



Arkansas Blue Medicare

2024 Formulary

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

BlueMedicare Group Rx (PDP)

Formulary 00024092, Version 13

This Formulary was updated on July 1, 2024. For more recent information or other questions, please contact Arkansas Blue Medicare Customer Service at **1-844-280-5833** (TTY users should call **711**), 24 hours a day, seven days a week, or visit **www.arkansasbluecross.com/medicare/egwp**.

Note to Existing Members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Arkansas Blue Medicare. When it refers to “plan” or “our plan,” it means BlueMedicare Group Rx (PDP).

This document includes a list of the drugs (Formulary) for our plan, which is current as of July 1, 2024. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Arkansas Blue Medicare Formulary?

A Formulary is a list of covered drugs selected by our plan in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at an Arkansas Blue Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (Drug List) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to Arkansas Blue Medicare’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug

currently on the Formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to Arkansas Blue Medicare’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of July 1, 2024. To get updated information about the drugs covered by Arkansas Blue Medicare, please contact us. Our contact information appears on the front and back cover pages. The Formulary is updated monthly with changes as described above and is posted on our website, which can be found on the front and back cover pages.

How do I use the Formulary?

There are two ways to find your drug within the Formulary.

Medical Condition

The Formulary begins on page one. The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page one. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 78. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

We cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, we provide 30 tablets per prescription for rosuvastatin calcium. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our 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.

You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page one. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section "How do I request an exception to Arkansas Blue Medicare's Formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this Formulary (List of Covered Drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Arkansas Blue Medicare.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to Arkansas Blue Medicare's Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our Formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the Specialty Tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's Formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our Formulary. Or you may be taking a drug that is on our Formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our Formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our Formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

You may have changes that take you from one treatment setting to another. During this level of care change, drugs may be prescribed that are not covered by your plan. If this happens, you and your doctor must use our plan's exception and appeals processes. However, when you are admitted to or discharged from a long-term care setting, you may not have access to the drugs you were previously given. You may get a refill upon admission or discharge to prevent a gap in care.

For more information

For more detailed information about your Arkansas Blue Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**. Or visit **<http://www.medicare.gov>**.

Arkansas Blue Medicare Formulary

The Formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 78.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lower-case italics (e.g., *rosuvastatin calcium*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Requirements/Limits Column Abbreviations

- **B/D:** Covered under Medicare Part B or Part D
- **LA:** Limited access. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-844-280-5833** (TTY users should call **711**) 24 hours a day, seven days a week, or visit www.arkansasbluecross.com/medicare/egwp.
- **NM:** Not available through mail order
- **PA:** Prior authorization
- **QL:** Quantity limits
- **ST:** Step therapy

Cost Sharing by Drug Tier for BlueMedicare Group Rx (PDP)

Tier	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Mail-order cost-sharing (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Cost-Sharing Tier 1 (Preferred Generic drugs)	See your <i>Prescription Benefits Chart</i> for member cost-share details.		
Cost-Sharing Tier 2 (Generic drugs)			
Cost-Sharing Tier 3 (Preferred Brand drugs)			
Cost-Sharing Tier 4 (Non-Preferred Brand drugs)			
Cost-Sharing Tier 5 (Specialty drugs)			

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
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ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	5	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	
<i>atovaquone</i> SUSP 750mg/5ml	2	
<i>aztreonam</i> SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	2	
<i>dapsone</i> TABS 25mg, 100mg	2	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin TABS 3mg</i>	3	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	2	
<i>meropenem SOLR 1gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>praziquantel TABS 600mg</i>	2	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	5	
<i>streptomycin sulfate SOLR 1gm</i>	5	
<i>sulfadiazine TABS 500mg</i>	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	2	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
<i>trimethoprim TABS 100mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	3	PA
<i>ketoconazole</i> TABS 200mg	2	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	2	PA
<i>voriconazole</i> SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	NM
<i>darunavir</i> TABS 600mg	5	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM, LA
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NM, LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM

ANTITUBERCULAR AGENTS

<i>cycloserine</i> CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	2	
<i>isoniazid</i> SYRP 50mg/5ml	2	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	2	
<i>rifabutin</i> CAPS 150mg	2	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECTOR TABS 250mg	4	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	NM
BARACLUDE SOLN .05mg/ml	5	NM
<i>entecavir</i> TABS .5mg, 1mg	2	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID TAB 150-100	3	QL (40 tabs / 30 days); \$0 Cost Share

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TAB 300-100	3	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm	3	
<i>valacyclovir hcl</i> TABS 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	NM
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefactor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
CEFACTOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	2	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	2	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	5	NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	2	PA
<i>tigecycline SOLR 50mg</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	5	B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	2	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	2	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	2	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml</i>	5	B/D
<i>cyclophosphamide SOLR 2gm</i>	5	B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	4	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	5	B/D
<i>GLEOSTINE CAPS 10mg, 40mg</i>	4	NM
<i>GLEOSTINE CAPS 100mg</i>	5	NM
<i>LEUKERAN TABS 2mg</i>	5	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg</i>	2	B/D
<i>oxaliplatin SOLR 100mg</i>	5	B/D
<i>paraplatin SOLN 1000mg/100ml</i>	2	B/D
ANTIBIOTICS		
<i>doxorubicin hcl SOLN 2mg/ml</i>	2	B/D
<i>doxorubicin hcl liposomal INJ 2mg/ml</i>	5	B/D
<i>ELLENCE SOLN 50mg/25ml, 200mg/100ml</i>	4	B/D
ANTIMETABOLITES		
<i>azacitidine SUSR 100mg</i>	5	B/D, NM
<i>cytarabine SOLN 20mg/ml</i>	2	B/D
<i>fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM, LA
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (360 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
BOSULIF CAPS 100mg	5	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
EXKIVITY CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	5	NM, LA, PA
OGIVRI INJ 420MG	5	NM, LA, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	5	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg	5	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	5	QL (900 tabs / 30 days), NM, LA, PA
TAGRISO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	QL (24 tabs / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	3	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	2	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	3	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	2	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTI ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>doxepin hcl</i> CONC 10mg/ml	4	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone</i> TABS 200mg	2	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	4	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	2	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA if 70 years and older

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd)</i> TB24 3mg	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>DAYVIGO</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	2	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg	1	
<i>baclofen</i> TABS 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>methocarbamol</i> TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	2	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>methyltestosterone</i> CAPS 10mg	5	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	2	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXPEN SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (30 devices / 30 days), PA
V-GO 30 KIT	4	QL (30 devices / 30 days), PA
V-GO 40 KIT	4	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	B/D, NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NM, PA
deferasirox TABS 90mg	2	NM, PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	2	
trientine hcl CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	2	
aubra eq	2	
aurovela 1/20	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi fe 1.5/30	2	
briellyn	2	
camila TABS .35mg	2	
chateal eq	2	
cryselle-28	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>hailey 1.5/30</i>	2	
<i>haloette</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutura</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SYNAREL SOLN 2mg/ml	5	PA
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
PREMARIN CREA .625mg/gm; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
PREMPRO TAB	3	
PREMPRO TAB 0.3-1.5	3	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
<i>yargesa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	2	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	2	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	2	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	3	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	4	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	3	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg	2	
<i>progesterone</i> CAPS 200mg	4	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	
<i>famotidine</i> SUSR 40mg/5ml	2	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (intrarectal) ENEM</i> 100mg/60ml	2	
<i>mesalamine CP24 .375gm</i>	2	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	2	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	2	
<i>mesalamine TBEC 1.2gm</i>	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	3	
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	2	

LAXATIVES

<i>constulose SOLN 10gm/15ml</i>	2	
<i>enulose SOLN 10gm/15ml</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac SOLN 10gm/15ml</i>	2	
<i>lactulose SOLN 10gm/15ml</i>	2	
<i>lactulose (encephalopathy) SOLN</i> 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i> <i>soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i> <i>gm</i>	1	
<i>PLENVU SOL</i>	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i> <i>3.13-1.6 gm/177ml</i>	2	

MISCELLANEOUS

<i>alose tron hcl TABS .5mg, 1mg</i>	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	3	
<i>GATTEX KIT 5mg</i>	5	NM, LA, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	2	
<i>misoprostol TABS 100mcg, 200mcg</i>	2	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	3	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	5	QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	2	
<i>ursodiol CAPS 300mg; TABS 250mg,</i> <i>500mg</i>	2	
<i>XERMELO TABS 250mg</i>	5	QL (84 tabs / 28 days), NM, LA, PA
<i>XIFAXAN TABS 550mg</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	4	
HEP SOD/D5W INJ 25000UNT	4	
HEP SOD/NAACL INJ 12500UNT	3	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
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Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA

MISCELLANEOUS

ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
TREMFYA SOPN 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
azathioprine TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	
<i>dextrose</i> SOLN 50%, 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neo-polycin hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	2	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>loteprednol etabonate</i> SUSP .2%	2	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	3	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	3	
<i>flac OIL .01%</i>	2	
<i>fluocinolone acetonide (otic) OIL .01%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic) SOLN .3%</i>	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	2	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml</i>	3	PA; PA if 70 years and older

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	2	QL (2 inhalers / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	3	PA
<i>amneesteem</i> CAPS 10mg, 20mg, 40mg	3	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	3	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	2	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	3	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	3	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	2	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4%	4	QL (30 gm / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
ABELCET	5
ABILIFY MAINTENA	33
<i>abiraterone acetate</i>	13
ABRYSVO	64
<i>acamprosate calcium</i>	43
<i>acarbose</i>	43
<i>accutane</i>	74
<i>acebutolol hcl</i>	27
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	28
<i>acetic acid</i>	58
<i>acetic acid (otic)</i>	70
<i>acetylcysteine</i>	71
<i>acitretin</i>	74
ACTHIB INJ	64
ACTIMMUNE	63
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ	64
ADALIMUMAB-AACF (2 PEN)	61
<i>adefovir dipivoxil</i>	8
ADEMPAS	29
ADMELOG	45
ADMELOG SOLOSTAR	45
ADVAIR HFA AER 115/21	73
ADVAIR HFA AER 230/21	73
ADVAIR HFA AER 45/21	73
<i>afirmelle</i>	48
AIMOVIQ	40
AKEEGA TAB 100/500	13
AKEEGA TAB 50/500MG	13
<i>ala-cort</i>	75
<i>albendazole</i>	3
<i>albuterol sulfate</i>	71
<i>alclometasone dipropionate</i>	75
ALDURAZYME	53
ALECENSA	15
<i>alendronate sodium</i>	47
<i>alfuzosin hcl</i>	58
<i>aliskiren fumarate</i>	28
<i>allopurinol</i>	1
<i>alose tron hcl</i>	57
<i>alprazolam</i>	30
ALREX	68
<i>altavera</i>	48
ALUNBRIG	15
ALUNBRIG PAK	15
ALVAIZ	60
ALVESCO	73
<i>alyacen 1/35</i>	48
<i>alyacen 7/7/7</i>	48
<i>amantadine hcl</i>	32
<i>ambrisentan</i>	29
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	28
<i>amiloride hcl</i>	28
<i>amiodarone hcl</i>	25
<i>amitriptyline hcl</i>	30
<i>amlodipine besylate</i>	27
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	22
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	24
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	24
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	24
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	24

