STALEVO 75 .....	39	SYMAX-SR .....	87	TAYTULLA .....	101
stavudine .....	45	SYMBICORT .....	122	tazarotene .....	70
STEGLATRO .....	74	SYMBYAX .....	26	TAZAROTENE .....	70
STEGLUJAN .....	74	SYMDEKO .....	123	TAZORAC .....	70
STELARA .....	107	SYMFİ .....	45	taztia xt .....	55
STEMPHYLIUM .....	112	SYMFİ LO .....	45	TAZVERIK .....	35
STIMATE .....	95	SYMJEPI .....	122	TDVAX .....	108
STIOLTO RESPIMAT .....	122	SYMLINPEN 120 .....	74	TECFIDERA .....	60
STIVARGA .....	35	SYMLINPEN 60 .....	74	TEGRETOL .....	22
STRATTERA .....	59	SYMPAZAN .....	22	TEGRETOL-XR .....	22
STRENSIQ .....	88	SYMPROIC .....	87	TEGSEDI .....	61
STRIBILD .....	45	SYMTUZA .....	45	TEKTURNA .....	55
STRIVERDI RESPIMAT .....	122	SYNALAR .....	70	TEKTURNA HCT .....	55
STROMECTOL .....	38	SYNAPRYN FUSEPAQ .....	12	telmisartan .....	55
SUBOXONE .....	16	SYNAREL .....	95	telmisartan-amlodipine .....	55
SUBSYS .....	12	SYNDROS .....	28	telmisartan-hctz .....	55
subvenite .....	22	SYNERA .....	15	temazepam .....	125
subvenite starter kit-blue .....	22	SYNJARDY .....	74	TEMIXYS .....	45
subvenite starter kit-green .....	22	SYNJARDY XR .....	74	TEMODAR .....	35
subvenite starter kit-orange .....	22	SYNTROID .....	103	TEMOVATE .....	70
SUCRAID .....	88	SYPRINE .....	84	temozolomide .....	35
sucralfate .....	85	TABLOID .....	35	TENCON .....	12
SULAR .....	55	TABRADOL FUSEPAQ .....	125	TENIVAC .....	108
SULCONAZOLE NITRATE .....	29	TABRADOL RAPIDPAQ .....	125	tenofovir disoproxil fumarate ..	45
sulfacetamide sodium .....	70, 114	TABRECTA .....	35	TENORETIC 100 .....	55
sulfacetamide sodium (acne) .....	70	TACLONEX .....	70	TENORETIC 50 .....	55
sulfacetamide sodium-sulfur .....	70	tacrolimus .....	70, 107	TENORMIN .....	55
sulfacetamide-prednisolone .....	117	tadalafil (pah) .....	124	TEPMETKO .....	36
sulfacetamide-sulfur in urea .....	70	TAFINLAR .....	35	terazosin hcl .....	91
SULFACELEANSE 8/4 .....	70	TAGRISSO .....	35	terbinafine hcl .....	29
sulfadiazine .....	20	TAKHYRO .....	126	terbutaline sulfate .....	122
sulfamethoxazole-trimethoprim ..	20	TALICIA .....	87	terconazole .....	29

TERIPARATIDE (RECOMBINANT).....	110	TOBRAMYCIN.....	123	triamcinolone in absorbase.....	71
TESSALON PERLES.....	119	tobramycin-dexamethasone....	117	TRI-AMINO.....	84
TESTIM.....	93	TOBREX.....	114	triamterene.....	55
testosterone.....	93	tolbutamide.....	74	triamterene-hctz.....	55
TESTOSTERONE		tolcapone.....	39	TRIANEX.....	71
CYPIONATE.....	93	TOLSURA.....	29	triazolam.....	47
testosterone cypionate.....	93	tolterodine tartrate.....	90	TRIBENZOR.....	55
testosterone enanthate.....	93	tolterodine tartrate er.....	90	TRICARE PRENATAL DHA	
TETANUS-DIPHTHERIA		TOLVAPTAN.....	84	ONE.....	84
TOXOIDS TD.....	108	tolvaptan.....	84	TRI-CHLOR.....	71
tetrabenazine.....	61	TOPAMAX.....	23	TRICOR.....	55
tetracycline hcl.....	20	TOPAMAX SPRINKLE.....	23	triderm.....	71
TEXACORT.....	70	TOPICORT.....	70	TRIDESILON.....	71
THALOMID.....	36	TOPICORT SPRAY.....	70	trientine hcl.....	84
THEO-24.....	122	topiramate.....	23	tri-estarylla.....	101
