



Arkansas Blue Medicare

2024 Formulary

(List of Covered Drugs)

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

**BlueMedicare Premier (HMO)
BlueMedicare Classic Plus (HMO)
BlueMedicare Saver Choice (PPO)**

Formulary 00024090, Version 16

This Formulary was updated on October 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.arkbluemedicare.com**.

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 Premier (HMO), BlueMedicare Classic Plus (HMO), or BlueMedicare Saver Choice (PPO).

This document includes a list of the drugs (Formulary) for our plan, which is current as of October 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 October 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 83. 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 83.

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
- **ED:** Excluded drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving “Extra Help” to pay for your prescriptions, you will not get any “Extra Help” to pay for this drug.
- **GC:** Gap coverage. We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.
- **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.arkbluemedicare.com**.
- **NM:** Not available through mail order
- **PA:** Prior authorization
- **QL:** Quantity limits
- **ST:** Step therapy

Cost Sharing by Drug Tier for BlueMedicare Premier (HMO)

Tier	Standard Retail In-Network Cost Sharing (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)
1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
2 (Generic)	\$8 copay	\$8 copay	\$8 copay
3 (Preferred Brand)	\$47 copay (\$20 copay for covered insulin products)	\$47 copay (\$20 copay for covered insulin products)	\$47 copay (\$20 copay for covered insulin products)
4 (Non-Preferred Drug)	\$100 copay (\$20 copay for covered insulin products)	\$100 copay (\$20 copay for covered insulin products)	\$100 copay (\$20 copay for covered insulin products)
5 (Specialty Tier)	31% of the total cost (\$20 copay for covered insulin products)	31% of the total cost (\$20 copay for covered insulin products)	31% of the total cost (\$20 copay for covered insulin products)
6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay

Cost Sharing by Drug Tier for BlueMedicare Classic Plus (HMO)

Tier	Standard Retail In-Network Cost Sharing (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)
1 (Preferred Generic)	\$3 copay	\$3 copay	\$3 copay
2 (Generic)	\$10 copay	\$10 copay	\$10 copay
3 (Preferred Brand)	\$47 copay (\$35 copay for covered insulin products)	\$47 copay (\$35 copay for covered insulin products)	\$47 copay (\$35 copay for covered insulin products)
4 (Non-Preferred Drug)	36% of the total cost (\$35 copay for covered insulin products)	36% of the total cost (\$35 copay for covered insulin products)	36% of the total cost (\$35 copay for covered insulin products)
5 (Specialty Tier)	29% of the total cost (\$35 copay for covered insulin products)	29% of the total cost (\$35 copay for covered insulin products)	29% of the total cost (\$35 copay for covered insulin products)
6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay

Cost Sharing by Drug Tier for BlueMedicare Saver Choice (PPO)

Tier	Standard Retail In-Network Cost Sharing (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)
1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
2 (Generic)	\$15 copay	\$15 copay	\$15 copay
3 (Preferred Brand)	\$47 copay (\$20 copay for covered insulin products)	\$47 copay (\$20 copay for covered insulin products)	\$47 copay (\$20 copay for covered insulin products)
4 (Non-Preferred Drug)	\$100 copay (\$20 copay for covered insulin products)	\$100 copay (\$20 copay for covered insulin products)	\$100 copay (\$20 copay for covered insulin products)
5 (Specialty Tier)	29% of the total cost (\$20 copay for covered insulin products)	29% of the total cost (\$20 copay for covered insulin products)	29% of the total cost (\$20 copay for covered insulin products)
6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	4	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<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	4	QL (10 patches / 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>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 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	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	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>butorphanol tartrate</i> SOLN 10mg/ml	3	QL (10 mL / 30 days)
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	4	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	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	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	3	QL (900 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>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	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	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	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	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	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
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
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	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<i>ivermectin</i> TABS 3mg	3	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	3	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	5	
<i>sulfadiazine</i> TABS 500mg	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 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>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	3	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	3	
<i>trimethoprim TABS 100mg</i>	3	
<i>vancomycin hcl CAPS 125mg</i>	4	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	4	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	4	
<i>VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg</i>	4	
<i>VANCOMYCIN INJ 1 GM</i>	4	
<i>VANCOMYCIN INJ 500MG</i>	4	
<i>VANCOMYCIN INJ 750MG</i>	4	
ANTIFUNGALS		
<i>ABELCET SUSP 5mg/ml</i>	4	B/D
<i>amphotericin b SOLR 50mg</i>	4	B/D
<i>amphotericin b liposome SUSR 50mg</i>	5	B/D
<i>casprofungin acetate SOLR 50mg, 70mg</i>	4	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg</i>	3	
<i>fluconazole TABS 150mg</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine CAPS 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	4	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	4	
<i>itraconazole CAPS 100mg</i>	4	PA
<i>ketoconazole TABS 200mg</i>	3	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	5	
<i>nystatin TABS 500000unit</i>	3	
<i>posaconazole SUSP 40mg/ml</i>	5	QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	QL (90 tabs / year)
<i>voriconazole SOLR 200mg</i>	4	PA
<i>voriconazole SUSR 40mg/ml</i>	5	PA
<i>voriconazole TABS 50mg</i>	4	QL (480 tabs / 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>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml	4	NM
<i>abacavir sulfate</i> TABS 300mg	3	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	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	4	NM
<i>emtricitabine</i> CAPS 200mg	3	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	3	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	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

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
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	3	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
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	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	4	NM
<i>zidovudine</i> TABS 300mg	3	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	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>	4	QL (30 tabs / 30 days), 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
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	NM
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 CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECTOR TABS 250mg	4	

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	4	NM
BARACLUDE SOLN .05mg/ml	5	NM
<i>entecavir TABS .5mg, 1mg</i>	4	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 TABS 125mg, 250mg, 500mg</i>	3	
<i>ganciclovir sodium SOLR 500mg</i>	4	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

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>lamivudine (hbv)</i> TABS 100mg	4	NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID TAB 150-100	3	QL (40 tabs / 30 days); \$0 Cost Share
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	3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	NM
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 250mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	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>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
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	

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 chew tab 400-57 mg</i>	4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<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>	4	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<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>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<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>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</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
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	

TETRACYCLINES

<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	3	
<i>doxycycline hyclate SOLR 100mg</i>	4	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	3	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	5	NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	4	PA
<i>tigecycline SOLR 50mg</i>	5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml</i>	5	B/D, NM
<i>BENDEKA SOLN 100mg/4ml</i>	5	B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	3	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	3	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	3	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml</i>	5	B/D
<i>cyclophosphamide SOLR 1gm, 500mg</i>	4	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>	4	B/D
<i>oxaliplatin SOLR 100mg</i>	5	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>paraplatin</i> SOLN 1000mg/100ml	3	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	4	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	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	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	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

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
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
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	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	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	3	
<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	4	
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

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
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	4	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
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	4	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	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	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	4	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

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
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
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

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
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
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

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
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
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

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
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
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, 420mg	5	NM, LA, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 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

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>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
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO TABS 80mg, 120mg, 160mg	5	QL (60 tabs / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, LA, PA
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
SCEMBLIX TABS 100mg	5	QL (120 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

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>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
TAGRISSE 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
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
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

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
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
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 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

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
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MESNEX TABS 400mg	5	

Anti-Obesity Agents

Anti-Obesity Agents

ADIPEX-P CAPS 37.5mg; TABS 37.5mg	2	ED
<i>phentermine hcl</i> CAPS 15mg, 30mg, 37.5mg; TABS 37.5mg	2	ED

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap</i> 2.5- 10 mg	6	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5- 10 mg	6	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5- 20 mg	6	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5- 40 mg	6	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 10- 20 mg	6	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 10- 40 mg	6	GC, QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab</i> 5- 6.25mg	6	GC
<i>benazepril & hydrochlorothiazide tab</i> 10- 12.5 mg	6	GC
<i>benazepril & hydrochlorothiazide tab</i> 20- 12.5 mg	6	GC
<i>benazepril & hydrochlorothiazide tab</i> 20-25 mg	6	GC
<i>captopril & hydrochlorothiazide tab</i> 25-15 mg	6	GC
<i>captopril & hydrochlorothiazide tab</i> 25-25 mg	6	GC
<i>captopril & hydrochlorothiazide tab</i> 50-15 mg	6	GC
<i>captopril & hydrochlorothiazide tab</i> 50-25 mg	6	GC
<i>enalapril maleate & hydrochlorothiazide tab</i> 5-12.5 mg	6	GC
<i>enalapril maleate & hydrochlorothiazide tab</i> 10-25 mg	6	GC

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	6	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	6	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	GC
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	GC
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	6	GC
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	6	GC
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	6	GC
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	GC
<i>moexipril hcl TABS 7.5mg, 15mg</i>	6	GC
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	6	GC
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	GC
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	GC
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	6	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	3	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>amlodipine besylate-valsartan tab 5-160 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	6	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	6	GC, QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 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>	6	GC, QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	GC
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	GC
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	3	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	3	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	3	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	3	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	3	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>telmisartan-amlodipine tab 40-5 mg</i>	3	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	3	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	3	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	3	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	GC, QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	GC, QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	6	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	6	GC, QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	GC, QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	GC
<i>olmesartan medoxomil TABS 5mg</i>	6	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	6	GC, QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	6	GC, QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	6	GC, QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	6	GC, QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	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>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	3	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	3	

ANTILIPEMICS, FIBRATES

<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<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

ALTOPREV TB24 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	GC, QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	6	GC, QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	6	GC, QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	GC, QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	6	GC, QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	6	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	GC, QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST

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
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	3	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	3	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	3	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	3	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	3	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	3	
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>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50- 25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	3	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	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>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<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>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
<i>NYMALIZE</i> SOLN 6mg/ml	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
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	

DIURETICS

<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<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	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	3	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	3	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	3	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	4	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	4	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	5	NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg</i>	3	
<i>midodrine hcl TABS 10mg</i>	4	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	3	
<i>isosorbide mononitrate TABS 10mg, 20mg</i>	2	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	
NITRO-BID OINT 2%	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
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	

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	3	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

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	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	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	3	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
<i>memantine hcl</i> 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	

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>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	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	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 150mg	3	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<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	4	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 40mg	4	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	4	
<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	3	
<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	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
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<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>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<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)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	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	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<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	4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-250mg</i>	4	
<i>carbidopa</i> TABS 25mg	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>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>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
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	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	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 SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	3	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	4	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
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	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	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	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	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	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
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	3	
<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	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
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<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	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	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	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 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>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	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; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	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	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	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	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	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	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	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	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
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	3	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	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	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
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<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	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<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	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 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>rufinamide</i> TABS 200mg	4	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	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
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 25mg, 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)
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	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 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
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 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>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	3	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	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	4	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