<i>amlodipine besylate-valsartan tab 10-160 mg</i>	24	<i>amphetamine-dextroamphetamine tab 15 mg</i>	39
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	24	<i>amphetamine-dextroamphetamine tab 20 mg</i>	39
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	24	<i>amphetamine-dextroamphetamine tab 30 mg</i>	39
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	24	<i>amphetamine-dextroamphetamine tab 5 mg</i>	39
<i>amnestem</i>	74	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	39
<i>amoxapine</i>	30	<i>amphotericin b</i>	5
<i>amoxicillin</i>	10	<i>amphotericin b liposome</i>	5
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	10	<i>ampicillin</i>	11
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	10	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	10	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	11
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	10	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	11	<i>ampicillin sodium</i>	11
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	11	<i>anagrelide hcl</i>	60
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	11	<i>anastrozole</i>	13
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	11	<i>ANORO ELLIPT AER 62.5-25</i>	70
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	39	<i>aprepitant</i>	55
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	39	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	55
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	39	<i>apri</i>	48
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	39	<i>APTIOM</i>	35
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	39	<i>APTIVUS</i>	6
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	39	<i>ARALAST NP</i>	71
<i>amphetamine-dextroamphetamine tab 10 mg</i>	39	<i>aranelle</i>	48
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	39	<i>ARCALYST</i>	63
		<i>AREXVY</i>	64
		<i>aripiprazole</i>	33
		<i>ARISTADA</i>	33
		<i>ARISTADA INITIO</i>	33
		<i>armodafinil</i>	42
		<i>ARNUITY ELLIPTA</i>	73
		<i>asenapine maleate</i>	33
		<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	60
		<i>ASTAGRAF XL</i>	63
		<i>atazanavir sulfate</i>	6

<i>atenolol</i>	27	BD ALCOHOL SWABS.....	45
<i>atenolol & chlorthalidone tab 100-25 mg</i>	26	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	22
<i>atenolol & chlorthalidone tab 50-25 mg</i>	26	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	22
<i>atomoxetine hcl</i>	39	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	23
<i>atorvastatin calcium</i>	26	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	22
<i>atovaquone</i>	3	<i>benazepril hcl</i>	23
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5	BENDEKA.....	12
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	5	BENLYSTA.....	63
ATROPINE SULFATE.....	69	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	74
<i>atropine sulfate (ophthalmic)</i>	69	<i>benztropine mesylate</i>	32
ATROVENT HFA.....	70	BERINERT	60
<i>aubra eq</i>	48	BESIVANCE	68
AUGTYRO.....	15	BESREMI	14
<i>aurovela 1/20</i>	48	<i>betaine powder for oral solution</i>	53
<i>aurovela fe 1/20</i>	48	<i>betamethasone dipropionate (topical)</i>	75
<i>aurovela fe 1.5/30</i>	48	<i>betamethasone dipropionate augmented</i>	75
AUSTEDO.....	41	<i>betamethasone valerate</i>	75
AUSTEDO XR.....	41	BETASERON	41
AUSTEDO XR TAB TITR KIT	41	<i>betaxolol hcl (ophth)</i>	69
AUVELITY TAB 45-105MG.....	30	<i>bethanechol chloride</i>	58
<i>aviane</i>	48	BETOPTIC-S	69
<i>ayuna</i>	48	BEVESPI AER 9-4.8MCG.....	70
AYVAKIT	15	<i>bexarotene</i>	14
<i>azacitidine</i>	12	<i>bexarotene (topical)</i>	76
<i>azathioprine</i>	63	BEXSERO INJ	64
<i>azelastine hcl</i>	70	<i>bicalutamide</i>	13
<i>azelastine hcl (ophth)</i>	69	BICILLIN L-A	11
<i>azithromycin</i>	10	BIKTARVY TAB 30-120-15 MG	7
<i>aztreonam</i>	3	BIKTARVY TAB 50-200-25 MG	7
<i>azurette</i>	48	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	27
B		<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	27
<i>bacitracin (ophthalmic)</i>	68	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	27
<i>bacitracin-polymyxin b ophth oint</i>	68	<i>bisoprolol fumarate</i>	27
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	67	BIVIGAM.....	63
<i>baclofen</i>	42	<i>blisovi fe 1.5/30</i>	48
BAFIERTAM	41	BOOSTRIX INJ.....	64
<i>balsalazide disodium</i>	56	<i>bortezomib</i>	15
BALVERSA.....	15		
<i>balziva</i>	48		
BARACLUDGE	8		
BASAGLAR KWIKPEN	45		
BCG VACCINE.....	64		

BORTEZOMIB	15	<i>calcitrene</i>	75
<i>bosentan</i>	29	<i>calcitriol</i>	55
BOSULIF	15, 16	<i>calcitriol (oral)</i>	55
BRAFTOVI	16	<i>calcium acetate (phosphate binder)</i> ..	54
BREO ELLIPTA INH 100-25	73	CALQUENCE	16
BREO ELLIPTA INH 200-25	73	<i>camila</i>	48
BREO ELLIPTA INH 50-25MCG	73	<i>candesartan cilexetil</i>	25
BREZTRI AERO AER SPHERE	70	CAPLYTA	33
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	70	CAPRELSA	16
<i>briellyn</i>	48	<i>captopril</i>	23
BRILINTA	60	<i>captopril & hydrochlorothiazide tab 25- 15 mg</i>	23
<i>brimonidine tartrate</i>	69	<i>captopril & hydrochlorothiazide tab 25- 25 mg</i>	23
<i>brinzolamide</i>	69	<i>captopril & hydrochlorothiazide tab 50- 15 mg</i>	23
BRIVIACT	35	<i>captopril & hydrochlorothiazide tab 50- 25 mg</i>	23
<i>bromfenac sodium (ophth)</i>	68	<i>carb/levo orally disintegrating tab 10- 100mg</i>	32
<i>bromocriptine mesylate</i>	32	<i>carb/levo orally disintegrating tab 25- 100mg</i>	32
BROMSITE	68	<i>carb/levo orally disintegrating tab 25- 250mg</i>	32
BRONCHITOL	71	<i>carbamazepine</i>	35
BRUKINSA	16	<i>carbidopa & levodopa tab 10-100 mg</i>	32
<i>budesonide</i>	56	<i>carbidopa & levodopa tab 25-100 mg</i>	32
<i>budesonide (inhalation)</i>	73	<i>carbidopa & levodopa tab 25-250 mg</i>	32
<i>bumetanide</i>	28	<i>carbidopa & levodopa tab er 25-100 mg</i>	32
<i>buprenorphine hcl</i>	43	<i>carbidopa & levodopa tab er 50-200 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	43	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	43	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	43	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	43	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	43	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	43	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	32
<i>bupropion hcl</i>	30	<i>carboplatin</i>	12
<i>bupropion hcl (smoking deterrent)</i> ..	43	<i>carglumic acid</i>	53
<i>bupirone hcl</i>	30	<i>carteolol hcl (ophth)</i>	69
<i>butorphanol tartrate</i>	2		
BYDUREON BCISE	43		
BYETTA	44		
C			
<i>cabergoline</i>	53		
CABOMETYX	16		
<i>calcipotriene</i>	74, 75		
<i>calcitonin (salmon) spray</i>	47		

<i>cartia xt</i>	27	<i>cisplatin</i>	12
<i>carvedilol</i>	27	<i>citalopram hydrobromide</i>	30
<i>caspofungin acetate</i>	5	<i>claravis</i>	74
CAYSTON.....	3	<i>clarithromycin</i>	10
<i>cefaclor</i>	9	<i>clindamycin hcl</i>	3
CEFACLOR ER.....	9	<i>clindamycin palmitate hydrochloride</i> ...3	
<i>cefadroxil</i>	9	<i>clindamycin phosphate</i>	3
CEFAZOLIN.....	9	<i>clindamycin phosphate (topical)</i>	74
CEFAZOLIN INJ 1GM/50ML.....	9	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefazolin sodium</i>	9	300 mg/50ml.....	3
CEFAZOLIN SOLN 2GM/100ML-4%.....	9	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefdinir</i>	9	600 mg/50ml.....	3
<i>cefepime hcl</i>	9	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefixime</i>	9	900 mg/50ml.....	3
<i>cefoxitin sodium</i>	9	<i>clindamycin phosphate vaginal</i>	59
<i>cefpodoxime proxetil</i>	9	CLINDMYC/NAC INJ 300/50ML.....	3
<i>cefprozil</i>	9	CLINDMYC/NAC INJ 600/50ML.....	3
<i>ceftazidime</i>	9	CLINDMYC/NAC INJ 900/50ML.....	3
<i>ceftriaxone sodium</i>	9	CLINIMIX INJ 4.25/D10.....	67
<i>cefuroxime axetil</i>	9	CLINIMIX INJ 4.25/D5W.....	67
<i>cefuroxime sodium</i>	9	CLINIMIX INJ 5%/D15W.....	67
<i>celecoxib</i>	1	CLINIMIX INJ 5%/D20W.....	67
<i>cephalexin</i>	9	CLINIMIX INJ 6/5.....	67
CERDELGA.....	53	CLINIMIX INJ 8/10.....	67
CEREZYME.....	53	CLINIMIX INJ 8/14.....	67
<i>cetirizine hcl</i>	70	<i>clinisol sf 15%</i>	67
<i>chateal eq</i>	48	CLINOLIPID EMU 20%.....	67
CHEMET.....	48	<i>clobazam</i>	35
<i>chlorhexidine gluconate (mouth-throat)</i>		<i>clobetasol propionate</i>	75
.....	77	<i>clobetasol propionate e</i>	75
<i>chloroquine phosphate</i>	5	<i>clomipramine hcl</i>	31
<i>chlorpromazine hcl</i>	33	<i>clonazepam</i>	35
<i>chlorthalidone</i>	28	<i>clonidine</i>	29
<i>cholestyramine</i>	26	<i>clonidine hcl</i>	29
<i>cholestyramine light</i>	26	<i>clopidogrel bisulfate</i>	60
<i>ciclopirox olamine</i>	74	<i>clorazepate dipotassium</i>	36
<i>cilostazol</i>	60	<i>clotrimazole</i>	77
CILOXAN.....	68	<i>clotrimazole (topical)</i>	74
CIMDUO TAB 300-300.....	7	<i>clotrimazole w/ betamethasone cream</i>	
<i>cinacalcet hcl</i>	53	1-0.05%.....	74
CIPRO.....	10	<i>clozapine</i>	33
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10	COARTEM TAB 20-120MG.....	5
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10	<i>colchicine</i>	1
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>colchicine w/ probenecid tab 0.5-500</i>	
0.3-0.1%.....	70	mg.....	1
<i>ciprofloxacin hcl</i>	10	<i>colesevelam hcl</i>	26
<i>ciprofloxacin hcl (ophth)</i>	68	<i>colestipol hcl</i>	26