theophylline.....	122	topiramate er.....	23	trifluoperazine hcl.....	41
theophylline er.....	122	TOPROL XL.....	55	trifluridine.....	114
THIOLA.....	90	toremifene citrate.....	36	trihexyphenidyl hcl.....	39
THIOLA EC.....	90	torsemide.....	55	TRIJARDY XR.....	74
thioridazine hcl.....	41	TOSYMRA.....	31	TRIKAFTA.....	123
thiotepa.....	36	TOUJEO MAX SOLOSTAR.....	80	tri-legest fe.....	101
thiothixene.....	41	TOUJEO SOLOSTAR.....	80	TRILEPTAL.....	23
THROMBIN-JMI.....	48	tovet.....	71	tri-linyah.....	102
THROMBIN-JMI EPISTAXIS.....	48	TOVIAZ.....	90	TRILIPPIX.....	55
THROMBOGEN.....	48	TRACLEER.....	124	tri-lo-estarylla.....	102
THYQUIDITY.....	103	TRADJENTA.....	74	tri-lo-marzia.....	102
tiadylt er.....	55	TRAMADOL HCL ER.....	12	tri-lo-mili.....	102
tiagabine hcl.....	22	tramadol hcl er.....	12	tri-lo-sprintec.....	102
TIAZAC.....	55	tramadol hcl er (biphasic).....	12	trimethobenzamide hcl.....	28
TIBSOVO.....	36	tramadol hcl ir.....	12	trimethoprim.....	20
TIGLUTIK.....	61	tramadol-acetaminophen.....	12	tri-mili.....	102
TIKOSYN.....	55	trandolapril.....	55	trimipramine maleate.....	26
tilia fe.....	101	trandolapril-verapamil hcl er.....	55	TRINATE.....	84
timolol maleate.....	55, 115	tranexamic acid.....	48	TRINTELLIX.....	26
timolol maleate ocudose.....	115	TRANSDERM-SCOP (1.5 MG).....	28	tri-nymyo.....	102
timolol maleate pf.....	115	TRANXENE-T.....	47	TRIPLE COMPLEX FORMULA	
TIMOPTIC.....	115	tranylcypramine sulfate.....	26	3 KIT.....	15
TIMOPTIC OCUDOSE.....	115	TRAVATAN Z.....	115	TRIPLE PMB.....	114
TIMOPTIC-XE.....	115	travoprost (bak free).....	115	TRIPLE PMK.....	114
tinidazole.....	20	trazodone hcl.....	26	tri-previfem.....	102
tiopronin.....	90	TRECATOR.....	32	tri-sprintec.....	102
TIROSINT.....	103	TRELEGY ELLIPTA.....	122	tritocin.....	71
TIROSINT-SOL.....	103	TREMFYA.....	107	TRIUMEQ.....	45
TIVICAY.....	45	TRESIBA.....	80	TRI-VI-FLOR.....	84
TIVICAY PD.....	45	TRESIBA FLEXTOUCH.....	80	TRI-VI-FLORO.....	84
TIVORBEX.....	15	tretinoin.....	36, 71	tri-vite/fluoride.....	84
tizanidine hcl.....	125	tretinoin microsphere.....	71	trivora (28).....	102
TOBI NEBULIZER.....	123	tretinoin microsphere pump.....	71	tri-vylibra.....	102
TOBI PODHALER.....	123	TREXALL.....	107	tri-vylibra lo.....	102
TOBRADEX.....	117	TREXIMET.....	31	TRIZIVIR.....	45
TOBRADEX ST.....	117	TREZIX.....	12	TROKENDI XR.....	23
tobramycin.....	114, 123	tri femynor.....	101	TROPICAMIDE-	
		triamcinolone acetonide.....	63, 71	PHENYLEPHRINE.....	117

trospium chloride.....	90	URSO 250.....	87	VENOMIL YELLOW HORNET
trospium chloride er.....	90	URSO FORTE.....	87	VENOM.....
TRUE METRIX BLOOD		URSODIOL.....	88	VENOMIL YELLOW JACKET
GLUCOSE TEST.....	77	ursodiol.....	88	VENOM.....
TRUE METRIX METER.....	77	UTIRA-C.....	90	VENTAVIS.....
TRUE METRIX PRO BLOOD		VAGIFEM.....	102	VENTOLIN HFA.....
GLUCOSE.....	77	valacyclovir hcl.....	45	verapamil hcl.....
TRUETRACK TEST.....	77	VALCHLOR.....	36	verapamil hcl er.....
TRULANCE.....	87	VALCYTE.....	45	VERDESO.....
TRULICITY.....	74	valganciclovir hcl.....	45	VEREGEN.....