Drug Name	Drug Tier	Requirements/Limits
<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

AIMOVIG 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>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
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	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	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 18mg, 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin (once-daily)</i> TABS 300mg	4	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	QL (60 tabs / 30 days), PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	QL (2 packs / year), PA
<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
<i>dalfampridine</i> TB12 10mg	3	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, 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>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	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	4	
<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	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	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)

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>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>methyld testosterone</i> CAPS 10mg	5	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
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	6	GC, QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	6	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	GC, QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	6	GC, QL (90 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>glipizide xl</i> TB24 10mg	6	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	6	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	6	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	6	GC, QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	4	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	4	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	6	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	GC, QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	GC, 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	2	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
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	6	GC, 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>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	6	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	6	GC, QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	3	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	3	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	4	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	4	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	4	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	4	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR 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
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	

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Drug Name	Drug Tier	Requirements/Limits
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> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	6	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<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	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
<i>deferasirox</i> TBSO 125mg	4	NM, PA
<i>kionex</i> SUSP 15gm/60ml	3	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	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>sodium polystyrene sulfonate powder</i>	3	
<i>sps SUSP 15gm/60ml</i>	3	
<i>trientine hcl CAPS 250mg</i>	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila TABS .35mg</i>	2	
<i>chateal eq</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane TABS .35mg</i>	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	4	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</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>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>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>hailey 1.5/30</i>	3	
<i>haloette</i>	4	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	3	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	3	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</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>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutra</i>	2	
<i>lyleq</i> TABS .35mg	2	
<i>lyza</i> TABS .35mg	2	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<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>	3	
<i>nikki</i>	3	
<i>nora-be</i> TABS .35mg	2	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	4	
<i>norethindrone (contraceptive)</i> TABS .35mg	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> <i>20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab</i> <i>1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>philith</i>	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
<i>pimtrea</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>turqoz</i>	3	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	PA
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	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
<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	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<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	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	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	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	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>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONO 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	3	
<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	4	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	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
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
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	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
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	4	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	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	3	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	3	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	4	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	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>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> CAPS 100mg, 200mg	3	

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>levoxyI</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	3	
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	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	3	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	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	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	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 20 mg/50ml</i>	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	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>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	

MISCELLANEOUS

<i>alose tron hcl</i> TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucral fate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	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	3	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> CPDR 30mg	2	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	2	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>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	2	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 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
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	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	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>tropium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>tropium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	4	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	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<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	3	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)

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
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
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	4	
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>l-glutamine (sickle cell)</i> PACK 5gm	5	NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
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	4	
<i>tranexamic acid</i> TABS 650mg	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
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
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	3	

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 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
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

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
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
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 20mg, 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	5	QL (110 tabs / year), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLIXIS 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
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (12 vials / 365 days), 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
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	5	QL (1 syringe / 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

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
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	PA
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
<i>azathioprine</i> TABS 50mg	3	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
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	4	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	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	4	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	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	

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
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	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
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/NAACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NAACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	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
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
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>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
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>	4	
<i>multiple electrolytes ph 7.4</i>	4	
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, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	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
POTASSIUM CHLORIDE SOLN 10meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	4	
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	3	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq</i>	3	
<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	2	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	3	
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>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%, 70%</i>	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	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
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>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<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>	4	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
XDEMVY SOLN .25%	5	NM, LA, PA
ZIRGAN GEL .15%	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
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .07%	3	
<i>bromfenac sodium (ophth)</i> SOLN .075%, .09%	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>loteprednol etabonate</i> SUSP .2%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
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%	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	4	
<i>bimatoprost</i> SOLN .03%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	2	
<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%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	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
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
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%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	

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>	3	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)

Drug Name	Drug Tier	Requirements/Limits
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</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTI HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	2	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml	3	PA; PA if 70 years and older
<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	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	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
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	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	4	
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	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	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	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 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

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>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	3	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	3	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
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
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
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	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	4	QL (2 inhalers / 30 days), ST
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STERIOD 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	4	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>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

Sexual Dysfunction Agents

Sexual Dysfunction Agents

CIALIS TABS 2.5mg, 5mg, 10mg, 20mg	2	ED, QL (6 tabs / 30 days)
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	2	ED, QL (6 tabs / 30 days)
<i>tadalafil</i> TABS 2.5mg, 5mg, 10mg, 20mg	2	ED, QL (6 tabs / 30 days)
VIAGRA TABS 25mg, 50mg, 100mg	2	ED, QL (6 tabs / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	3	QL (75 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>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	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%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	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	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	4	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 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
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	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>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	3	QL (300 mL / 28 days)
FINACEA FOAM 15%	4	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>proctocort</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CREA 2.5%	5	QL (7.5 gm / 28 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	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%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	3	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	3	
<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	4	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
ABELCET	5
ABILIFY MAINTENA	35
<i>abiraterone acetate</i>	13
ABRYSVO	68
<i>acamprosate calcium</i>	46
<i>acarbose</i>	47
<i>accutane</i>	78
<i>acebutolol hcl</i>	28
<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>	30
<i>acetic acid</i>	62
<i>acetic acid (otic)</i>	74
<i>acetylcysteine</i>	76
<i>acitretin</i>	79
ACTHIB INJ	68
ACTIMMUNE	67
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ.....	68
ADALIMUMAB-AACF (2 PEN)	65
<i>adefovir dipivoxil</i>	8
ADEMPAS	32
ADIPEX-P	23
ADMELOG	49
ADMELOG SOLOSTAR	49
ADVAIR HFA AER 115/21	78
ADVAIR HFA AER 230/21	78
ADVAIR HFA AER 45/21	78
<i>afirmelle</i>	52
AIMOVIG	44
AKEEGA TAB 100/500.....	13
AKEEGA TAB 50/500MG	13
<i>ala-cort</i>	80
<i>albendazole</i>	3
<i>albuterol sulfate</i>	75
<i>alclometasone dipropionate</i>	80
ALDURAZYME	57
ALECENSA	15
<i>alendronate sodium</i>	51
<i>alfuzosin hcl</i>	62
<i>aliskiren fumarate</i>	30
<i>allopurinol</i>	1
<i>alosepron hcl</i>	61
<i>alprazolam</i>	32
ALREX	73
<i>altavera</i>	52
ALTOPREV.....	27
ALUNBRIG.....	15
ALUNBRIG PAK	15
ALVAIZ	64
ALVESCO	77
<i>alyacen 1/35</i>	52
<i>alyacen 7/7/7</i>	52
ALYGLO	67
<i>amantadine hcl</i>	34
<i>ambrisentan</i>	32
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	30
<i>amiloride hcl</i>	30
<i>amiodarone hcl</i>	26
<i>amitriptyline hcl</i>	33
<i>amlodipine besylate</i>	29
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	31

<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	31	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	11
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	31	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	11
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	23	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	11
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	42
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	42
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	24	<i>amphetamine-dextroamphetamine tab 10 mg</i>	42
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	24	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	42
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	24	<i>amphetamine-dextroamphetamine tab 15 mg</i>	42
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	25	<i>amphetamine-dextroamphetamine tab 20 mg</i>	42
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	25	<i>amphetamine-dextroamphetamine tab 30 mg</i>	42
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	25	<i>amphetamine-dextroamphetamine tab 5 mg</i>	42
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	25	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	42
<i>amnestem</i>	78	<i>amphotericin b</i>	5
<i>amoxapine</i>	33	<i>amphotericin b liposome</i>	5
<i>amoxicillin</i>	10	<i>ampicillin</i>	11
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	11	<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>	11	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	11
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	11	<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>anagrelide hcl</i>	64

<i>anastrozole</i>	13	<i>aviane</i>	52
ANORO ELLIPT AER 62.5-25	74	<i>ayuna</i>	52
<i>aprepitant</i>	59	AYVAKIT	16
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	59	<i>azacitidine</i>	13
<i>apri</i>	52	<i>azathioprine</i>	67
APTIOM	38	<i>azelaic acid</i>	81
APTIVUS	6	<i>azelastine hcl</i>	75
ARALAST NP	76	<i>azelastine hcl (ophth)</i>	73
<i>aranelle</i>	52	<i>azithromycin</i>	10
ARCALYST	67	<i>aztreonam</i>	3
AREXVY	68	<i>azurette</i>	52
<i>arformoterol tartrate</i>	75	B	
<i>aripiprazole</i>	35	<i>bacitracin (ophthalmic)</i>	72
ARISTADA	36	<i>bacitracin-polymyxin b ophth oint</i>	72
ARISTADA INITIO	36	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	72
<i>armodafinil</i>	46	<i>baclofen</i>	45
ARNUITY ELLIPTA	77	BAFIERTAM	45
<i>asenapine maleate</i>	36	<i>balsalazide disodium</i>	60
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	65	BALVERSA	16
ASTAGRAF XL	67	<i>balziva</i>	52
<i>atazanavir sulfate</i>	6	BARACLUDGE	8
<i>atenolol</i>	28	BASAGLAR KWIKPEN	49
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	28	BCG VACCINE	68
<i>atenolol & chlorthalidone tab 50-25 mg</i>	28	BD ALCOHOL SWABS	49
<i>atomoxetine hcl</i>	42	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	23
<i>atorvastatin calcium</i>	27	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	23
<i>atovaquone</i>	3	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	23
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i>	6	<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	23
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i>	6	<i>benazepril hcl</i>	24
ATROPINE SULFATE	74	BENDAMUSTINE HYDROCHLORID	12
<i>atropine sulfate (ophthalmic)</i>	74	BENDEKA	12
ATROVENT HFA	75	BENLYSTA	68
<i>aubra eq</i>	52	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	78
AUGTYRO	16	<i>benztropine mesylate</i>	34
<i>aurovela 1/20</i>	52	BERINERT	64
<i>aurovela fe 1/20</i>	52	BESIVANCE	72
<i>aurovela fe 1.5/30</i>	52	BESREMI	15
AUSTEDO	44	<i>betaine powder for oral solution</i>	57
AUSTEDO XR	44	<i>betamethasone dipropionate (topical)</i>	80
AUSTEDO XR TAB TITR KIT	44		
AUVELITY TAB 45-105MG	33		