<i>colistimethate sodium</i>	3	<i>darunavir</i>	6
COMBIGAN SOL 0.2/0.5%	69	<i>dasetta 1/35</i>	48
COMBIVENT AER 20-100	70	<i>dasetta 7/7/7</i>	48
COMETRIQ (60MG DOSE).....	16	DAURISMO.....	16
COMETRIQ KIT 100MG.....	16	DAYVIGO	40
COMETRIQ KIT 140MG.....	16	<i>deblitane</i>	48
COMPLERA TAB	7	<i>deferasirox</i>	48
<i>compro</i>	56	DELSTRIGO TAB	7
<i>constulose</i>	57	DENGVAXIA SUS.....	64
COPIKTRA.....	16	DEPO-SUBQ PROVERA 104	48
CORLANOR.....	29	<i>depo-testosterone</i>	43
COTELLIC	16	DESCOVY TAB 120-15MG.....	7
CREON CAP 12000UNT	58	DESCOVY TAB 200/25MG.....	7
CREON CAP 24000UNT	58	<i>desipramine hcl</i>	31
CREON CAP 3000UNIT	58	<i>desmopressin acetate</i>	53
CREON CAP 36000UNT	58	<i>desmopressin acetate spray</i>	53
CREON CAP 6000UNIT	58	<i>desmopressin acetate spray</i> <i>refrigerated</i>	53
<i>cromolyn sodium</i>	71	<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	48
<i>cromolyn sodium (mastocytosis)</i>	57	<i>desogestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	48
<i>cromolyn sodium (ophth)</i>	69	<i>desvenlafaxine succinate</i>	31
<i>cryselle-28</i>	48	<i>dexamethasone</i>	52
<i>cyclobenzaprine hcl</i>	42	DEXAMETHASONE INTENSOL.....	52
<i>cyclophosphamide</i>	12	<i>dexamethasone sodium phosphate</i> ...	52
CYCLOPHOSPHAMIDE	12	<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	68
CYCLOPHOSPHAMIDE MONOHYDR....	12	<i>dexmethylphenidate hcl</i>	39
<i>cycloserine</i>	8	<i>dextrose</i>	67
<i>cyclosporine</i>	63	<i>dextrose 10% w/ sodium chloride</i> <i>0.45%</i>	65
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	63	<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	65
<i>cyproheptadine hcl</i>	70	<i>dextrose 5% in lactated ringers</i>	65
<i>cyred eq</i>	48	<i>dextrose 5% w/ sodium chloride 0.2%</i>	65
CYSTADROPS	69	<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	65
CYSTAGON.....	53	<i>dextrose 5% w/ sodium chloride 0.3%</i>	65
CYSTARAN	69	<i>dextrose 5% w/ sodium chloride 0.45%</i>	65
<i>cytarabine</i>	12	<i>dextrose 5% w/ sodium chloride 0.9%</i>	65
D		DIACOMIT.....	36
D10W/NAACL INJ 0.2%	65	<i>diazepam</i>	36
D2.5W/NAACL INJ 0.45%.....	65		
D5W/LYTES INJ #48.....	65		
<i>dabigatran etexilate mesylate</i>	59		
<i>dalfampridine</i>	42		
<i>danazol</i>	51		
<i>dantrolene sodium</i>	42		
<i>dapsone</i>	3		
DAPTACEL INJ	64		
<i>daptomycin</i>	3		
DAPTOMYCIN	3		

<i>diazepam (anticonvulsant)</i>	36	<i>doxycycline (monohydrate)</i>	12
<i>diazepam inj</i>	36	<i>doxycycline hyclate</i>	12
<i>diazepam intensol</i>	36	<i>dronabinol</i>	56
<i>diazoxide</i>	53	<i>drosiprenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	48
<i>diclofenac potassium</i>	1	<i>drosiprenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	48
<i>diclofenac sodium</i>	1	DROXIA	60
<i>diclofenac sodium (ophth)</i>	68	<i>droxidopa</i>	29
<i>diclofenac sodium (topical)</i>	76	DULERA AER 100-5MCG.....	73
<i>dicloxacillin sodium</i>	11	DULERA AER 200-5MCG.....	73
<i>dicyclomine hcl</i>	56	DULERA AER 50-5MCG.....	73
DIFICID	10	<i>duloxetine hcl</i>	31
<i>diflunisal</i>	1	DUPIXENT	61
<i>digoxin</i>	29	<i>dutasteride</i>	58
<i>dihydroergotamine mesylate</i>	40	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	58
DILANTIN	36	E	
DILANTIN-125	36	<i>e.e.s. 400</i>	10
DILANTIN INFATABS	36	<i>ec-naproxen</i>	1
<i>diltiazem hcl</i>	27	EDURANT	6
<i>diltiazem hcl coated beads</i>	27	<i>efavirenz</i>	6
<i>diltiazem hcl extended release beads</i>	28	<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	7
<i>dilt-xr</i>	27	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	7
DIP/TET PED INJ 25-5LFU	64	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	7
<i>diphenhydramine hcl</i>	70	ELIGARD.....	13
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	57	<i>elinest</i>	49
<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	57	ELIQUIS	59
<i>dipyridamole</i>	60	ELIQUIS STARTER PACK	59
<i>disopyramide phosphate</i>	25	ELLENCE.....	12
<i>disulfiram</i>	43	<i>eluryng</i>	49
<i>divalproex sodium</i>	36	EMSAM	31
<i>docetaxel</i>	15	<i>emtricitabine</i>	6
DOCETAXEL	15	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	7
<i>dofetilide</i>	25	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	7
<i>donepezil hydrochloride</i>	30	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	7
DOPTLET.....	60	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	7
<i>dorzolamide hcl</i>	69	EMTRIVA	6
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	69	EMVERM	3
<i>dotti</i>	52	<i>emzahh</i>	49
DOVATO TAB 50-300MG	7		
<i>doxazosin mesylate</i>	24		
<i>doxepin hcl</i>	31		
<i>doxepin hcl (sleep)</i>	40		
<i>doxorubicin hcl</i>	12		
<i>doxorubicin hcl liposomal</i>	12		
<i>doxy 100</i>	12		

<i>enalapril maleate</i>	23	<i>erythromycin base</i>	10
<i>enalapril maleate & hydrochlorothiazide</i>		<i>erythromycin ethylsuccinate</i>	10
<i>tab 10-25 mg</i>	23	<i>erythromycin lactobionate</i>	10
<i>enalapril maleate & hydrochlorothiazide</i>		<i>escitalopram oxalate</i>	31
<i>tab 5-12.5 mg</i>	23	<i>esomeprazole magnesium</i>	58
ENBREL	61	<i>estarylla</i>	49
ENBREL MINI.....	61	<i>estradiol</i>	52
ENBREL SURECLICK	61	<i>estradiol & norethindrone acetate tab</i>	
ENDARI	60	<i>0.5-0.1 mg</i>	52
<i>endocet tab 10-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 2.5-325mg</i>	2	<i>1-0.5 mg</i>	52
<i>endocet tab 5-325mg</i>	2	<i>estradiol vaginal</i>	52
<i>endocet tab 7.5-325mg</i>	2	<i>estradiol valerate</i>	52
ENGERIX-B	64	<i>ethambutol hcl</i>	8
<i>enilloring</i>	49	<i>ethosuximide</i>	36
<i>enoxaparin sodium</i>	59	<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>enpresse-28</i>	49	<i>tab 1 mg-35 mcg</i>	49
<i>enskyce</i>	49	<i>ethynodiol diacetate & ethinyl estradiol</i>	
ENSTILAR AER.....	75	<i>tab 1 mg-50 mcg</i>	49
<i>entacapone</i>	32	<i>etodolac</i>	1
<i>entecavir</i>	8	<i>etonogestrel-ethinyl estradiol va ring</i>	
ENTRESTO TAB 24-26MG	24	<i>0.12-0.015 mg/24hr</i>	49
ENTRESTO TAB 49-51MG	24	<i>etoposide</i>	15
ENTRESTO TAB 97-103MG	24	<i>etravirine</i>	6
<i>enulose</i>	57	EULEXIN	13
EPCLUSA PAK 150-37.5	8	<i>euthyrox</i>	55
EPCLUSA PAK 200-50MG	8	<i>everolimus</i>	16
EPCLUSA TAB 200-50MG	8	<i>everolimus (immunosuppressant)</i>	63
EPCLUSA TAB 400-100	8	EVOTAZ TAB 300-150	7
EPIDIOLEX	36	<i>exemestane</i>	13
<i>epinephrine (anaphylaxis)</i>	29, 71	EXKIVITY	17
<i>epitol</i>	36	EYSUVIS	68
<i>eplerenone</i>	23	<i>ezetimibe</i>	26
EPRONTIA	36	<i>ezetimibe-simvastatin tab 10-10 mg</i>	26
<i>ergotamine w/ caffeine tab 1-100 mg</i>		<i>ezetimibe-simvastatin tab 10-20 mg</i>	26
.....	40	<i>ezetimibe-simvastatin tab 10-40 mg</i>	26
ERIVEDGE.....	16	<i>ezetimibe-simvastatin tab 10-80 mg</i>	26
ERLEADA	13	F	
<i>erlotinib hcl</i>	16	FABRAZYME	53
<i>errin</i>	49	<i>falmina</i>	49
<i>ertapenem sodium</i>	3	<i>famciclovir</i>	8
<i>ery</i>	74	<i>famotidine</i>	56
<i>ery-tab</i>	10	<i>famotidine in nacl 0.9% iv soln 20</i>	
ERYTHROCIN LACTOBIONATE	10	<i>mg/50ml</i>	56
<i>erythrocin stearate</i>	10	FANAPT	33
<i>erythromycin (acne aid)</i>	74	FANAPT PAK	33
<i>erythromycin (ophth)</i>	68	FARXIGA.....	44