TRUMENBA.....	108	VALIUM.....	47	VERELAN.....
TRUVADA.....	45	valproic acid.....	23	VERELAN PM.....
TUDORZA PRESSAIR.....	122	valsartan.....	55	VERQUVO.....
TUKYSA.....	36	valsartan-hydrochlorothiazide.....	55	VERSACLOZ.....
tulana.....	102	VALTOCO.....	23	VERZENIO.....
TURALIO.....	36	VALTREX.....	45	VESICARE.....
turpentine.....	71	VANADOM.....	125	VESICARE LS.....
TUSSICAPS.....	119	VANCOCIN.....	20	vestura.....
TUXARIN ER.....	119	VANCOCIN HCL.....	20	VFEND.....
TUZISTRA XR.....	119	vancomycin hcl.....	20	VIBERZI.....
TWINRIX.....	108	VANCOMYCIN+SYRSPEND		VIBRAMYCIN.....
TWIRLA.....	102	SF.....	20	VICTOZA.....
TWYNSTA.....	55	vandazole.....	20	VIEKIRA PAK.....
tyblume.....	102	VANOS.....	71	vienna.....
TYBOST.....	45	VANOXIDE-HC.....	71	vigabatrin.....
tydemy.....	102	VAQTA.....	108	vigadrone.....
TYKERB.....	36	VARIVAX.....	108	VIGAMOX.....
TYMLOS.....	110	VARUBI (180 MG DOSE).....	28	VIIBRYD.....
UBRELVY.....	31	VASCEPA.....	56	VIIBRYD STARTER PACK.....
UCERIS.....	110	VASERETIC.....	56	VILAMIT MB.....
UKONIQ.....	36	VASOTEC.....	56	VILEVEV MB.....
ULORIC.....	30	VAXELIS.....	108	VIMOVO.....
ULTRACET.....	12	VAXNEUVANCE.....	108	VIMPAT.....
ULTRAM.....	12	VECAMYL.....	56	VINATE ONE.....
ULTRAVATE.....	71	VECTICAL.....	71	VIOKACE.....
UMECTA MOUSSE.....	71	velivet.....	102	viorele.....
unithroid.....	103	VELPHORO.....	90	VIRACEPT.....
UPNEEQ.....	114	VELTASSA.....	84	VIRAMUNE.....
UPTRAVI.....	124	VELTIN.....	71	VIRAMUNE XR.....
urea.....	71	VEMLIDY.....	45	VIRASAL.....
urea hydrating.....	71	VENCLEXTA.....	36	VIRAZOLE.....
urea nail.....	71	VENCLEXTA STARTING		VIREAD.....
URELLE.....	90	PACK.....	36	virtussin ac w/alc.....
UREMEZ-40.....	71	VENIPUNCTURE PX1		VISIONBLUE.....
URIBEL.....	90	PHLEBOTOMY.....	15	VISTARIL.....
URIMAR-T.....	90	venlafaxine hcl.....	26	VISTOGARD.....
urin ds.....	90	venlafaxine hcl er.....	26	VITAFOL-OB+DHA.....
URO-458.....	90	VENOMIL HONEY BEE		vitamin d (ergocalciferol).....
UROCIT-K 10.....	84	VENOM.....	112	vitamins acd-fluoride.....
UROCIT-K 15.....	84	VENOMIL WASP VENOM.....	112	VITRAKVI.....
UROCIT-K 5.....	84	VENOMIL WHITE FACED		VIVAGUARD INO TEST
UROGESIC-BLUE.....	90	HORNET.....	112	STRIPS.....
UROXATRAL.....	91			VIVELLE-DOT.....