<i>betamethasone dipropionate</i>		<i>budesonide</i>	60
<i>augmented</i>	80	<i>budesonide (inhalation)</i>	78
<i>betamethasone valerate</i>	80	<i>bumetanide</i>	30
BETASERON	45	<i>buprenorphine hcl</i>	46
<i>betaxolol hcl (ophth)</i>	73	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bethanechol chloride</i>	62	12-3 mg (base equiv)	46
BETOPTIC-S	73	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BEVESPI AER 9-4.8MCG	74	2-0.5 mg (base equiv)	46
<i>bexarotene</i>	15	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bexarotene (topical)</i>	81	4-1 mg (base equiv)	46
BEXSERO INJ	68	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bicalutamide</i>	13	8-2 mg (base equiv)	46
BICILLIN L-A	11	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BIKTARVY TAB 30-120-15 MG	7	2-0.5 mg (base equiv)	46
BIKTARVY TAB 50-200-25 MG	7	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bimatoprost</i>	73	8-2 mg (base equiv)	46
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl</i>	33
10-6.25 mg	28	<i>bupropion hcl (smoking deterrent)</i> ...	46
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupirone hcl</i>	32
2.5-6.25 mg	28	<i>butorphanol tartrate</i>	2
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		BYDUREON BCISE	47
6.25 mg	28	BYETTA	47
<i>bisoprolol fumarate</i>	28	C	
BIVIGAM	67	<i>cabergoline</i>	57
<i>blisovi fe 1.5/30</i>	52	CABOMETYX	16
BOOSTRIX INJ	68	<i>calcipotriene</i>	79
<i>bortezomib</i>	16	<i>calcitonin (salmon) spray</i>	51
BORTEZOMIB	16	<i>calcitrene</i>	79
<i>bosentan</i>	32	<i>calcitriol</i>	59
BOSULIF	16	<i>calcitriol (oral)</i>	59
BRAFTOVI	16	<i>calcium acetate (phosphate binder)</i> ..	58
BREO ELLIPTA INH 100-25	78	CALQUENCE	16
BREO ELLIPTA INH 200-25	78	<i>camila</i>	52
BREO ELLIPTA INH 50-25MCG	78	<i>candesartan cilexetil</i>	26
BREZTRI AERO AER SPHERE	74	<i>candesartan cilexetil-</i>	
BREZTRI AERO AER SPHERE		<i>hydrochlorothiazide tab 16-12.5 mg</i>	
(INSTITUTIONAL PACK)	74	.....	25
<i>briellyn</i>	52	<i>candesartan cilexetil-</i>	
BRILINTA	65	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
<i>brimonidine tartrate</i>	73	.....	25
<i>brinzolamide</i>	73	<i>candesartan cilexetil-</i>	
BRIVIACT	38	<i>hydrochlorothiazide tab 32-25 mg</i> .	25
<i>bromfenac sodium (ophth)</i>	73	CAPLYTA	36
<i>bromocriptine mesylate</i>	34	CAPRELSA	16
BROMSITE	73	<i>captopril</i>	24
BRONCHITOL	76	<i>captopril & hydrochlorothiazide tab 25-</i>	
BRUKINSA	16	15 mg	23

<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	23	<i>cefdinir</i>	9
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	23	<i>cefepime hcl</i>	9
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	23	<i>cefixime</i>	9
<i>carb/levo orally disintegrating tab 10-100mg</i>	34	<i>cefoxitin sodium</i>	9
<i>carb/levo orally disintegrating tab 25-100mg</i>	34	<i>cefpodoxime proxetil</i>	9
<i>carb/levo orally disintegrating tab 25-250mg</i>	34	<i>cefprozil</i>	9
<i>carbamazepine</i>	38	<i>ceftazidime</i>	9
<i>carbidopa</i>	34	<i>ceftriaxone sodium</i>	10
<i>carbidopa & levodopa tab 10-100 mg</i> 35		<i>cefuroxime axetil</i>	10
<i>carbidopa & levodopa tab 25-100 mg</i> 35		<i>cefuroxime sodium</i>	10
<i>carbidopa & levodopa tab 25-250 mg</i> 35		<i>celecoxib</i>	1
<i>carbidopa & levodopa tab er 25-100 mg</i>	35	<i>cephalexin</i>	10
<i>carbidopa & levodopa tab er 50-200 mg</i>	35	CERDELGA	57
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	35	CEREZYME	57
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	35	<i>cetirizine hcl</i>	75
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	35	<i>cevimeline hcl</i>	82
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	35	<i>chateal eq</i>	52
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	35	CHEMET.....	51
<i>carboplatin</i>	12	<i>chlorhexidine gluconate (mouth-throat)</i>	82
<i>carglumic acid</i>	57	<i>chloroquine phosphate</i>	6
<i>carteolol hcl (ophth)</i>	73	<i>chlorpromazine hcl</i>	36
<i>cartia xt</i>	29	<i>chlorthalidone</i>	30
<i>carvedilol</i>	28	<i>cholestyramine</i>	28
<i>caspofungin acetate</i>	5	<i>cholestyramine light</i>	28
CAYSTON.....	3	<i>choline fenofibrate</i>	27
<i>cefaclor</i>	9	CIALIS.....	78
CEFACLOR ER.....	9	<i>ciclopirox olamine</i>	79
<i>cefadroxil</i>	9	<i>cilostazol</i>	64
CEFAZOLIN	9	CILOXAN.....	72
CEFAZOLIN INJ 1GM/50ML.....	9	CIMDUO TAB 300-300	7
<i>cefazolin sodium</i>	9	<i>cinacalcet hcl</i>	57
CEFAZOLIN SOLN 2GM/100ML-4%.....	9	CIPRO	10
		<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
		<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
		<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	74
		<i>ciprofloxacin hcl</i>	10
		<i>ciprofloxacin hcl (ophth)</i>	72
		CIPRO HC SUS OTIC.....	74
		<i>cisplatin</i>	12
		<i>citalopram hydrobromide</i>	33
		<i>claravis</i>	78
		<i>clarithromycin</i>	10
		<i>clindamycin hcl</i>	3
		<i>clindamycin palmitate hydrochloride</i> ...3	
		<i>clindamycin phosphate</i>	3

<i>clindamycin phosphate (topical)</i> ..78, 79	<i>compro</i>.....59
<i>clindamycin phosphate in d5w iv soln</i>	<i>constulose</i>.....61
300 mg/50ml .....3	COPIKTRA.....16
<i>clindamycin phosphate in d5w iv soln</i>	CORLANOR.....31
600 mg/50ml .....3	COTELLIC .....16
<i>clindamycin phosphate in d5w iv soln</i>	CREON CAP 12000UNT .....62
900 mg/50ml .....3	CREON CAP 24000UNT .....62
<i>clindamycin phosphate vaginal</i>.....63	CREON CAP 3000UNIT .....62
CLINDMYC/NAC INJ 300/50ML.....3	CREON CAP 36000UNT .....62
CLINDMYC/NAC INJ 600/50ML.....3	CREON CAP 6000UNIT .....62
CLINDMYC/NAC INJ 900/50ML.....4	<i>cromolyn sodium</i> .....76
CLINIMIX INJ 4.25/D10 .....71	<i>cromolyn sodium (mastocytosis)</i> .....61
CLINIMIX INJ 4.25/D5W .....71	<i>cromolyn sodium (ophth)</i> .....73
CLINIMIX INJ 5%/D15W .....71	<i>cryselle-28</i>.....52
CLINIMIX INJ 5%/D20W .....71	<i>cyclobenzaprine hcl</i> .....46
CLINIMIX INJ 6/5 .....71	<i>cyclophosphamide</i> .....12
CLINIMIX INJ 8/10 .....71	CYCLOPHOSPHAMIDE .....12
CLINIMIX INJ 8/14 .....71	CYCLOPHOSPHAMIDE MONOHYDR....12
<i>clinisol sf 15%</i> .....71	<i>cycloserine</i>.....8
CLINOLIPID EMU 20% .....71	<i>cyclosporine</i> .....68
<i>clobazam</i> .....38	<i>cyclosporine modified (for</i>
<i>clobetasol propionate</i>.....80	<i>microemulsion)</i> .....68
<i>clobetasol propionate e</i> .....80	<i>cyproheptadine hcl</i> .....75
<i>clomipramine hcl</i>.....33	<i>cyred eq</i> .....52
<i>clonazepam</i>.....38	CYSTADROPS .....74
<i>clonidine</i> .....31	CYSTAGON.....57
<i>clonidine hcl</i> .....31	CYSTARAN .....74
<i>clopidogrel bisulfate</i> .....65	<i>cytarabine</i>.....13
<i>clorazepate dipotassium</i>.....38	D
<i>clotrimazole</i> .....82	D10W/NACL INJ 0.2% .....69
<i>clotrimazole (topical)</i> .....79	D2.5W/NACL INJ 0.45%.....69
<i>clotrimazole w/ betamethasone cream</i>	D5W/LYTES INJ #48.....69
1-0.05% .....79	<i>dabigatran etexilate mesylate</i> .....63
<i>clozapine</i> .....36	<i>dalfampridine</i> .....45
COARTEM TAB 20-120MG .....6	<i>danazol</i> .....55
<i>colchicine</i>.....1	<i>dantrolene sodium</i> .....46
<i>colchicine w/ probenecid tab 0.5-500</i>	<i>dapsone</i> .....4
<i>mg</i>.....1	DAPTACEL INJ .....68
<i>colesevelam hcl</i> .....28	<i>daptomycin</i> .....4
<i>colestipol hcl</i> .....28	DAPTOMYCIN .....4
<i>colistimethate sodium</i>.....4	<i>darifenacin hydrobromide</i>.....62
COMBIGAN SOL 0.2/0.5% .....73	<i>darunavir</i>.....6
COMBIVENT AER 20-100 .....74	<i>dasetta 1/35</i> .....52
COMETRIQ (60MG DOSE) .....16	<i>dasetta 7/7/7</i> .....52
COMETRIQ KIT 100MG .....16	DAURISMO .....16, 17
COMETRIQ KIT 140MG .....16	DAYVIGO .....43
COMPLERA TAB .....7	<i>deblitane</i> .....52