FASENRA	72	<i>fluticasone-salmeterol aer powder ba</i>	
FASENRA PEN.....	72	250-50 mcg/act	73
<i>felbamate</i>	36	<i>fluticasone-salmeterol aer powder ba</i>	
<i>felodipine</i>	28	500-50 mcg/act	73
<i>fenofibrate</i>	26	<i>fluvoxamine maleate</i>	30
<i>fenofibrate micronized</i>	26	<i>fondaparinux sodium</i>	59
<i>fentanyl</i>	1	<i>fosamprenavir calcium</i>	6
<i>fentanyl citrate</i>	2	<i>fosinopril sodium</i>	23
FETZIMA.....	31	<i>fosinopril sodium & hydrochlorothiazide</i>	
FETZIMA CAP TITRATIO	31	<i>tab 10-12.5 mg</i>	23
FIASP	45	<i>fosinopril sodium & hydrochlorothiazide</i>	
FIASP FLEXTOUCH	45	<i>tab 20-12.5 mg</i>	23
FIASP PENFILL.....	45	FOTIVDA.....	17
FIASP PUMPCART	45	FRUZAQLA	17
<i>finasteride</i>	58	<i>fulvestrant</i>	13
<i> fingolimod hcl</i>	42	<i>furosemide</i>	28
FINTEPLA	36	<i>furosemide inj</i>	28
FIRMAGON	13	FUZEON	6
<i>flac</i>	70	<i>fyavolv tab 0.5mg-2.5mcg</i>	52
FLAREX.....	68	<i>fyavolv tab 1mg-5mcg</i>	52
FLEBOGAMMA DIF	63	FYCOMPA.....	37
<i>flecainide acetate</i>	25	G	
<i>fluconazole</i>	5	<i>gabapentin</i>	37
<i>fluconazole in nacl 0.9% inj 200</i>		<i>galantamine hydrobromide</i>	30
<i>mg/100ml</i>	5	GAMASTAN INJ	63
<i>fluconazole in nacl 0.9% inj 400</i>		GAMMAGARD LIQUID	63
<i>mg/200ml</i>	5	GAMMAGARD S/D IGA LESS TH	63
<i>flucytosine</i>	5	GAMMAKED.....	63
<i>fludrocortisone acetate</i>	52	GAMMAPLEX.....	63
<i>flunisolide (nasal)</i>	73	GAMUNEX-C	63
<i>fluocinolone acetonide</i>	75	<i>ganciclovir sodium</i>	8
<i>fluocinolone acetonide (otic)</i>	70	GARDASIL 9 INJ	64
<i>fluocinonide</i>	75	<i>gatifloxacin (ophth)</i>	68
<i>fluocinonide emulsified base</i>	75	GATTEX	57
<i>fluorometholone (ophth)</i>	68	GAUZE PADS 2	45
<i>fluorouracil</i>	12	<i>gavilyte-c</i>	57
<i>fluorouracil (topical)</i>	76	<i>gavilyte-g</i>	57
<i>fluoxetine hcl</i>	31	GAVRETO.....	17
<i>fluphenazine decanoate</i>	33	<i>gefitinib</i>	17
<i>fluphenazine hcl</i>	33	<i>gemcitabine hcl</i>	13
<i>flurbiprofen</i>	1	<i>gemfibrozil</i>	26
<i>flurbiprofen sodium</i>	68	GEMTESA.....	58
<i>fluticasone propionate</i>	75	<i>generlac</i>	57
<i>fluticasone propionate (nasal)</i>	73	<i>gengraf</i>	63
<i>fluticasone-salmeterol aer powder ba</i>		GENOTROPIN	53
<i>100-50 mcg/act</i>	73	GENOTROPIN MINIQUICK.....	53
		<i>gentamicin in saline inj 0.8 mg/ml</i>	4

<i>gentamicin in saline inj 1.2 mg/ml</i>	4	<i>heparin sodium (porcine)</i>	59
<i>gentamicin in saline inj 1.6 mg/ml</i>	4	HEPLISAV-B	64
<i>gentamicin in saline inj 1 mg/ml</i>	4	HEP SOD/D5W INJ 20000UNT	59
<i>gentamicin in saline inj 2 mg/ml</i>	4	HEP SOD/D5W INJ 25000UNT	59
<i>gentamicin sulfate</i>	4	HEP SOD/NAACL INJ 12500UNT	59
<i>gentamicin sulfate (ophth)</i>	68	HEP SOD/NAACL INJ 25000UNT	59
<i>gentamicin sulfate (topical)</i>	74	HERCEP HYLEC SOL 60-10000	17
GENVOYA TAB	7	HERCEPTIN	17
GILOTRIF	17	HERZUMA	17
<i>glatiramer acetate</i>	42	HIBERIX	64
<i>glatopa</i>	42	HUMALOG	45
GLEOSTINE	12	HUMALOG JUNIOR KWIKPEN	45
<i>glimepiride</i>	44	HUMALOG KWIKPEN	46
<i>glipizide</i>	44	HUMALOG MIX INJ 50/50KWP	46
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	44	HUMALOG MIX INJ 75/25KWP	46
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	44	HUMALOG MIX SUS 75/25	46
<i>glipizide-metformin hcl tab 5-500 mg</i>	44	HUMIRA	61
<i>glipizide xl</i>	44	HUMIRA PEDIA INJ CROHNS	61
<i>glycopyrrolate</i>	56	HUMIRA PEDIATRIC CROHNS D	61
<i>glydo</i>	76	HUMIRA PEN	61
GLYXAMBI TAB 10-5 MG	44	HUMIRA PEN-CD/UC/HS START	61
GLYXAMBI TAB 25-5 MG	44	HUMIRA PEN KIT PS/UV	61
<i>granisetron hcl</i>	56	HUMIRA PEN-PEDIATRIC UC S	61
<i>griseofulvin microsize</i>	5	HUMIRA PEN-PS/UV STARTER	61
<i>griseofulvin ultramicrosize</i>	5	HUMULIN INJ 70/30	46
<i>guanfacine hcl</i>	29	HUMULIN INJ 70/30KWP	46
<i>guanfacine hcl (adhd)</i>	39, 40	HUMULIN N	46
GVOKE HYPOPEN 2-PACK	53	HUMULIN N KWIKPEN	46
GVOKE KIT	53	HUMULIN R	46
GVOKE PFS	53	HUMULIN R U-500 (CONCENTR	46
H		HUMULIN R U-500 KWIKPEN	46
HAEGARDA	60	<i>hydralazine hcl</i>	29
<i>hailey 1.5/30</i>	49	<i>hydrochlorothiazide</i>	28
<i>halobetasol propionate</i>	75	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	2
<i>haloette</i>	49	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	2
<i>haloperidol</i>	33	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	2
<i>haloperidol decanoate</i>	34	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	2
<i>haloperidol lactate</i>	34	<i>hydrocodone bitartrate</i>	1
HARVONI PAK 33.75-150MG	8	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
HARVONI PAK 45-200MG	8	<i>hydrocortisone</i>	52
HARVONI TAB 45-200MG	8	<i>hydrocortisone (intrarectal)</i>	57
HARVONI TAB 90-400MG	8	<i>hydrocortisone (rectal)</i>	76
HAVRIX	64		
<i>heather</i>	49		
HEPARIN/NAACL INJ 25000UNT	59		

<i>hydrocortisone (topical)</i>	76	INVEGA TRINZA.....	34
<i>hydromorphone hcl</i>	2	IPOL INJ INACTIVE.....	64
<i>hydroxychloroquine sulfate</i>	62	<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>hydroxyurea</i>	14	<i>2.5(3) mg/3ml</i>	70
<i>hydroxyzine hcl</i>	70, 71	<i>ipratropium bromide</i>	70
<i>hydroxyzine pamoate</i>	71	<i>ipratropium bromide (nasal)</i>	70
HYSINGLA ER.....	1	<i>irbesartan</i>	25
I		<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibandronate sodium</i>	47	<i>150-12.5 mg</i>	24
IBRANCE.....	17	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibu</i>	1	<i>300-12.5 mg</i>	24
<i>ibuprofen</i>	1	<i>irinotecan hcl</i>	14
<i>icatibant acetate</i>	60	ISENTRESS	6
<i>iclevia</i>	49	ISENTRESS HD.....	6
ICLUSIG	17	<i>isibloom</i>	49
IDACIO (2 PEN)	61	ISOLYTE-P INJ /D5W	65
IDACIO (2 SYRINGE)	61	ISOLYTE-S INJ.....	65
IDACIO CROHN INJ DISEASE.....	61	ISOLYTE-S INJ PH 7.4.....	65
IDACIO PLAQU INJ PSORIASIS.....	61	<i>isoniazid</i>	8
IDHIFA	17	<i>isosorbide dinitrate</i>	29
<i>imatinib mesylate</i>	17	<i>isosorbide mononitrate</i>	29
IMBRUVICA	17	<i>isotretinoin</i>	74
<i>imipenem-cilastatin intravenous for</i>		<i>itraconazole</i>	5
<i>soln 250 mg</i>	4	<i>ivermectin</i>	4
<i>imipenem-cilastatin intravenous for</i>		IWILFIN.....	14
<i>soln 500 mg</i>	4	IXCHIQ INJ	64
<i>imipramine hcl</i>	31	IXIARO INJ.....	64
<i>imiquimod</i>	76	J	
IMOVAX RABIES (H.D.C.V.)	64	JAKAFI	17
INBRIJA.....	32	<i>jantoven</i>	59
<i>incassia</i>	49	JANUMET TAB 50-1000	44
INCRELEX	53	JANUMET TAB 50-500MG	44
INCRUSE ELLIPTA	70	JANUMET XR TAB 100-1000.....	44
<i>indapamide</i>	28	JANUMET XR TAB 50-1000	44
INFANRIX INJ.....	64	JANUMET XR TAB 50-500MG.....	44
INFLIXIMAB.....	62	JANUVIA	44
INLYTA	17	JARDIANCE	44
INQOVI TAB 35-100MG.....	13	<i>jasmiel</i>	49
INREBIC	17	<i>javygtor</i>	53
INSULIN PEN NEEDLES: BD/NOVO ..	46	JAYPIRCA	17, 18
INSULIN SAFETY NEEDLES	46	JENTADUETO TAB 2.5-1000.....	44
INSULIN SYRINGES: BD.....	46	JENTADUETO TAB 2.5-500	44
INTELENCE	6	JENTADUETO TAB 2.5-850	44
INTRALIPID.....	67	JENTADUETO TAB XR 2.5-1000MG ..	44
<i>introvale</i>	49	JENTADUETO TAB XR 5-1000MG	44
INVEGA HAFYERA.....	34	<i>jinteli</i>	52
INVEGA SUSTENNA	34	<i>jolessa</i>	49