VIVITROL	16	XENICAL	62	XYOSTED	93
VIVLODEX	15	XENLETA	20	XYREM	125
VIZIMPRO	36	XEPI	20	XYWAV	125
VOCABRIA	46	XERAC AC	71	YASMIN 28	102
VOGELXO	93	XERESE	46	YAZ	102
VOGELXO PUMP	93	XERMELO	88	YELLOW JACKET VENOM	
volnea	102	XEROFORM OIL EMULSION		PROTEIN	112
voriconazole	29	2"X2"	71	YONSA	36
VOSEVI	46	XEROFORM OIL EMULSION		YOSPRALA	39
VOTRIENT	36	GAUZE	71	YUPELRI	123
VP FC KIT	15	XEROFORM PETROLAT		yuvafem	102
VP GKL KIT	15	PATCH 2"X2"	71	ZACARE	71
vp-pnv-dha	84	XEROFORM PETROLAT		zaclair cleansing	71
VRAYLAR	41	PATCH 4"X4"	71	zafemy	102
VTOL LQ	12	XEROSTOMIA RELIEF		zaflurkast	123
VUMERTY	60	SPRAY	63	zaleplon	126
VUSION	29	XHANCE	119	ZANAFLEX	125
vyfemla	102	XIFAXAN	20	zarah	102
vylibra	102	XIGDUO XR	74	ZARONTIN	23
VYNDAMAX	56	XIIDRA	117	ZAVESCA	89
VYNDAQEL	56	XIMINO	20	ZCORT 7-DAY	92
VYTORIN	56	XOFLUZA (40 MG DOSE)	46	ZEBUTAL	12
VYVANSE	59	XOFLUZA (80 MG DOSE)	46	ZEGERID	85
VYZULTA	115	XOLEGEL	29	ZEJULA	36
WAKIX	125	XOLEGEL COREPAK	30	ZELAPAR	39
warfarin sodium	21	XOLEGEL DUO/HEAD &		ZELBORA	36
WASP VENOM PROTEIN	112	SHOULDERS	30	ZELNORM	88
WELCHOL	56	XOLEGEL DUO/XOLEX	30	ZEMBRACE SYMTOUCH	31
WELLBUTRIN SR	27	XOPENEX CONCENTRATE..	122	ZEMPLAR	111
WELLBUTRIN XL	27	XOPENEX HFA	122	zenatane	71
wera	102	XOPENEX NEB	122, 123	ZENPEP	89
WESTHROID	103	XOSPATA	36	ZENZEDI	59
WHITE-FACED HORNET		XPERT XPRESS SARS-COV-		ZEPATIER	46
VENOM	112	2	112	ZEPOSIA	60
WILZIN	84	XPOVIO (100 MG ONCE		ZEPOSIA 7-DAY STARTER	
WINLEVI	71	WEEKLY)	36	PACK	60
wixela inhub	122	XPOVIO (40 MG ONCE		ZEPOSIA STARTER KIT	60
WP THYROID	103	WEEKLY)	36	ZERVIA	114
wymzya fe	102	XPOVIO (40 MG TWICE		ZESTORETIC	56
XADAGO	39	WEEKLY)	36	ZESTRIL	56
XALATAN	115	XPOVIO (60 MG ONCE		ZETIA	56
XALKORI	36	WEEKLY)	36	ZETONNA	119
XANAX	47	XPOVIO (60 MG TWICE		ZIAC	56
XANAX XR	47	WEEKLY)	36	ZIAGEN	46
XARELTO	21	XPOVIO (80 MG ONCE		ZIANA	71
XARELTO STARTER PACK	21	WEEKLY)	36	zidovudine	46
XATMEP	107	XPOVIO (80 MG TWICE		zileuton er	123
XCOPRI	23	WEEKLY)	36	ZILXI	72
XELJANZ	107	XTAMPZA ER	12	ZIOPTAN	115
XELJANZ XR	107	XTANDI	36	ziprasidone hcl	41
XELODA	36	xulane	102	ziprasidone mesylate	41
XELPROS	115	XULTOPHY	74	ZIPSOR	15
XENAZINE	62	XURIDEN	88	ZIRGAN	114

ZITHROMAX .....	20
ZITHROMAX TRI-PAK .....	20
ZITHROMAX Z-PAK .....	20
ZOCOR .....	56
ZOFRAN .....	28
ZOKINVY .....	112
ZOLINZA .....	36
ZOLMITRIPTAN .....	31
zolmitriptan .....	31
ZOLOFT .....	27
zolpidem tartrate .....	126
zolpidem tartrate er .....	126
ZOLPIMIST .....	126
ZOMACTON .....	95
ZOMACTON (FOR ZOMA-JET 10) .....	95
ZOMIG .....	31
ZONALON .....	72
ZONEGRAN .....	23
zonisamide .....	23
ZONTIVITY .....	39
ZORBTIVE .....	88
ZORTRESS .....	107
ZORVOLEX .....	15
zovia 1/35 (28) .....	102
zovia 1/35e (28) .....	102
ZOVIRAX .....	46
ZTLIDO .....	16
ZUBSOLV .....	16, 17
zumandimine .....	102
ZUPLENZ .....	28
ZYCLARA .....	72
ZYCLARA PUMP .....	72
ZYDELIG .....	36
ZYFLO .....	123
ZYKADIA .....	37
ZYLET .....	117
ZYLOPRIM .....	30
ZYMAXID .....	114
ZYPITAMAG .....	56
ZYPREXA .....	41
ZYPREXA RELPREVV .....	41
ZYPREXA ZYDIS .....	42
ZYTIGA .....	37
ZYVOX .....	20