<i>deferasirox</i>	51	<i>diclofenac sodium</i>	1
DELSTRIGO TAB	7	<i>diclofenac sodium (ophth)</i>	73
DENGVAXIA SUS.....	68	<i>diclofenac sodium (topical)</i>	81
DEPO-SUBQ PROVERA 104	52	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>depo-testosterone</i>	47	<i>release 50-0.2 mg</i>	1
DESCOVY TAB 120-15MG.....	7	<i>diclofenac w/ misoprostol tab delayed</i>	
DESCOVY TAB 200/25MG.....	7	<i>release 75-0.2 mg</i>	1
<i>desipramine hcl</i>	33	<i>dicloxacillin sodium</i>	11
<i>desloratadine</i>	75	<i>dicyclomine hcl</i>	60
<i>desmopressin acetate</i>	57	DIFICID	10
<i>desmopressin acetate spray</i>	57	<i>diflunisal</i>	1
<i>desmopressin acetate spray</i>		<i>difluprednate</i>	73
<i>refrigerated</i>	57	<i>digoxin</i>	31
<i>desogest-eth estrad & eth estrad tab</i>		<i>dihydroergotamine mesylate</i>	44
<i>0.15-0.02/0.01 mg(21/5)</i>	52	DILANTIN	39
<i>desogestrel & ethinyl estradiol tab 0.15</i>		DILANTIN-125	39
<i>mg-30 mcg</i>	52	DILANTIN INFATABS	39
<i>desvenlafaxine succinate</i>	33	<i>diltiazem hcl</i>	29
<i>dexamethasone</i>	56	<i>diltiazem hcl coated beads</i>	29
DEXAMETHASONE INTENSOL.....	56	<i>diltiazem hcl extended release beads</i>	29
<i>dexamethasone sodium phosphate</i> ...56		<i>dilt-xr</i>	29
<i>dexamethasone sodium phosphate</i>		DIP/TET PED INJ 25-5LFU	68
<i>(ophth)</i>	73	<i>diphenhydramine hcl</i>	75
<i>dexmethylphenidate hcl</i>	42	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dextrose</i>	71	<i>mg/5ml</i>	61
<i>dextrose 10% w/ sodium chloride</i>		<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>0.45%</i>	70	<i>0.025 mg</i>	61
<i>dextrose 2.5% w/ sodium chloride</i>		<i>dipyridamole</i>	65
<i>0.45%</i>	69	<i>disopyramide phosphate</i>	26
<i>dextrose 5% in lactated ringers</i>	69	<i>disulfiram</i>	47
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>divalproex sodium</i>	39
.....	69	<i>docetaxel</i>	15
<i>dextrose 5% w/ sodium chloride</i>		DOCETAXEL	15
<i>0.225%</i>	70	<i>dofetilide</i>	26
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>donepezil hydrochloride</i>	32
.....	69	DOPTLET	64
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>dorzolamide hcl</i>	73
.....	70	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>soln 2-0.5%</i>	73
.....	69	<i>dotti</i>	55
DIACOMIT.....	38	DOVATO TAB 50-300MG	7
<i>diazepam</i>	38, 39	<i>doxazosin mesylate</i>	24
<i>diazepam (anticonvulsant)</i>	39	<i>doxepin hcl</i>	33
<i>diazepam inj</i>	39	<i>doxepin hcl (sleep)</i>	43
<i>diazepam intensol</i>	39	<i>doxercalciferol</i>	59
<i>diazoxide</i>	57	<i>doxorubicin hcl</i>	13
<i>diclofenac potassium</i>	1	<i>doxorubicin hcl liposomal</i>	13

DOXORUBICIN HYDROCHLORIDE	13	<i>emtricitabine-tenofovir disoproxil</i>	
<i>doxy 100</i>	12	<i>fumarate tab 167-250 mg</i>	7
<i>doxycycline (monohydrate)</i>	12	<i>emtricitabine-tenofovir disoproxil</i>	
<i>doxycycline hyclate</i>	12	<i>fumarate tab 200-300 mg</i>	7
DRIZALMA SPRINKLE.....	33	EMTRIVA	6
<i>dronabinol</i>	60	EMVERM	4
<i>drosiprenone-ethinyl estradiol tab 3-</i>		<i>emzahh</i>	52
<i>0.02 mg</i>	52	<i>enalapril maleate</i>	24
<i>drosiprenone-ethinyl estradiol tab 3-</i>		<i>enalapril maleate & hydrochlorothiazide</i>	
<i>0.03 mg</i>	52	<i>tab 10-25 mg</i>	23
DROXIA	64	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>droxidopa</i>	31	<i>tab 5-12.5 mg</i>	23
DULERA AER 100-5MCG.....	78	ENBREL	65
DULERA AER 200-5MCG.....	78	ENBREL MINI.....	65
DULERA AER 50-5MCG.....	78	ENBREL SURECLICK	65
<i>duloxetine hcl</i>	33	ENDARI	64
DUPIXENT.....	65	<i>endocet tab 10-325mg</i>	2
<i>dutasteride</i>	62	<i>endocet tab 2.5-325mg</i>	2
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		<i>endocet tab 5-325mg</i>	2
<i>mg</i>	62	<i>endocet tab 7.5-325mg</i>	2
E		ENGERIX-B	68
<i>e.e.s. 400</i>	10	<i>enilloring</i>	52
<i>ec-naproxen</i>	1	<i>enoxaparin sodium</i>	63
EDARBI	26	<i>enpresse-28</i>	52
EDARBYCLOR TAB 40-12.5	25	<i>enskyce</i>	52
EDARBYCLOR TAB 40-25MG	25	ENSTILAR AER.....	80
EDURANT	6	<i>entacapone</i>	35
<i>efavirenz</i>	6	<i>entecavir</i>	8
<i>efavirenz-emtricitabine-tenofovir df tab</i>		ENTRESTO CAP 15-16MG	25
<i>600-200-300 mg</i>	7	ENTRESTO CAP 6-6MG.....	25
<i>efavirenz-lamivudine-tenofovir df tab</i>		ENTRESTO TAB 24-26MG	25
<i>400-300-300 mg</i>	7	ENTRESTO TAB 49-51MG	25
<i>efavirenz-lamivudine-tenofovir df tab</i>		ENTRESTO TAB 97-103MG	25
<i>600-300-300 mg</i>	7	<i>enulose</i>	61
ELIGARD.....	13	EPCLUSA PAK 150-37.5	8
<i>elinst</i>	52	EPCLUSA PAK 200-50MG	8
ELIQUIS	63	EPCLUSA TAB 200-50MG	8
ELIQUIS STARTER PACK	63	EPCLUSA TAB 400-100	8
ELLENCÉ.....	13	EPIDIOLEX	39
<i>eluryng</i>	52	<i>epinephrine (anaphylaxis)</i>	31, 76
EMSAM	33	<i>epitol</i>	39
<i>emtricitabine</i>	6	<i>eplerenone</i>	24
<i>emtricitabine-tenofovir disoproxil</i>		EPRONTIA	39
<i>fumarate tab 100-150 mg</i>	7	<i>ergotamine w/ caffeine tab 1-100 mg</i>	
<i>emtricitabine-tenofovir disoproxil</i>		.....	44
<i>fumarate tab 133-200 mg</i>	7	ERIVEDGE.....	17
		ERLEADA	13, 14

<i>erlotinib hcl</i>	17	<i>falmina</i>	53
<i>errin</i>	52	<i>famciclovir</i>	8
<i>ertapenem sodium</i>	4	<i>famotidine</i>	60
<i>ery</i>	79	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>ery-tab</i>	10	<i>mg/50ml</i>	60
ERYTHROCIN LACTOBIONATE	10	FANAPT	36
<i>erythromycin (acne aid)</i>	79	FANAPT PAK	36
<i>erythromycin (ophth)</i>	72	FARXIGA	47
<i>erythromycin base</i>	10	FASENRA	76
<i>erythromycin ethylsuccinate</i>	10	FASENRA PEN	76
<i>erythromycin lactobionate</i>	10	<i>febuxostat</i>	1
<i>escitalopram oxalate</i>	33	<i>felbamate</i>	39
<i>esomeprazole magnesium</i>	62	<i>felodipine</i>	29
<i>estarylla</i>	53	<i>fenofibrate</i>	27
<i>estradiol</i>	56	<i>fenofibrate micronized</i>	27
<i>estradiol & norethindrone acetate tab</i>		<i>fentanyl</i>	1
<i>0.5-0.1 mg</i>	56	<i>fentanyl citrate</i>	2
<i>estradiol & norethindrone acetate tab</i>		<i>fesoterodine fumarate</i>	62
<i>1-0.5 mg</i>	56	FETZIMA	33
<i>estradiol vaginal</i>	56	FETZIMA CAP TITRATIO	33
<i>estradiol valerate</i>	56	FIASP	49
<i>ethambutol hcl</i>	8	FIASP FLEXTOUCH	49
<i>ethosuximide</i>	39	FIASP PENFILL	49
<i>ethynodiol diacetate & ethinyl estradiol</i>		FIASP PUMPCART	49
<i>tab 1 mg-35 mcg</i>	53	FINACEA	81
<i>ethynodiol diacetate & ethinyl estradiol</i>		<i>finasteride</i>	62
<i>tab 1 mg-50 mcg</i>	53	<i>fingolimod hcl</i>	45
<i>etodolac</i>	1	FINTEPLA	39
<i>etonogestrel-ethinyl estradiol va ring</i>		FIRMAGON	14
<i>0.12-0.015 mg/24hr</i>	53	<i>flac</i>	74
<i>etoposide</i>	15	FLAREX	73
<i>etravirine</i>	6	FLEBOGAMMA DIF	67
EULEXIN	14	<i>flecainide acetate</i>	27
<i>euthyrox</i>	59	<i>fluconazole</i>	5
<i>everolimus</i>	17	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>everolimus (immunosuppressant)</i>	68	<i>mg/100ml</i>	5
EVOTAZ TAB 300-150	8	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>exemestane</i>	14	<i>mg/200ml</i>	5
EYSUVIS	73	<i>flucytosine</i>	5
EZALLOR SPRINKLE	27	<i>fludrocortisone acetate</i>	56
<i>ezetimibe</i>	28	<i>flunisolide (nasal)</i>	77
<i>ezetimibe-simvastatin tab 10-10 mg</i>	28	<i>fluocinolone acetonide</i>	80
<i>ezetimibe-simvastatin tab 10-20 mg</i>	28	<i>fluocinolone acetonide (otic)</i>	74
<i>ezetimibe-simvastatin tab 10-40 mg</i>	28	<i>fluocinonide</i>	80
<i>ezetimibe-simvastatin tab 10-80 mg</i>	28	<i>fluocinonide emulsified base</i>	80
F		<i>fluorometholone (ophth)</i>	73
FABRAZYME	57	<i>fluorouracil</i>	13