<i>juleber</i>	49	KISQALI 400 DOSE	18
JULUCA TAB 50-25MG	7	KISQALI 400 PAK FEMARA.....	15
<i>junel 1/20</i>	49	KISQALI 600 DOSE	18
<i>junel 1.5/30</i>	49	KISQALI 600 PAK FEMARA.....	15
<i>junel fe 1/20</i>	49	<i>klayesta</i>	74
<i>junel fe 1.5/30</i>	49	<i>klor-con</i>	66
JYLAMVO	62	<i>klor-con 10</i>	66
JYNNEOS	64	<i>klor-con 8</i>	66
K		<i>klor-con m10</i>	67
KADCYLA	18	<i>klor-con m15</i>	67
KALYDECO	72	<i>klor-con m20</i>	67
KANJINTI	18	KORLYM.....	53
<i>kariva</i>	49	KOSELUGO.....	18
KCL/D5W/NACL INJ 0.3/0.9%.....	66	<i>kourzeq</i>	77
<i>kcl 10 meq/l (0.075%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	65	KRAZATI.....	18
<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i> <i>inj</i>	66	<i>kurvelo</i>	49
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.2% inj</i>	65	L	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	66	<i>labetalol hcl</i>	27
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	66	<i>lacosamide</i>	37
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	66	<i>lacosamide oral</i>	37
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	66	<i>lactated ringer's solution</i>	66
<i>kcl 30 meq/l (0.224%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	66	<i>lactic acid (ammonium lactate)</i>	76
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	66	<i>lactulose</i>	57
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	66	<i>lactulose (encephalopathy)</i>	57
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	66	<i>lamivudine</i>	6
<i>kelnor 1/35</i>	49	<i>lamivudine (hbv)</i>	8
<i>kelnor 1/50</i>	49	<i>lamivudine-zidovudine tab 150-300 mg</i>	7
KERENDIA.....	23	<i>lamotrigine</i>	37
KESIMPTA	42	<i>lansoprazole</i>	58
<i>ketoconazole</i>	5	<i>lanthanum carbonate</i>	54
<i>ketoconazole (topical)</i>	74, 75	LANTUS	46
<i>ketorolac tromethamine (ophth)</i>	69	LANTUS SOLOSTAR.....	46
KEVZARA	62	<i>lapatinib ditosylate</i>	18
KEYTRUDA	18	<i>larin 1/20</i>	49
KINRIX INJ.....	64	<i>larin 1.5/30</i>	49
KISQALI 200 DOSE	18	<i>larin fe 1/20</i>	49
KISQALI 200 PAK FEMARA.....	14	<i>larin fe 1.5/30</i>	49
		<i>latanoprost</i>	69
		<i>leena</i>	49
		<i>leflunomide</i>	62
		<i>lenalidomide</i>	14
		LENVIMA 10 MG DAILY DOSE	18
		LENVIMA 12MG DAILY DOSE	18
		LENVIMA 20 MG DAILY DOSE	18
		LENVIMA 4 MG DAILY DOSE	18
		LENVIMA 8 MG DAILY DOSE	18

LENVIMA CAP 14 MG	18	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	76
LENVIMA CAP 18 MG	18	<i>lidocan</i>	76
LENVIMA CAP 24 MG	18	<i>linezolid</i>	4
<i>lessina</i>	49	LINEZOLID INJ 2MG/ML	4
<i>letrozole</i>	13	LINZESS	57
<i>leucovorin calcium</i>	22	<i>liothyronine sodium</i>	55
LEUKERAN	12	<i>lisinopril</i>	23
<i>leuprolide acetate</i>	13	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	23
<i>levabuterol hcl</i>	71	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>levabuterol tartrate</i>	71	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	23
LEVEMIR	46	<i>lithium</i>	41
LEVEMIR FLEXPEN	46	<i>lithium carbonate</i>	41
<i>levetiracetam</i>	37	<i>loestrin 1/20-21</i>	50
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	37	<i>loestrin 1.5/30-21</i>	50
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	37	<i>loestrin fe 1/20</i>	50
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	37	<i>loestrin fe 1.5/30</i>	50
<i>levobunolol hcl</i>	69	LOKELMA	48
<i>levocarnitine (metabolic modifiers)</i>	54	LONSURF TAB 15-6.14	13
<i>levocetirizine dihydrochloride</i>	71	LONSURF TAB 20-8.19	13
<i>levofloxacin</i>	10	<i>loperamide hcl</i>	57
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	10	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	7
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	10	<i>lopinavir-ritonavir tab 100-25 mg</i>	7
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	10	<i>lopinavir-ritonavir tab 200-50 mg</i>	7
<i>levonest</i>	49	<i>lorazepam</i>	30
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	49	<i>lorazepam intensol</i>	30
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	49	LORBRENA	18
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	49	<i>loryna</i>	50
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	50	<i>losartan potassium</i>	25
<i>levora 0.15/30-28</i>	50	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	24
<i>levo-t</i>	55	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	24
<i>levothyroxine sodium</i>	55	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	24
<i>levoxyl</i>	55	LOTEMAX	69
LEXIVA	6	<i>loteprednol etabonate</i>	69
<i>lidocaine</i>	76	<i>lovastatin</i>	26
<i>lidocaine hcl</i>	76	<i>low-ogestrel</i>	50
<i>lidocaine hcl (local anesth.)</i>	3	<i>loxapine succinate</i>	34
<i>lidocaine hcl (mouth-throat)</i>	77	LUMAKRAS	18
		LUMIGAN	69

LUMIZYME	54	MESNEX.....	22
LUPRON DEPOT (1-MONTH).....	13	<i>metformin hcl</i>	44
LUPRON DEPOT (3-MONTH).....	13	<i>methadone hcl</i>	1, 2
LUPRON DEPOT-PED (1-MONTH	54	<i>methadone hydrochloride i</i>	2
LUPRON DEPOT-PED (3-MONTH	54	<i>methazolamide</i>	28
LUPRON DEPOT-PED (6-MONTH	54	<i>methenamine hippurate</i>	4
<i>lurasidone hcl</i>	34	<i>methimazole</i>	55
<i>lutera</i>	50	<i>methocarbamol</i>	42
<i>lyleq</i>	50	<i>methotrexate sodium</i>	13, 62
<i>lyllana</i>	52	<i>methsuximide</i>	37
LYNPARZA.....	18	<i>methylphenidate hcl</i>	40
LYSODREN	13	<i>methylprednisolone</i>	52
LYTGOBI (12 MG DAILY DOSE)	18	<i>methylprednisolone acetate</i>	53
LYTGOBI (16 MG DAILY DOSE)	19	<i>methylprednisolone sod succ</i>	53
LYTGOBI (20 MG DAILY DOSE)	19	<i>methyltestosterone</i>	43
<i>lyza</i>	50	<i>metoclopramide hcl</i>	56
M		<i>metolazone</i>	28
<i>magnesium sulfate</i>	66	<i>metoprolol & hydrochlorothiazide tab</i>	
MAGNESIUM SULFATE	66	100-25 mg	27
<i>magnesium sulfate in dextrose 5% iv</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
<i>soln 1 gm/100ml</i>	66	100-50 mg	27
<i>malathion</i>	77	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>maraviroc</i>	6	50-25 mg.....	27
<i>marlissa</i>	50	<i>metoprolol succinate</i>	27
MARPLAN	31	<i>metoprolol tartrate</i>	27
MATULANE	15	<i>metronidazole</i>	4
MAVYRET PAK 50-20MG.....	8	<i>metronidazole (topical)</i>	76
MAVYRET TAB 100-40MG	8	<i>metronidazole vaginal</i>	59
<i>meclizine hcl</i>	56	<i>metyrosine</i>	29
<i>medroxyprogesterone acetate</i>	55	MG SO4/D5W INJ 10MG/ML.....	66
<i>medroxyprogesterone acetate</i>		<i>micafungin sodium</i>	5
<i>(contraceptive)</i>	50	<i>microgestin 1/20</i>	50
<i>mefloquine hcl</i>	5	<i>microgestin 1.5/30</i>	50
<i>megestrol acetate</i>	13, 55	<i>microgestin fe 1/20</i>	50
<i>megestrol acetate (appetite)</i>	55	<i>microgestin fe 1.5/30</i>	50
MEKINIST	19	<i>midodrine hcl</i>	29
MEKTOVI	19	MIEBO	69
<i>meloxicam</i>	1	<i>mifepristone (hyperglycemia)</i>	54
<i>memantine hcl</i>	30	<i>miglustat</i>	54
MENACTRA INJ	64	<i>mili</i>	50
MENQUADFI INJ.....	64	<i>mimvey</i>	52
MENVEO INJ	64	<i>minocycline hcl</i>	12
MENVEO SOL.....	64	<i>minoxidil</i>	29
<i>mercaptopurine</i>	13	<i>mirtazapine</i>	31
<i>meropenem</i>	4	<i>misoprostol</i>	57
<i>mesalamine</i>	57	MITIGARE	1
<i>mesalamine w/ cleanser</i>	57	M-M-R II INJ	64