<i>fluorouracil (topical)</i>	81	<i>gatifloxacin (ophth)</i>	72
<i>fluoxetine hcl</i>	33	GATTEX	61
<i>fluphenazine decanoate</i>	36	GAUZE PADS 2	49
<i>fluphenazine hcl</i>	36	<i>gavilyte-c</i>	61
<i>flurbiprofen</i>	1	<i>gavilyte-g</i>	61
<i>flurbiprofen sodium</i>	73	GAVRETO.....	17
<i>fluticasone propionate</i>	80	<i>gefitinib</i>	17
<i>fluticasone propionate (nasal)</i>	77	<i>gemcitabine hcl</i>	13
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	78	<i>gemfibrozil</i>	27
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	78	GEMTESA.....	62
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	78	<i>generlac</i>	61
<i>fluvastatin sodium</i>	27	<i>gengraf</i>	68
<i>fluvoxamine maleate</i>	32	GENOTROPIN	57
<i>fondaparinux sodium</i>	63	GENOTROPIN MINIQUICK.....	57
<i>formoterol fumarate</i>	75	<i>gentamicin in saline inj 0.8 mg/ml</i>	4
FOSAMAX + D TAB 70-2800	51	<i>gentamicin in saline inj 1.2 mg/ml</i>	4
FOSAMAX + D TAB 70-5600	51	<i>gentamicin in saline inj 1.6 mg/ml</i>	4
<i>fosamprenavir calcium</i>	6	<i>gentamicin in saline inj 1 mg/ml</i>	4
<i>fosinopril sodium</i>	24	<i>gentamicin in saline inj 2 mg/ml</i>	4
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	24	<i>gentamicin sulfate</i>	4
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	24	<i>gentamicin sulfate (ophth)</i>	72
FOTIVDA.....	17	<i>gentamicin sulfate (topical)</i>	79
FRUZAQLA	17	GENVOYA TAB	8
<i>fulvestrant</i>	14	GILOTRIF.....	17
<i>furosemide</i>	30	<i>glatiramer acetate</i>	45
<i>furosemide inj</i>	30	<i>glatopa</i>	45
FUZEON	6	GLEOSTINE	12
<i>fyavolv tab 0.5mg-2.5mcg</i>	56	<i>glimepiride</i>	47
<i>fyavolv tab 1mg-5mcg</i>	56	<i>glipizide</i>	47
FYCOMPA	39	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	48
G		<i>glipizide-metformin hcl tab 2.5-500 mg</i>	48
<i>gabapentin</i>	39	<i>glipizide-metformin hcl tab 5-500 mg</i>	48
<i>gabapentin (once-daily)</i>	45	<i>glipizide xl</i>	47, 48
<i>galantamine hydrobromide</i>	32	<i>glycopyrrolate</i>	60
GAMASTAN INJ	67	<i>glydo</i>	81
GAMMAGARD LIQUID	67	GLYXAMBI TAB 10-5 MG	48
GAMMAGARD S/D IGA LESS TH	67	GLYXAMBI TAB 25-5 MG	48
GAMMAKED.....	67	GRALISE	45
GAMMAPLEX.....	67	<i>granisetron hcl</i>	60
GAMUNEX-C	67	<i>griseofulvin microsize</i>	5
<i>ganciclovir sodium</i>	8	<i>griseofulvin ultramicrosize</i>	5
GARDASIL 9 INJ	68	<i>guanfacine hcl</i>	31
		<i>guanfacine hcl (adhd)</i>	42
		GVOKE HYPOPEN 2-PACK	57
		GVOKE KIT.....	57

GVOKE PFS	57	<i>hydrocortisone (intrarectal)</i>	60
H		<i>hydrocortisone (rectal)</i>	81
HAEGARDA.....	64	<i>hydrocortisone (topical)</i>	80
<i>hailey 1.5/30</i>	53	<i>hydromorphone hcl</i>	2
<i>halobetasol propionate</i>	80	<i>hydroxychloroquine sulfate</i>	67
<i>haloette</i>	53	<i>hydroxyurea</i>	15
<i>haloperidol</i>	36	<i>hydroxyzine hcl</i>	75
<i>haloperidol decanoate</i>	36	<i>hydroxyzine pamoate</i>	75
<i>haloperidol lactate</i>	36	HYSINGLA ER.....	2
HARVONI PAK 33.75-150MG	8	I	
HARVONI PAK 45-200MG	8	<i>ibandronate sodium</i>	51
HARVONI TAB 45-200MG	8	IBRANCE.....	17
HARVONI TAB 90-400MG	8	<i>ibu</i>	1
HAVRIX	68	<i>ibuprofen</i>	1
<i>heather</i>	53	<i>icatibant acetate</i>	64
HEPARIN/NACL INJ 25000UNT	63	<i>iclevia</i>	53
<i>heparin sodium (porcine)</i>	63	ICLUSIG	17
HEPLISAV-B	68	IDACIO (2 PEN)	65
HEP SOD/D5W INJ 20000UNT.....	63	IDACIO (2 SYRINGE)	65
HEP SOD/D5W INJ 25000UNT.....	63	IDACIO CROHN INJ DISEASE.....	65
HEP SOD/NACL INJ 12500UNT	63	IDACIO PLAQU INJ PSORIASIS.....	66
HEP SOD/NACL INJ 25000UNT	63	IDHIFA	17
HERCEP HYLEC SOL 60-10000	17	<i>imatinib mesylate</i>	17
HERCEPTIN	17	IMBRUVICA.....	17, 18
HERZUMA	17	<i>imipenem-cilastatin intravenous for</i>	
HIBERIX	68	<i>soln 250 mg</i>	4
HUMIRA.....	65	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA PEN	65	<i>soln 500 mg</i>	4
HUMIRA PEN-CD/UC/HS START.....	65	<i>imipramine hcl</i>	33
HUMIRA PEN KIT PS/UV	65	<i>imiquimod</i>	81
HUMIRA PEN-PEDIATRIC UC S	65	IMOVAX RABIES (H.D.C.V.).....	68
HUMULIN R U-500 (CONCENTR.....	49	INBRIJA.....	35
HUMULIN R U-500 KWIKPEN.....	49	<i>incassia</i>	53
<i>hydralazine hcl</i>	31	INCRELEX	57
<i>hydrochlorothiazide</i>	30	INCRUSE ELLIPTA	75
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>indapamide</i>	30
<i>325 mg/15ml</i>	2	INFANRIX INJ	68
<i>hydrocodone-acetaminophen tab 10-</i>		INFLIXIMAB.....	66
<i>325 mg</i>	2	INLYTA	18
<i>hydrocodone-acetaminophen tab 5-325</i>		INQOVI TAB 35-100MG.....	13
<i>mg</i>	2	INREBIC	18
<i>hydrocodone-acetaminophen tab 7.5-</i>		INSULIN PEN NEEDLES: BD/NOVO ...	49
<i>325 mg</i>	2	INSULIN SAFETY NEEDLES	49
<i>hydrocodone bitartrate</i>	2	INSULIN SYRINGES: BD.....	50
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INTELENCE	6
.....	2	INTRALIPID.....	71
<i>hydrocortisone</i>	56	<i>introvale</i>	53

INVEGA HAFYERA.....	36	JENTADUETO TAB XR 2.5-1000MG ...	48
INVEGA SUSTENNA	36	JENTADUETO TAB XR 5-1000MG	48
INVEGA TRINZA.....	36	<i>jinteli</i>	56
IPOL INJ INACTIVE.....	68	<i>jolessa</i>	53
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>juleber</i>	53
<i>2.5(3) mg/3ml</i>	74	JULUCA TAB 50-25MG	8
<i>ipratropium bromide</i>	75	<i>junel 1/20</i>	53
<i>ipratropium bromide (nasal)</i>	75	<i>junel 1.5/30</i>	53
<i>irbesartan</i>	26	<i>junel fe 1/20</i>	53
<i>irbesartan-hydrochlorothiazide tab</i>		<i>junel fe 1.5/30</i>	53
<i>150-12.5 mg</i>	25	JYLAMVO	67
<i>irbesartan-hydrochlorothiazide tab</i>		JYNNEOS	69
<i>300-12.5 mg</i>	25	K	
<i>irinotecan hcl</i>	15	KADCYLA	18
ISENTRESS	6	KALYDECO	76
ISENTRESS HD	6	KANJINTI	18
<i>isibloom</i>	53	<i>kariva</i>	53
ISOLYTE-P INJ /D5W	70	KCL/D5W/NACL INJ 0.3/0.9%.....	70
ISOLYTE-S INJ.....	70	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
ISOLYTE-S INJ PH 7.4.....	70	<i>& nacl 0.45% inj</i>	70
<i>isoniazid</i>	8	<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i>	
<i>isosorbide dinitrate</i>	31	<i>inj</i>	70
<i>isosorbide mononitrate</i>	31	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>isotretinoin</i>	79	<i>nacl 0.2% inj</i>	70
<i>isradipine</i>	29	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>itraconazole</i>	5	<i>nacl 0.45% inj</i>	70
<i>ivabradine hcl</i>	31	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>ivermectin</i>	4	<i>nacl 0.9% inj</i>	70
IWILFIN.....	15	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
IXCHIQ INJ	68	.....	70
IXIARO INJ.....	68	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
J		.....	70
JAKAFI	18	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i>	
<i>jantoven</i>	63	<i>& nacl 0.45% inj</i>	70
JANUMET TAB 50-1000	48	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
JANUMET TAB 50-500MG	48	<i>nacl 0.45% inj</i>	70
JANUMET XR TAB 100-1000.....	48	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
JANUMET XR TAB 50-1000	48	<i>nacl 0.9% inj</i>	70
JANUMET XR TAB 50-500MG.....	48	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
JANUVIA	48	.....	70
JARDIANCE	48	<i>kelnor 1/35</i>	53
<i>jasmiel</i>	53	<i>kelnor 1/50</i>	53
<i>javygtor</i>	57	KERENDIA.....	24
JAYPIRCA	18	KESIMPTA	45
JENTADUETO TAB 2.5-1000.....	48	<i>ketoconazole</i>	5
JENTADUETO TAB 2.5-500	48	<i>ketoconazole (topical)</i>	79, 80
JENTADUETO TAB 2.5-850	48	<i>ketorolac tromethamine (ophth)</i>	73
		KEVZARA	66

KEYTRUDA	18	<i>lenalidomide</i>	14
KINRIX INJ.....	69	LENVIMA 10 MG DAILY DOSE	18
<i>kionex</i>	51	LENVIMA 12MG DAILY DOSE	18
KISQALI 200 DOSE	18	LENVIMA 20 MG DAILY DOSE	18
KISQALI 200 PAK FEMARA.....	15	LENVIMA 4 MG DAILY DOSE	18
KISQALI 400 DOSE	18	LENVIMA 8 MG DAILY DOSE	18
KISQALI 400 PAK FEMARA.....	15	LENVIMA CAP 14 MG	18
KISQALI 600 DOSE	18	LENVIMA CAP 18 MG	18
KISQALI 600 PAK FEMARA.....	15	LENVIMA CAP 24 MG	19
<i>klayesta</i>	79	<i>lessina</i>	53
<i>klor-con</i>	71	<i>letrozole</i>	14
<i>klor-con 10</i>	71	<i>leucovorin calcium</i>	23
<i>klor-con 8</i>	71	LEUKERAN	12
<i>klor-con m10</i>	71	<i>leuprolide acetate</i>	14
<i>klor-con m15</i>	71	<i>levalbuterol hcl</i>	75
<i>klor-con m20</i>	71	<i>levalbuterol tartrate</i>	76
KORLYM.....	57	<i>levetiracetam</i>	40
KOSELUGO.....	18	<i>levetiracetam in sodium chloride iv soln</i>	
<i>kourzeq</i>	82	1000 mg/100ml	40
KRAZATI.....	18	<i>levetiracetam in sodium chloride iv soln</i>	
<i>kurvelo</i>	53	1500 mg/100ml	40
L		<i>levetiracetam in sodium chloride iv soln</i>	
<i>labetalol hcl</i>	29	500 mg/100ml	40
<i>lacosamide</i>	39	<i>levobunolol hcl</i>	73
<i>lacosamide oral</i>	39	<i>levocarnitine (metabolic modifiers)</i> ...	57
<i>lactated ringer's solution</i>	70	<i>levocetirizine dihydrochloride</i>	75
<i>lactic acid (ammonium lactate)</i>	81	<i>levofloxacin</i>	10
<i>lactulose</i>	61	<i>levofloxacin in d5w iv soln 250</i>	
<i>lactulose (encephalopathy)</i>	61	mg/50ml	10
<i>lamivudine</i>	6	<i>levofloxacin in d5w iv soln 500</i>	
<i>lamivudine (hbv)</i>	9	mg/100ml	10
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>levofloxacin in d5w iv soln 750</i>	
.....	8	mg/150ml	10
<i>lamotrigine</i>	39, 40	<i>levonest</i>	53
<i>lanreotide acetate</i>	57	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>lansoprazole</i>	62	<i>day) tab 0.15-0.03 mg</i>	53
<i>lanthanum carbonate</i>	58	<i>levonorgestrel & ethinyl estradiol tab</i>	
LANTUS	50	0.15 mg-30 mcg	53
LANTUS SOLOSTAR	50	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>lapatinib ditosylate</i>	18	0.1 mg-20 mcg	53
<i>larin 1/20</i>	53	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>larin 1.5/30</i>	53	30/0.075-40/0.125-30mg-mcg	53
<i>larin fe 1/20</i>	53	<i>levora 0.15/30-28</i>	53
<i>larin fe 1.5/30</i>	53	<i>levo-t</i>	59
<i>latanoprost</i>	73	<i>levothyroxine sodium</i>	59
<i>leena</i>	53	<i>levoxyl</i>	59
<i>leflunomide</i>	67	<i>l-glutamine (sickle cell)</i>	64

LIBERVANT	40	<i>loteprednol etabonate</i>	73
<i>lidocaine</i>	81	<i>lovastatin</i>	27
<i>lidocaine hcl</i>	81	<i>low-ogestrel</i>	54
<i>lidocaine hcl (local anesth.)</i>	3	<i>loxapine succinate</i>	36
<i>lidocaine hcl (mouth-throat)</i>	82	LUMAKRAS	19
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	81	LUMIGAN	73
<i>lidocan</i>	81	LUMIZYME	58
<i>linezolid</i>	4	LUPRON DEPOT (1-MONTH)	14
LINEZOLID INJ 2MG/ML	4	LUPRON DEPOT (3-MONTH)	14
LINZESS	61	LUPRON DEPOT-PED (1-MONTH)	58
<i>liothyronine sodium</i>	59	LUPRON DEPOT-PED (3-MONTH)	58
<i>lisdexamfetamine dimesylate</i>	42, 43	LUPRON DEPOT-PED (6-MONTH)	58
<i>lisinopril</i>	24	<i>lurasidone hcl</i>	36
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	24	<i>lutera</i>	54
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	24	<i>lyleq</i>	54
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	24	<i>lyllana</i>	56
<i>lithium</i>	45	LYNPARZA	19
<i>lithium carbonate</i>	45	LYSODREN	14
<i>loestrin 1/20-21</i>	53	LYTGOBI (12 MG DAILY DOSE)	19
<i>loestrin 1.5/30-21</i>	53	LYTGOBI (16 MG DAILY DOSE)	19
<i>loestrin fe 1/20</i>	53	LYTGOBI (20 MG DAILY DOSE)	19
<i>loestrin fe 1.5/30</i>	53	<i>lyza</i>	54
LOKELMA	51	M	
LONSURF TAB 15-6.14	13	<i>magnesium sulfate</i>	70
LONSURF TAB 20-8.19	13	MAGNESIUM SULFATE	70
<i>loperamide hcl</i>	61	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	70
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	8	<i>malathion</i>	82
<i>lopinavir-ritonavir tab 100-25 mg</i>	8	<i>maraviroc</i>	6
<i>lopinavir-ritonavir tab 200-50 mg</i>	8	<i>marlissa</i>	54
<i>lorazepam</i>	32	MARPLAN	33
<i>lorazepam intensol</i>	32	MATULANE	15
LORBRENA	19	<i>matzim la</i>	29
<i>loryna</i>	54	MAVYRET PAK 50-20MG	9
<i>losartan potassium</i>	26	MAVYRET TAB 100-40MG	9
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	25	<i>meclizine hcl</i>	60
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	25	<i>medroxyprogesterone acetate</i>	58
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	25	<i>medroxyprogesterone acetate (contraceptive)</i>	54
LOTEMAX	73	<i>mefloquine hcl</i>	6
		<i>megestrol acetate</i>	14, 59
		<i>megestrol acetate (appetite)</i>	59
		MEKINIST	19
		MEKTOVI	19
		<i>meloxicam</i>	1
		<i>memantine hcl</i>	32
		MENACTRA INJ	69

MENQUADFI INJ.....	69	<i>mimvey</i>	56
MENVEO INJ.....	69	<i>minocycline hcl</i>	12
MENVEO SOL.....	69	<i>minoxidil</i>	31
<i>mercaptapurine</i>	13	<i>mirtazapine</i>	33, 34
<i>meropenem</i>	4	<i>misoprostol</i>	61
<i>mesalamine</i>	61	MITIGARE.....	1
<i>mesalamine w/ cleanser</i>	61	M-M-R II INJ	69
MESNEX.....	23	M-NATAL PLUS TAB	71
<i>metformin hcl</i>	48	<i>modafinil</i>	46
<i>methadone hcl</i>	2	<i>moexipril hcl</i>	24
<i>methadone hydrochloride i</i>	2	<i>molindone hcl</i>	36
<i>methazolamide</i>	30	<i>mometasone furoate</i>	81
<i>methenamine hippurate</i>	4	<i>mometasone furoate (nasal)</i>	77
<i>methimazole</i>	59	MONJUVI	19
<i>methocarbamol</i>	46	<i>mono-lynyah</i>	54
<i>methotrexate sodium</i>	13, 67	<i>montelukast sodium</i>	76
<i>methsuximide</i>	40	<i>morphine sulfate</i>	2, 3
<i>methylphenidate hcl</i>	43	MORPHINE SULFATE.....	2
<i>methylprednisolone</i>	56	MORPHINE SULFATE/SODIUM C.....	3
<i>methylprednisolone acetate</i>	56	MOUNJARO	48
<i>methylprednisolone sod succ</i>	56	MOVANTIK	61
<i>methyltestosterone</i>	47	<i>moxifloxacin hcl</i>	10
<i>metoclopramide hcl</i>	60	<i>moxifloxacin hcl (ophth)</i>	72
<i>metolazone</i>	30	<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i>	10
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	28	MRESVIA	69
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	28	MULTAQ.....	27
<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	28	<i>multiple electrolytes ph 5.5</i>	70
<i>metoprolol succinate</i>	29	<i>multiple electrolytes ph 7.4</i>	70
<i>metoprolol tartrate</i>	29	<i>mupirocin</i>	79
<i>metronidazole</i>	4	<i>mycophenolate mofetil</i>	68
<i>metronidazole (topical)</i>	81	<i>mycophenolate sodium</i>	68
<i>metronidazole vaginal</i>	63	MYRBETRIQ	62, 63
<i>metyrosine</i>	31	N	
MG SO4/D5W INJ 10MG/ML.....	70	<i>nabumetone</i>	1
<i>micafungin sodium</i>	5	<i>nadolol</i>	29
<i>microgestin 1/20</i>	54	<i>nafcillin sodium</i>	11
<i>microgestin 1.5/30</i>	54	NAGLAZYME	58
<i>microgestin fe 1/20</i>	54	<i>nalbuphine hcl</i>	3
<i>microgestin fe 1.5/30</i>	54	<i>naloxone hcl</i>	47
<i>midodrine hcl</i>	31	<i>naltrexone hcl</i>	47
MIEBO	74	NAMZARIC CAP 14-10MG	32
<i>mifepristone (hyperglycemia)</i>	58	NAMZARIC CAP 21-10MG	32
<i>miglustat</i>	58	NAMZARIC CAP 28-10MG	32
<i>mili</i>	54	NAMZARIC CAP 7-10MG.....	32
		NAMZARIC CAP PACK	32
		<i>naproxen</i>	1