M-NATAL PLUS TAB	67	<i>nefazodone hcl</i>	31
<i>modafinil</i>	42	<i>neomycin-bacitrac zn-polymyx</i>	
<i>moexipril hcl</i>	23	5(3.5)mg-400unt-10000unt op oin	68
<i>molindone hcl</i>	34	<i>neomycin-polymy-gramicid op sol</i>	
<i>mometasone furoate</i>	76	1.75-10000-0.025mg-unt-mg/ml ..	68
<i>mometasone furoate (nasal)</i>	73	<i>neomycin-polymyxin-dexamethasone</i>	
MONJUVI	19	ophth oint 0.1%	67
<i>mono-linyah</i>	50	<i>neomycin-polymyxin-dexamethasone</i>	
<i>montelukast sodium</i>	71	ophth susp 0.1%.....	67
<i>morphine sulfate</i>	2	<i>neomycin-polymyxin-hc ophth susp</i> ..	68
MORPHINE SULFATE.....	2	<i>neomycin-polymyxin-hc otic soln 1%</i>	70
MORPHINE SULFATE/SODIUM C.....	2	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
MOUNJARO	44	mg/ml-10000 unit/ml-1%	70
MOVANTIK	57	<i>neomycin sulfate</i>	4
<i>moxifloxacin hcl</i>	10	<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>moxifloxacin hcl (ophth)</i>	68	10000unt op oin.....	68
<i>moxifloxacin hcl 400 mg/250ml in</i>		<i>neo-polycin hc ophth oint 1%</i>	67
<i>sodium chloride 0.8% inj</i>	10	NERLYNX	19
MULTAQ.....	25	NEUPRO.....	32
<i>multiple electrolytes ph 5.5</i>	66	<i>nevirapine</i>	6
<i>multiple electrolytes ph 7.4</i>	66	NEXAVAR	19
<i>mupirocin</i>	74	NEXLETOL.....	26
<i>mycophenolate mofetil</i>	64	NEXLIZET TAB 180/10MG.....	26
<i>mycophenolate sodium</i>	64	<i>niacin (antihyperlipidemic)</i>	26
MYRBETRIQ.....	58	<i>nicardipine hcl</i>	28
N		NICOTROL INHALER	43
<i>nabumetone</i>	1	NICOTROL NS.....	43
<i>nadolol</i>	27	<i>nifedipine</i>	28
<i>nafcillin sodium</i>	11	<i>nikki</i>	50
NAGLAZYME	54	<i>nilutamide</i>	14
<i>nalbuphine hcl</i>	2	<i>nimodipine</i>	28
<i>naloxone hcl</i>	43	NINLARO	19
<i>naltrexone hcl</i>	43	<i>nitazoxanide</i>	4
NAMZARIC CAP 14-10MG	30	<i>nitisinone</i>	54
NAMZARIC CAP 21-10MG	30	NITRO-BID.....	29
NAMZARIC CAP 28-10MG	30	<i>nitrofurantoin macrocrystal</i>	4
NAMZARIC CAP 7-10MG.....	30	<i>nitrofurantoin monohyd macro</i>	4
NAMZARIC CAP PACK	30	<i>nitroglycerin</i>	29
<i>naproxen</i>	1	<i>nitroglycerin (intra-anal)</i>	76
<i>naproxen sodium</i>	1	<i>nizatidine</i>	56
<i>naratriptan hcl</i>	40	<i>nora-be</i>	50
NATACYN	68	<i>norelgestromin-ethinyl estradiol td</i>	
<i>nateglinide</i>	44	ptwk 150-35 mcg/24hr	50
NATPARA	47	<i>norethindrone (contraceptive)</i>	50
NAYZILAM.....	37	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>nebivolol hcl</i>	27	tab 1 mg-20 mcg	50
<i>necon 0.5/35-28</i>	50		

<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1.5 mg-30 mcg</i>	50
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1 mg-20 mcg</i>	50
<i>norethindrone acetate</i>	55
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 0.5 mg-2.5 mcg</i>	52
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 1 mg-5 mcg</i>	52
<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>1-20/1-30/1-35 mg-mcg</i>	50
<i>norgestimate & ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg</i>	50
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i>	50
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	50
<i>norlyroc</i>	50
<i>NORPACE CR</i>	25
<i>nortrel 0.5/35 (28)</i>	50
<i>nortrel 1/35 (21)</i>	50
<i>nortrel 1/35 (28)</i>	51
<i>nortrel 7/7/7</i>	51
<i>nortriptyline hcl</i>	31
<i>NORVIR</i>	6
<i>NOVOLIN INJ 70/30</i>	46
<i>NOVOLIN INJ 70/30 FP</i>	46
<i>NOVOLIN N</i>	46
<i>NOVOLIN N FLEXPEN</i>	46
<i>NOVOLIN R</i>	46
<i>NOVOLIN R FLEXPEN</i>	46
<i>NOVOLOG MIX INJ 70/30</i>	46
<i>NOVOLOG MIX INJ FLEXPEN</i>	46
<i>NUBEQA</i>	14
<i>NUDEXTA CAP 20-10MG</i>	41
<i>NULOJIX</i>	64
<i>NUPLAZID</i>	34
<i>NURTEC</i>	41
<i>NUTRILIPID</i>	67
<i>NUZYRA</i>	12
<i>nyamyc</i>	74
<i>nylia 1/35</i>	51
<i>nylia 7/7/7</i>	51
<i>NYMALIZE</i>	28
<i>nymyo</i>	51
<i>nystatin</i>	5
<i>nystatin (mouth-throat)</i>	77
<i>nystatin (topical)</i>	74
<i>nystop</i>	74
o	
<i>ocella</i>	51
<i>OCTAGAM</i>	63
<i>octreotide acetate</i>	54
<i>ODEFSEY TAB</i>	8
<i>ODOMZO</i>	19
<i>OFEV</i>	72
<i>ofloxacin (ophth)</i>	68
<i>ofloxacin (otic)</i>	70
<i>OGIVRI</i>	19
<i>OGIVRI INJ 420MG</i>	19
<i>OGSIVEO</i>	19
<i>OJJAARA</i>	19
<i>olanzapine</i>	34
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>mg</i>	24
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>mg</i>	25
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 40-10-25 mg</i>	
.....	25
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 40-5-12.5</i>	
<i>mg</i>	24
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 40-5-25 mg</i>	
.....	24
<i>olmesartan medoxomil</i>	25
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 20-12.5 mg</i>	
.....	24
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 40-12.5 mg</i>	
.....	24
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 40-25 mg</i> .	24
<i>omega-3-acid ethyl esters cap 1 gm</i> .	26
<i>omeprazole</i>	58
<i>OMNIPOD 5 G6 KIT INTRO</i>	46
<i>OMNIPOD 5 G6 MIS PODS</i>	46
<i>OMNIPOD 5 G7 KIT INTRO</i>	46
<i>OMNIPOD 5 G7 MIS PODS</i>	46
<i>OMNIPOD DASH KIT INTRO</i>	46

OMNIPOD DASH MIS PODS	46	<i>pamidronate disodium</i>	47
OMNIPOD GO KIT 10UNT/DY	47	PAMIDRONATE DISODIUM.....	47
OMNIPOD GO KIT 15UNT/DY	47	PANRETIN	76
OMNIPOD GO KIT 20UNT/DY	47	<i>pantoprazole sodium</i>	58
OMNIPOD GO KIT 25UNT/DY	47	PANZYGA	63
OMNIPOD GO KIT 30UNT/DY	47	<i>paraplatin</i>	12
OMNIPOD GO KIT 35UNT/DY	47	<i>paricalcitol</i>	55
OMNIPOD GO KIT 40UNT/DY	47	<i>paroxetine hcl</i>	31
OMNIPOD MIS CLASSIC	47	PAXLOVID TAB 150-100	8
<i>ondansetron</i>	56	PAXLOVID TAB 300-100	9
<i>ondansetron hcl</i>	56	<i>pazopanib hcl</i>	19
ONTRUZANT	19	PEDIARIX INJ 0.5ML	64
ONUREG	13	PEDVAX HIB	64
OPSUMIT	29	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
ORGOVYX	14	<i>for soln 236 gm</i>	57
ORKAMBI GRA 100-125	72	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
ORKAMBI GRA 150-188	72	<i>420 gm</i>	57
ORKAMBI GRA 75-94MG	72	PEGASYS	9
ORKAMBI TAB 100-125.....	72	PEMAZYRE	19
ORKAMBI TAB 200-125.....	72	<i>pemetrexed disodium</i>	13
ORSERDU	14	PENBRAYA INJ	64
<i>oseltamivir phosphate</i>	8	PEN GK/DEXTR INJ 40000/ML.....	11
OTEZLA	62	PEN GK/DEXTR INJ 60000/ML.....	11
OTEZLA TAB 10/20/30	62	<i>penicillamine</i>	48
<i>oxacillin sodium</i>	11	<i>penicillin g potassium</i>	11
<i>oxaliplatin</i>	12	<i>penicillin g sodium</i>	11
<i>oxcarbazepine</i>	37	<i>penicillin v potassium</i>	11
<i>oxybutynin chloride</i>	58	PENTACEL INJ	65
<i>oxycodone hcl</i>	2, 3	<i>pentamidine isethionate inh</i>	4
<i>oxycodone w/ acetaminophen tab 10-</i>		<i>pentamidine isethionate inj</i>	4
<i>325 mg</i>	3	<i>pentoxifylline</i>	60
<i>oxycodone w/ acetaminophen tab 2.5-</i>		<i>perindopril erbumine</i>	23
<i>325 mg</i>	3	<i>periogard</i>	77
<i>oxycodone w/ acetaminophen tab 5-</i>		<i>permethrin</i>	77
<i>325 mg</i>	3	<i>perphenazine</i>	34
<i>oxycodone w/ acetaminophen tab 7.5-</i>		PERSERIS	34
<i>325 mg</i>	3	<i>pfizerpen</i>	11
OZEMPIC (0.25 OR 0.5MG/DOSE)	44	<i>phenelzine sulfate</i>	31
OZEMPIC (0.25 OR 0.5 MG/DOSE)....	44	<i>phenobarbital</i>	37
OZEMPIC (1MG/DOSE)	44	<i>phenobarbital sodium</i>	37
OZEMPIC (2MG/DOSE)	45	<i>phenytek</i>	37
P		<i>phenytoin</i>	37
<i>pacerone</i>	25	<i>phenytoin sodium</i>	37
<i>paclitaxel</i>	15	<i>phenytoin sodium extended</i>	37
<i>paclitaxel protein-bound particles for iv</i>		PHESGO SOL	19
<i>susp 100 mg</i>	15	<i>philith</i>	51
<i>paliperidone</i>	34	PIFELTRO	6

<i>pilocarpine hcl</i>	69	POT CHL 40MEQ/L IN NAACL 0.9% INJ	66
<i>pilocarpine hcl (oral)</i>	77	66
<i>pimozide</i>	34	PRADAXA	59
<i>pimtrea</i>	51	<i>pramipexole dihydrochloride</i>	33
<i>pindolol</i>	27	<i>prasugrel hcl</i>	60
<i>pioglitazone hcl</i>	45	<i>pravastatin sodium</i>	26
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	45	<i>praziquantel</i>	4
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	45	<i>prazosin hcl</i>	24
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	11	<i>prednisolone</i>	53
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	11	<i>prednisolone acetate (ophth)</i>	69
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	11	PREDNISOLONE SODIUM PHOSP	69
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	11	<i>prednisolone sodium phosphate</i>	53
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	12	<i>prednisone</i>	53
PIQRAY 200MG DAILY DOSE	19	PREDNISONE INTENSOL	53
PIQRAY 250MG TAB DOSE.....	19	<i>pregabalin</i>	37, 38
PIQRAY 300MG DAILY DOSE	19	PREHEVBRIO	65
<i>pirfenidone</i>	72	PREMARIN	52
<i>piroxicam</i>	1	PREMASOL SOL 10%	67
PLASMA-LYTE INJ -148	66	PREMPRO TAB	52
PLASMA-LYTE INJ -A.....	66	PREMPRO TAB 0.3-1.5	52
<i>plenamine</i>	67	PRENATAL TAB 27-1MG	67
PLENVU SOL.....	57	PRENATAL TAB PLUS	67
<i>podofilox</i>	76	<i>prevalite</i>	26
<i>polycin ophth oint</i>	68	PREVYMIS.....	9
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	68	PREZCOBIX TAB 800-150.....	8
POMALYST	14	PREZISTA	6
<i>portia-28</i>	51	PRIFTIN.....	8
<i>posaconazole</i>	5	<i>primaquine phosphate</i>	6
<i>potassium chloride</i>	66, 67	PRIMAQUINE PHOSPHATE	6
POTASSIUM CHLORIDE.....	66	<i>primidone</i>	38
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	66	PRIORIX INJ	65
<i>potassium chloride microencapsulated crystals er</i>	67	PRIVIGEN	63
<i>potassium citrate (alkalinizer)</i>	58	<i>probenecid</i>	1
POT CHL 20MEQ/L IN NAACL 0.45% INJ	66	<i>prochlorperazine</i>	56
POT CHL 20MEQ/L IN NAACL 0.9% INJ	66	<i>prochlorperazine edisylate</i>	56
		<i>prochlorperazine maleate</i>	56
		PROCRIT	59, 60
		<i>procto-med hc</i>	76
		<i>proctosol hc</i>	76
		<i>proctozone-hc</i>	76
		<i>progesterone</i>	55
		PROGRAF.....	64
		PROLASTIN-C	72
		PROLENSA	69
		PROLIA	47
		PROMACTA.....	60
		<i>promethazine hcl</i>	56

<i>propafenone hcl</i>	25	RHOPRESSA	69
<i>proparacaine hcl</i>	69	<i>ribavirin (hepatitis c)</i>	9
<i>propranolol hcl</i>	27	<i>rifabutin</i>	8
<i>propylthiouracil</i>	55	<i>rifampin</i>	8
PROQUAD INJ	65	<i>riluzole</i>	41
PROSOL INJ 20%	67	<i>rimantadine hydrochloride</i>	9
<i>protriptyline hcl</i>	31	RINVOQ	62
PULMOZYME	72	<i>risperidone</i>	34, 35
PURIXAN	13	<i>risperidone microspheres</i>	35
<i>pyrazinamide</i>	8	<i>ritonavir</i>	6
<i>pyridostigmine bromide</i>	41	<i>rivastigmine</i>	30
Q		<i>rivastigmine tartrate</i>	30
QINLOCK	19	<i>rizatriptan benzoate</i>	41
QUADRACEL INJ	65	ROCKLATAN DRO	69
QUADRACEL INJ 0.5ML	65	<i>roflumilast</i>	72
<i>quetiapine fumarate</i>	34	<i>ropinirole hydrochloride</i>	33
<i>quinapril hcl</i>	23	<i>rosuvastatin calcium</i>	26
<i>quinidine sulfate</i>	25	ROTARIX SUS	65
<i>quinine sulfate</i>	6	ROTATEQ SOL	65
QULIPTA	41	<i>roweepra</i>	38
R		ROZLYTREK	20
RABAVERT INJ	65	RUBRACA	20
<i>raloxifene hcl</i>	54	<i>rufinamide</i>	38
<i>ramipril</i>	23	RUKOBIA	6
<i>ranolazine</i>	29	RYBELSUS	45
<i>rasagiline mesylate</i>	33	RYDAPT	20
RAYALDEE	55	S	
<i>reclipsen</i>	51	<i>sajazir</i>	60
RECOMBIVAX HB	65	SANDIMMUNE	64
RECTIV	76	SANTYL	77
REGRANEX	77	<i>sapropterin dihydrochloride</i>	54
RELENZA DISKHALER	9	SCEMBLIX	20
RELISTOR	57	<i>scopolamine</i>	56
REMICADE	62	SECUADO	35
RENFLEXIS	62	<i>selegiline hcl</i>	33
<i>repaglinide</i>	45	<i>selenium sulfide</i>	75
REPATHA	26	SELZENTRY	6
REPATHA PUSHTRONEX SYSTEM	26	SEREVENT DISKUS	71
REPATHA SURECLICK	26	<i>sertraline hcl</i>	31
RESTASIS	69	<i>setlakin</i>	51
RESTASIS MULTIDOSE	69	<i>sevelamer carbonate</i>	54
RETEVMO	19	<i>sharobel</i>	51
REVLIMID	14	SHINGRIX	65
REXULTI	34	SIGNIFOR	54
REYATAZ	6	<i>sildenafil citrate (pulmonary hypertension)</i>	29
REZLIDHIA	19	<i>silver sulfadiazine</i>	74
REZUROCK	64		

SIMBRINZA SUS 1-0.2%	69	<i>sulfadiazine</i>	4
<i>simliya</i>	51	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>simvastatin</i>	26	400-80 mg/5ml	4
<i>sirolimus</i>	64	<i>sulfamethoxazole-trimethoprim susp</i>	
SIRTURO	8	200-40 mg/5ml	4
SIVEXTRO.....	4	<i>sulfamethoxazole-trimethoprim tab</i>	
SKYRIZI.....	62	400-80 mg	4
SKYRIZI PEN	62	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sodium chloride</i>	66	800-160 mg	4
<i>sodium chloride (gu irrigant)</i>	77	SULFAMYLON	74
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		<i>sulfasalazine</i>	57
mg/ml soln.....	67	<i>sulindac</i>	1
SODIUM OXYBATE.....	42	<i>sumatriptan</i>	41
<i>sodium phenylbutyrate</i>	54	<i>sumatriptan succinate</i>	41
<i>sodium polystyrene sulfonate powder</i>		<i>sunitinib malate</i>	20
.....	48	SUNLENCA.....	6
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		<i>syeda</i>	51
17.5-3.13-1.6 gm/177ml.....	57	SYMDEKO TAB 100-150	72
<i>solifenacin succinate</i>	58	SYMDEKO TAB 50-75MG	72
SOLIQUA INJ 100/33	47	SYMPAZAN	38
SOLTAMOX.....	14	SYMTUZA TAB	8
SOLU-CORTEF	53	SYNAREL	52
SOMATULINE DEPOT	54	SYNJARDY TAB 12.5-1000MG	45
SOMAVERT.....	54	SYNJARDY TAB 12.5-500.....	45
<i>sorafenib tosylate</i>	20	SYNJARDY TAB 5-1000MG	45
<i>sorine</i>	25	SYNJARDY TAB 5-500MG.....	45
<i>sotalol hcl</i>	25	SYNJARDY XR TAB 10-1000.....	45
<i>sotalol hcl (afib/afl)</i>	26	SYNJARDY XR TAB 12.5-1000	45
<i>spironolactone</i>	23	SYNJARDY XR TAB 25-1000.....	45
<i>spironolactone & hydrochlorothiazide</i>		SYNJARDY XR TAB 5-1000MG	45
<i>tab 25-25 mg</i>	28	SYNTHROID	55
<i>sprintec 28</i>	51	T	
SPRITAM.....	38	TABLOID.....	13
SPRYCEL.....	20	TABRECTA.....	20
<i>sps</i>	48	<i>tacrolimus</i>	64
<i>sronyx</i>	51	<i>tacrolimus (topical)</i>	77
<i>ssd</i>	74	TAFINLAR	20
STELARA.....	62	TAGRISSE	20
STIVARGA.....	20	TALTZ	62
<i>streptomycin sulfate</i>	4	TALZENNA	20
STRIBILD TAB	8	<i>tamoxifen citrate</i>	14
<i>subvenite</i>	38	<i>tamsulosin hcl</i>	58
<i>sucralfate</i>	57	<i>tarina fe 1/20 eq</i>	51
<i>sulfacetamide sodium (acne)</i>	74	TASIGNA	20
<i>sulfacetamide sodium (ophth)</i>	68	<i>tasimelteon</i>	40
<i>sulfacetamide sodium-prednisolone</i>		<i>tazarotene</i>	75
<i>ophth soln 10-0.23(0.25)%</i>	68	<i>tazicef</i>	9