<i>naproxen dr</i>	1	<i>nitroglycerin</i>	32
<i>naproxen sodium</i>	1	<i>nitroglycerin (intra-anal)</i>	81
<i>naratriptan hcl</i>	44	<i>nizatidine</i>	60
NATACYN	72	<i>nora-be</i>	54
<i>nateglinide</i>	48	<i>norelgestromin-ethinyl estradiol td</i>	
NATPARA	51	<i>ptwk 150-35 mcg/24hr</i>	54
NAYZILAM	40	<i>norethindrone (contraceptive)</i>	54
<i>nebivolol hcl</i>	29	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>necon 0.5/35-28</i>	54	<i>tab 1 mg-20 mcg</i>	54
<i>nefazodone hcl</i>	34	<i>norethindrone ace & ethinyl estradiol</i>	
<i>neomycin-bacitrac zn-polymyx</i>		<i>tab 1.5 mg-30 mcg</i>	54
<i>5(3.5)mg-400unt-10000unt op oin</i>	72	<i>norethindrone ace & ethinyl estradiol</i>	
<i>neomycin-polymy-gramicid op sol</i>		<i>tab 1 mg-20 mcg</i>	54
<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	72	<i>norethindrone acetate</i>	59
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>ophth oint 0.1%</i>	72	<i>tab 0.5 mg-2.5 mcg</i>	56
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>ophth susp 0.1%</i>	72	<i>tab 1 mg-5 mcg</i>	56
<i>neomycin-polymyxin-hc ophth susp</i> ..	72	<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	74	<i>1-20/1-30/1-35 mg-mcg</i>	54
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>norgestimate & ethinyl estradiol tab</i>	
<i>mg/ml-10000 unit/ml-1%</i>	74	<i>0.25 mg-35 mcg</i>	54
<i>neomycin sulfate</i>	4	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>neo-polycin 5(3.5)mg-400unt-</i>		<i>25/0.215-25/0.25-25 mg-mcg</i>	54
<i>10000unt op oin</i>	72	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>neo-polycin hc ophth oint 1%</i>	72	<i>35/0.215-35/0.25-35 mg-mcg</i>	54
NERLYNX	19	NORITATE	81
NEUPRO	35	<i>norlyroc</i>	54
<i>nevirapine</i>	6	NORPACE CR	27
NEXAVAR	19	<i>nortrel 0.5/35 (28)</i>	54
NEXLETOL	28	<i>nortrel 1/35 (21)</i>	54
NEXLIZET TAB 180/10MG	28	<i>nortrel 1/35 (28)</i>	54
<i>niacin (antihyperlipidemic)</i>	28	<i>nortrel 7/7/7</i>	54
<i>nicardipine hcl</i>	29	<i>nortriptyline hcl</i>	34
NICOTROL INHALER	47	NORVIR	6
NICOTROL NS	47	NOVOLIN INJ 70/30	50
<i>nifedipine</i>	29	NOVOLIN INJ 70/30 FP	50
<i>nikki</i>	54	NOVOLIN N	50
<i>nilutamide</i>	14	NOVOLIN N FLEXPEN	50
<i>nimodipine</i>	29	NOVOLIN R	50
NINLARO	19	NOVOLIN R FLEXPEN	50
<i>nisoldipine</i>	29	NOVOLOG MIX INJ 70/30	50
<i>nitazoxanide</i>	4	NOVOLOG MIX INJ FLEXPEN	50
<i>nitisinone</i>	58	NUBEQA	14
NITRO-BID	31	NUEDEXTA CAP 20-10MG	45
<i>nitrofurantoin macrocrystal</i>	4	NULOJIX	68
<i>nitrofurantoin monohyd macro</i>	4	NUPLAZID	37

NURTEC.....	44	<i>olmesartan medoxomil-</i>	
NUTRILIPID.....	71	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NUZYRA.....	12	.....	25
<i>nyamyc</i>	79	<i>olmesartan medoxomil-</i>	
<i>nylia 1/35</i>	54	<i>hydrochlorothiazide tab 40-25 mg</i>	.25
<i>nylia 7/7/7</i>	54	<i>olopatadine hcl (nasal)</i>	75
NYMALIZE.....	29	<i>omega-3-acid ethyl esters cap 1 gm</i>	.28
<i>nymyo</i>	54	<i>omeprazole</i>	62
<i>nystatin</i>	5	OMNARIS.....	77
<i>nystatin (mouth-throat)</i>	82	OMNIPOD 5 G6 KIT INTRO	50
<i>nystatin (topical)</i>	79	OMNIPOD 5 G6 MIS PODS	50
<i>nystop</i>	79	OMNIPOD 5 G7 KIT INTRO	50
o		OMNIPOD 5 G7 MIS PODS	50
<i>ocella</i>	54	OMNIPOD DASH KIT INTRO.....	50
OCTAGAM	67	OMNIPOD DASH MIS PODS	50
<i>octreotide acetate</i>	58	OMNIPOD GO KIT 10UNT/DY	50
ODEFSEY TAB.....	8	OMNIPOD GO KIT 15UNT/DY	50
ODOMZO	19	OMNIPOD GO KIT 20UNT/DY	50
OFEV	76	OMNIPOD GO KIT 25UNT/DY	50
<i>ofloxacin (ophth)</i>	72	OMNIPOD GO KIT 30UNT/DY	50
<i>ofloxacin (otic)</i>	74	OMNIPOD GO KIT 35UNT/DY	50
OGIVRI.....	19	OMNIPOD GO KIT 40UNT/DY	50
OGSIVEO	19	OMNIPOD MIS CLASSIC	50
OJEMDA.....	19	<i>ondansetron</i>	60
OJJAARA.....	19	<i>ondansetron hcl</i>	60
<i>olanzapine</i>	37	ONTRUZANT.....	19
<i>olmesartan-amlodipine-</i>		ONUREG	13
<i>hydrochlorothiazide tab 20-5-12.5</i>		OPSUMIT	32
<i>mg</i>	25	ORGOVYX	14
<i>olmesartan-amlodipine-</i>		ORKAMBI GRA 100-125	76
<i>hydrochlorothiazide tab 40-10-12.5</i>		ORKAMBI GRA 150-188	76
<i>mg</i>	25	ORKAMBI GRA 75-94MG	76
<i>olmesartan-amlodipine-</i>		ORKAMBI TAB 100-125.....	76
<i>hydrochlorothiazide tab 40-10-25 mg</i>		ORKAMBI TAB 200-125	76
.....	25	ORSERDU	14
<i>olmesartan-amlodipine-</i>		<i>oseltamivir phosphate</i>	9
<i>hydrochlorothiazide tab 40-5-12.5</i>		OTEZLA	66
<i>mg</i>	25	OTEZLA TAB 10/20.....	66
<i>olmesartan-amlodipine-</i>		OTEZLA TAB 10/20/30	66
<i>hydrochlorothiazide tab 40-5-25 mg</i>		<i>oxacillin sodium</i>	11
.....	25	<i>oxaliplatin</i>	12
<i>olmesartan medoxomil</i>	26	<i>oxaprozin</i>	1
<i>olmesartan medoxomil-</i>		<i>oxcarbazepine</i>	40
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>oxybutynin chloride</i>	63
.....	25	<i>oxycodone hcl</i>	3
		<i>oxycodone w/ acetaminophen tab 10-</i>	
		<i>325 mg</i>	3

<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	<i>perindopril erbumine</i>	24
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	<i>periogard</i>	82
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	<i>permethrin</i>	82
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	48	<i>perphenazine</i>	37
OZEMPIC (0.25 OR 0.5 MG/DOSE)...	48	PERSERIS	37
OZEMPIC (1MG/DOSE)	48	<i>pfizerpen</i>	11
OZEMPIC (2MG/DOSE)	48	<i>phenelzine sulfate</i>	34
P		<i>phenobarbital</i>	40
<i>pacerone</i>	27	<i>phenobarbital sodium</i>	40
<i>paclitaxel</i>	15	<i>phentermine hcl</i>	23
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	15	<i>phenytek</i>	40
<i>paliperidone</i>	37	<i>phenytoin</i>	40
<i>pamidronate disodium</i>	51	<i>phenytoin sodium</i>	40
PAMIDRONATE DISODIUM.....	51	<i>phenytoin sodium extended</i>	40
PANRETIN	81	PHESGO SOL.....	20
<i>pantoprazole sodium</i>	62	<i>philith</i>	54
PANZYGA	67	PIFELTRO	6
<i>paraplatin</i>	13	<i>pilocarpine hcl</i>	73
<i>paricalcitol</i>	59	<i>pilocarpine hcl (oral)</i>	82
<i>paroxetine hcl</i>	34	<i>pimozide</i>	37
PAXLOVID TAB 150-100	9	<i>pimtrea</i>	55
PAXLOVID TAB 300-100	9	<i>pindolol</i>	29
<i>pazopanib hcl</i>	20	<i>pioglitazone hcl</i>	48
PEDIARIX INJ 0.5ML.....	69	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	49
PEDVAX HIB.....	69	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	49
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	61	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	11
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	61	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	12
PEGASYS	9	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	12
PEMAZYRE	20	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	12
<i>pemetrexed disodium</i>	13	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	12
PENBRAYA INJ	69	PIQRAY 200MG DAILY DOSE.....	20
PEN GK/DEXTR INJ 40000/ML.....	11	PIQRAY 250MG TAB DOSE.....	20
PEN GK/DEXTR INJ 60000/ML.....	11	PIQRAY 300MG DAILY DOSE.....	20
<i>penicillamine</i>	51	<i>pirfenidone</i>	76, 77
<i>penicillin g potassium</i>	11	<i>piroxicam</i>	1
<i>penicillin g sodium</i>	11	<i>pitavastatin calcium</i>	27
<i>penicillin v potassium</i>	11	PLASMA-LYTE INJ -148	70
PENTACEL INJ	69	PLASMA-LYTE INJ -A.....	70
<i>pentamidine isethionate inh</i>	4	<i>plenamine</i>	71
<i>pentamidine isethionate inj</i>	4	PLENVU SOL.....	61
<i>pentoxifylline</i>	64		

<i>podofilox</i>	81	PRIVIGEN	67
<i>polycin ophth oint</i>	72	<i>probenecid</i>	1
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	72	<i>prochlorperazine</i>	60
POMALYST	14	<i>prochlorperazine edisylate</i>	60
<i>portia-28</i>	55	<i>prochlorperazine maleate</i>	60
<i>posaconazole</i>	5	PROCRIT.....	64
<i>potassium chloride</i>	70, 71	<i>proctocort</i>	82
POTASSIUM CHLORIDE.....	71	<i>procto-med hc</i>	81
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	71	<i>proctosol hc</i>	82
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	71	<i>proctozone-hc</i>	82
<i>potassium citrate (alkalinizer)</i>	62	<i>progesterone</i>	59
POT CHL 20MEQ/L IN NAACL 0.45% INJ	70	PROGRAF.....	68
POT CHL 20MEQ/L IN NAACL 0.9% INJ	70	PROLASTIN-C	77
POT CHL 40MEQ/L IN NAACL 0.9% INJ	70	PROLENSA	73
PRADAXA	63	PROLIA	51
<i>pramipexole dihydrochloride</i>	35	PROMACTA.....	64
<i>prasugrel hcl</i>	65	<i>promethazine hcl</i>	60
<i>pravastatin sodium</i>	27	<i>propafenone hcl</i>	27
<i>praziquantel</i>	4	<i>proparacaine hcl</i>	74
<i>prazosin hcl</i>	24	<i>propranolol hcl</i>	29
<i>prednisolone</i>	56	<i>propylthiouracil</i>	59
<i>prednisolone acetate (ophth)</i>	73	PROQUAD INJ.....	69
PREDNISOLONE SODIUM PHOSP.....	73	PROSOL INJ 20%	71
<i>prednisolone sodium phosphate</i>	57	<i>protriptyline hcl</i>	34
<i>prednisone</i>	57	PULMOZYME	77
PREDNISONE INTENSOL	57	PURIXAN.....	13
<i>pregabalin</i>	40	<i>pyrazinamide</i>	8
PREHEVBRIO	69	<i>pyridostigmine bromide</i>	45
PREMARIN	56	Q	
PREMASOL SOL 10%	71	QINLOCK	20
PRENATAL TAB 27-1MG	71	QUADRACEL INJ.....	69
PRENATAL TAB PLUS	71	QUADRACEL INJ 0.5ML	69
<i>prevalite</i>	28	<i>quetiapine fumarate</i>	37
PREVYMIS.....	9	<i>quinapril hcl</i>	24
PREZCOBIX TAB 800-150.....	8	<i>quinidine sulfate</i>	27
PREZISTA	6, 7	<i>quinine sulfate</i>	6
PRIFTIN.....	8	QULIPTA.....	44
<i>primaquine phosphate</i>	6	R	
PRIMAQUINE PHOSPHATE	6	RABAVERT INJ.....	69
<i>primidone</i>	40	<i>rabeprazole sodium</i>	62
PRIORIX INJ	69	<i>raloxifene hcl</i>	58
		<i>ramelteon</i>	43
		<i>ramipril</i>	24
		<i>ranolazine</i>	31
		<i>rasagiline mesylate</i>	35
		RAYALDEE.....	59
		<i>reclipsen</i>	55