TAZORAC	75	<i>torse mide</i>	28
<i>taztia xt</i>	28	TOUJEO MAX SOLOSTAR	47
TAZVERIK	20	TOUJEO SOLOSTAR	47
TDVAX INJ 2-2 LF	65	TPN ELECTROL INJ	66
TECENTRIQ	20	TRADJENTA	45
TEFLARO	9	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>telmisartan</i>	25	<i>mg</i>	3
<i>temazepam</i>	40	<i>tramadol hcl</i>	3
TENIVAC INJ 5-2LF	65	<i>trandolapril</i>	23
<i>tenofovir disoproxil fumarate</i>	7	<i>tranexamic acid</i>	60
TEPMETKO	20	<i>tranylcypro mine sulfate</i>	31
<i>terazosin hcl</i>	24	TRAVASOL INJ 10%	67
<i>terbinafine hcl</i>	5	<i>travoprost</i>	69
<i>terbutaline sulfate</i>	71	TRAZIMERA	21
<i>terconazole vaginal</i>	59	<i>trazodone hcl</i>	31
TERIPARATIDE	47	TRECTOR	8
<i>testosterone</i>	43	TRELEGY AER ELLIPTA 100-62.5-25	
<i>testosterone cypionate</i>	43	MCG	70
<i>testosterone enanthate</i>	43	TRELEGY AER ELLIPTA 200-62.5-25	
<i>tetrabenazine</i>	41	MCG	70
<i>tetracycline hcl</i>	12	TREMFYA	62
THALOMID	14	<i>treprostinil</i>	29
<i>theophylline</i>	72	TRESIBA	47
<i>thioridazine hcl</i>	35	TRESIBA FLEXTOUCH	47
<i>thiothixene</i>	35	<i>tretinoin</i>	74
<i>tiadylt er</i>	28	<i>tretinoin (chemotherapy)</i>	15
<i>tiagabine hcl</i>	38	<i>triamcinolone acetonide (mouth)</i>	77
TIBSOVO	20	<i>triamcinolone acetonide (topical)</i>	76
TICOVAC	65	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tigecycline</i>	12	<i>37.5-25 mg</i>	28
<i>tilia fe</i>	51	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate</i>	27	<i>37.5-25 mg</i>	28
<i>timolol maleate (ophth)</i>	69	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tinidazole</i>	4	<i>75-50 mg</i>	28
TIVICAY	7	<i>trientine hcl</i>	48
TIVICAY PD	7	<i>tri-estarylla</i>	51
<i>tizanidine hcl</i>	42	<i>trifluoperazine hcl</i>	35
TOBRADEX OIN 0.3-0.1%	68	<i>trifluridine</i>	68
TOBRADEX ST SUS 0.3-0.05	68	<i>trihexyphenidyl hcl</i>	33
<i>tobramycin</i>	4	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin (ophth)</i>	68	1000MG	45
<i>tobramycin-dexamethasone ophth susp</i>		TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>0.3-0.1%</i>	68	1000MG	45
<i>tobramycin sulfate</i>	4	TRIJARDY XR TAB ER 24HR 25-5-	
<i>tolterodine tartrate</i>	59	1000MG	45
<i>topiramate</i>	38	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>toremifene citrate</i>	14	1000MG	45

TRIKAFTA PAK 59.5MG	72	<i>valproic acid</i>	38
TRIKAFTA PAK 75MG	72	<i>valsartan</i>	25
TRIKAFTA TAB 100-50-75MG & 150MG	72	<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	25
TRIKAFTA TAB 50-25-37.5MG & 75MG	72	<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	25
<i>tri-legest fe</i>	51	<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	25
<i>tri-linyah</i>	51	<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	25
<i>tri-lo-estarylla</i>	51	<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	25
<i>tri-lo-marzia</i>	51	VALTOCO 10 MG DOSE	38
<i>tri-lo-mili</i>	51	VALTOCO 15 MG DOSE	38
<i>tri-lo-sprintec</i>	51	VALTOCO 20 MG DOSE	38
<i>trimethoprim</i>	4	VALTOCO 5 MG DOSE	38
<i>tri-mili</i>	51	<i>vancomycin hcl</i>	5
<i>trimipramine maleate</i>	31	VANCOMYCIN HYDROCHLORIDE	5
TRINTELLIX.....	31	VANCOMYCIN INJ 1 GM	5
<i>tri-nymyo</i>	51	VANCOMYCIN INJ 500MG	5
<i>tri-sprintec</i>	51	VANCOMYCIN INJ 750MG	5
TRIUMEQ PD TAB.....	8	VANFLYTA	21
TRIUMEQ TAB	8	VAQTA.....	65
<i>trivora-28</i>	51	<i>varenicline tartrate</i>	43
<i>tri-vylibra</i>	51	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	43
<i>tri-vylibra lo</i>	51	VARIVAX.....	65
TRIZIVIR TAB.....	8	VASCEPA	26
TROGARZO	7	<i>velivet</i>	51
TROPHAMINE INJ 10%.....	67	VELPHORO	54
<i>tropium chloride</i>	59	VELTASSA	48
TRULICITY	45	VEMLIDY	9
TRUMENBA INJ	65	VENCLEXTA.....	21
TRUQAP	21	VENCLEXTA TAB START PK.....	21
TRUXIMA	21	<i>venlafaxine hcl</i>	32
TUKYSA	21	VENTAVIS	29
TURALIO.....	21	VENTOLIN HFA	71
<i>turqoz</i>	51	VENTOLIN HFA (INSTITUTIONAL PACK)	71
TWINRIX INJ	65	<i>verapamil hcl</i>	28
TYBOST	7	VERQUVO	29
TYPHIM VI.....	65	VERSACLOZ	35
TYRVAYA	69	VERZENIO.....	21
U		<i>vestura</i>	51
UBRELVY	41	V-GO 20 KIT.....	47
<i>unithroid</i>	55	V-GO 30 KIT.....	47
<i>ursodiol</i>	57	V-GO 40 KIT.....	47
V			
<i>valacyclovir hcl</i>	9		
VALCHLOR	77		
<i>valganciclovir hcl</i>	9		
<i>valproate sodium</i>	38		

<i>vienva</i>	51	XIGDUO XR TAB 10-500MG	45
<i>vigabatrin</i>	38	XIGDUO XR TAB 2.5-1000	45
<i>vigadrone</i>	38	XIGDUO XR TAB 5-1000MG	45
<i>vigpoder</i>	38	XIGDUO XR TAB 5-500MG	45
<i>vilazodone hcl</i>	32	XIIDRA	69
<i>vincristine sulfate</i>	15	XOLAIR.....	72
<i>vinorelbine tartrate</i>	15	XOSPATA	21
<i>viorele</i>	51	XPOVIO 100 MG ONCE WEEKLY	22
VIRACEPT	7	XPOVIO 40 MG ONCE WEEKLY	21
VIREAD	7	XPOVIO 40 MG TWICE WEEKLY	21
VITRAKVI.....	21	XPOVIO 60 MG ONCE WEEKLY	21
VIVITROL.....	43	XPOVIO 60 MG TWICE WEEKLY	21
VIZIMPRO	21	XPOVIO 80 MG ONCE WEEKLY	22
VONJO.....	21	XPOVIO 80 MG TWICE WEEKLY	22
<i>voriconazole</i>	5	XTANDI	14
VOSEVI TAB.....	9	<i>xulane</i>	51
VRAYLAR	35	XULTOPHY INJ 100/3.6	47
<i>vyfemla</i>	51	Y	
<i>vylibra</i>	51	<i>yargesa</i>	54
VYZULTA.....	69	YF-VAX INJ.....	65
W		<i>yuvafem</i>	52
<i>warfarin sodium</i>	59	Z	
<i>water for irrigation, sterile irrigation</i>		<i>zafemy</i>	51
<i>soln</i>	77	<i>zafirlukast</i>	71
WELIREG	15	<i>zaleplon</i>	40
<i>wera</i>	51	ZARXIO	60
<i>wixela inhub</i>	73	ZEJULA	22
X		ZELBORAF.....	22
XALKORI.....	21	ZEMAIRA	73
XARELTO	59	<i>zenatane</i>	74
XARELTO STAR TAB 15/20MG.....	59	ZENPEP CAP 10000UNT	58
XATMEP	62	ZENPEP CAP 15000UNT	58
XCOPRI	38	ZENPEP CAP 20000UNT	58
XCOPRI PAK 100-150	39	ZENPEP CAP 25000UNT	58
XCOPRI PAK 12.5-25	38	ZENPEP CAP 3000UNIT	58
XCOPRI PAK 150-200MG		ZENPEP CAP 40000UNT	58
(MAINTENANCE)	39	ZENPEP CAP 5000UNIT	58
XCOPRI PAK 150-200MG (TITRATION)		ZENPEP CAP 60000UNT	58
.....	39	ZERVIAE	69
XCOPRI PAK 50-100MG.....	39	<i>zidovudine</i>	7
XELJANZ	62	ZIEXTENZO	60
XELJANZ XR	62	<i>ziprasidone hcl</i>	35
XERMELO	57	<i>ziprasidone mesylate</i>	35
XGEVA.....	47	ZIRABEV	22
XHANCE.....	73	ZIRGAN	68
XIFAXAN	57	<i>zoledronic acid</i>	47
XIGDUO XR TAB 10-1000	45	ZOLINZA.....	22

<i>zolpidem tartrate</i>	40	ZURZUVAE	32
ZONISADE	39	ZYDELIG	22
<i>zonisamide</i>	39	ZYKADIA.....	22
<i>zovia 1/35</i>	51	ZYLET SUS 0.5-0.3%.....	68
ZTALMY	39	ZYPREXA RELPREVV	35
<i>zumandimine</i>	51		

This Formulary was updated on July 1, 2024. For more recent information or other questions, please contact Arkansas Blue Medicare Customer Service at **1-844-280-5833** (TTY users should call **711**), 24 hours a day, seven days a week, or visit **www.arkansasbluecross.com/medicare/egwp**.

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