RECOMBIVAX HB	69
RECTIV	82
REGRANEX	82
RELENZA DISKHALER	9
RELISTOR	61
REMICADE	66
RENFLEXIS	66
<i>repaglinide</i>	49
REPATHA	28
REPATHA PUSHTRONEX SYSTEM	28
REPATHA SURECLICK	28
RESTASIS	74
RESTASIS MULTIDOSE	74
RETEVMO	20
REVLIMID	14
REXULTI	37
REYATAZ	7
REZLIDHIA	20
REZUROCK	68
RHOPRESSA	73
<i>ribavirin (hepatitis c)</i>	9
<i>rifabutin</i>	8
<i>rifampin</i>	8
<i>riluzole</i>	45
<i>rimantadine hydrochloride</i>	9
RINVOQ	66
RINVOQ LQ	66
<i>risedronate sodium</i>	51
<i>risperidone</i>	37
<i>risperidone microspheres</i>	37
<i>ritonavir</i>	7
<i>rivastigmine</i>	33
<i>rivastigmine tartrate</i>	33
<i>rizatriptan benzoate</i>	44
ROCKLATAN DRO	73
<i>roflumilast</i>	77
<i>ropinirole hydrochloride</i>	35
<i>rosuvastatin calcium</i>	27
ROTARIX SUS	69
ROTATEQ SOL	69
<i>roweepira</i>	40
ROZLYTREK	20
RUBRACA	20
<i>rufinamide</i>	40, 41
RUKOBIA	7
RYBELSUS	49
RYDAPT	20

S

<i>sajazir</i>	64
SANDIMMUNE	68
SANTYL	82
<i>sapropterin dihydrochloride</i>	58
SAVELLA	45
SAVELLA MIS TITR PAK	45
SCEMBLIX	20
<i>scopolamine</i>	60
SECUADO	37
<i>selegiline hcl</i>	35
<i>selenium sulfide</i>	80
SELZENTRY	7
SEREVENT DISKUS	76
<i>sertraline hcl</i>	34
<i>setlakin</i>	55
<i>sevelamer carbonate</i>	58
<i>sharobel</i>	55
SHINGRIX	69
SIGNIFOR	58
<i>sildenafil citrate</i>	78
<i>sildenafil citrate (pulmonary hypertension)</i>	32
<i>silodosin</i>	62
<i>silver sulfadiazine</i>	79
SIMBRINZA SUS 1-0.2%	74
<i>simliya</i>	55
<i>simvastatin</i>	27
<i>sirolimus</i>	68
SIRTURO	8
SIVEXTRO	4
SKYRIZI	66
SKYRIZI PEN	66
<i>sodium chloride</i>	71
<i>sodium chloride (gu irrigant)</i>	82
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	71
SODIUM OXYBATE	46
<i>sodium phenylbutyrate</i>	58
<i>sodium polystyrene sulfonate powder</i>	52
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	61
<i>solifenacin succinate</i>	63
SOLQUA INJ 100/33	50
SOLTAMOX	14
SOLU-CORTEF	57

SOMATULINE DEPOT	58	SYNJARDY TAB 12.5-1000MG	49
SOMAVERT.....	58	SYNJARDY TAB 12.5-500.....	49
<i>sorafenib tosylate</i>	20	SYNJARDY TAB 5-1000MG.....	49
<i>sorine</i>	27	SYNJARDY TAB 5-500MG.....	49
<i>sotalol hcl</i>	27	SYNJARDY XR TAB 10-1000.....	49
<i>sotalol hcl (afib/af)</i>	27	SYNJARDY XR TAB 12.5-1000	49
<i>spironolactone</i>	24	SYNJARDY XR TAB 25-1000.....	49
<i>spironolactone & hydrochlorothiazide</i>		SYNJARDY XR TAB 5-1000MG	49
<i>tab 25-25 mg</i>	30	SYNTHROID	59
<i>sprintec 28</i>	55	T	
SPRITAM.....	41	TABLOID.....	13
SPRYCEL.....	20	TABRECTA.....	21
<i>sps</i>	52	<i>tacrolimus</i>	68
<i>sronyx</i>	55	<i>tacrolimus (topical)</i>	82
<i>ssd</i>	79	<i>tadalafil</i>	78
STELARA.....	66	TAFINLAR	21
STIVARGA.....	20	TAGRISSE	21
<i>streptomycin sulfate</i>	4	TALTZ	66
STRIBILD TAB	8	TALZENNA	21
<i>subvenite</i>	41	<i>tamoxifen citrate</i>	14
<i>sucrafate</i>	61	<i>tamsulosin hcl</i>	62
<i>sulfacetamide sodium (acne)</i>	79	<i>tarina fe 1/20 eq</i>	55
<i>sulfacetamide sodium (ophth)</i>	72	TASIGNA	21
<i>sulfacetamide sodium-prednisolone</i>		<i>tasimelteon</i>	43
<i>ophth soln 10-0.23(0.25)%</i>	72	<i>tazarotene</i>	79
<i>sulfadiazine</i>	4	<i>tazicef</i>	10
<i>sulfamethoxazole-trimethoprim iv soln</i>		TAZORAC.....	79
<i>400-80 mg/5ml</i>	4	TAZVERIK	21
<i>sulfamethoxazole-trimethoprim susp</i>		TDVAX INJ 2-2 LF	69
<i>200-40 mg/5ml</i>	4	TECENTRIQ.....	21
<i>sulfamethoxazole-trimethoprim tab</i>		TEFLARO.....	10
<i>400-80 mg</i>	4	<i>telmisartan</i>	26
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>800-160 mg</i>	5	.....	26
SULFAMYLON	79	<i>telmisartan-amlodipine tab 40-5 mg</i> .	26
<i>sulfasalazine</i>	61	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sulindac</i>	1	.....	26
<i>sumatriptan</i>	44	<i>telmisartan-amlodipine tab 80-5 mg</i> .	26
<i>sumatriptan succinate</i>	44	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>sunitinib malate</i>	21	<i>12.5 mg</i>	26
SUNLENCA.....	7	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>syeda</i>	55	<i>12.5 mg</i>	26
SYMDEKO TAB 100-150	77	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMDEKO TAB 50-75MG	77	<i>25 mg</i>	26
SYMPAZAN	41	<i>temazepam</i>	43
SYMTUZA TAB	8	TENIVAC INJ 5-2LF.....	69
SYNAREL	55	<i>tenofovir disoproxil fumarate</i>	7

TEPMETKO	21	<i>trandolapril</i>	24
<i>terazosin hcl</i>	24	<i>tranexamic acid</i>	64
<i>terbinafine hcl</i>	5	<i>tranylcypromine sulfate</i>	34
<i>terbutaline sulfate</i>	76	TRAVASOL INJ 10%	72
<i>terconazole vaginal</i>	63	<i>travoprost</i>	74
TERIPARATIDE.....	51	TRAZIMERA.....	21
<i>testosterone</i>	47	<i>trazodone hcl</i>	34
<i>testosterone cypionate</i>	47	TRECATOR.....	8
<i>testosterone enanthate</i>	47	TRELEGY AER ELLIPTA 100-62.5-25	
<i>tetrabenazine</i>	45	MCG.....	74
<i>tetracycline hcl</i>	12	TRELEGY AER ELLIPTA 200-62.5-25	
THALOMID.....	14, 15	MCG.....	74
THEO-24.....	77	TREMFYA	66
<i>theophylline</i>	77	<i>treprostinil</i>	32
<i>thioridazine hcl</i>	37	TRESIBA	51
<i>thiothixene</i>	37	TRESIBA FLEXTOUCH	51
<i>tiadylt er</i>	30	<i>tretinoin</i>	79
<i>tiagabine hcl</i>	41	<i>tretinoin (chemotherapy)</i>	15
TIBSOVO	21	TREXALL.....	67
TICOVAC.....	69	<i>triamcinolone acetonide (mouth)</i>	82
<i>tigecycline</i>	12	<i>triamcinolone acetonide (topical)</i>	81
<i>tilia fe</i>	55	<i>triamterene & hydrochlorothiazide cap</i>	
<i>timolol maleate</i>	29	37.5-25 mg	30
<i>timolol maleate (ophth)</i>	74	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tinidazole</i>	5	37.5-25 mg	30
TIVICAY	7	<i>triamterene & hydrochlorothiazide tab</i>	
TIVICAY PD	7	75-50 mg.....	30
<i>tizanidine hcl</i>	46	<i>tridacaine ii</i>	81
TOBRADEX OIN 0.3-0.1%	72	<i>trientine hcl</i>	52
TOBRADEX ST SUS 0.3-0.05.....	72	<i>tri-estarylla</i>	55
<i>tobramycin</i>	5	<i>trifluoperazine hcl</i>	37
<i>tobramycin (ophth)</i>	72	<i>trifluridine</i>	72
<i>tobramycin-dexamethasone ophth susp</i>		<i>trihexyphenidyl hcl</i>	35
0.3-0.1%	72	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin sulfate</i>	5	1000MG.....	49
<i>tolterodine tartrate</i>	63	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>topiramate</i>	41	1000MG.....	49
<i>toremifene citrate</i>	14	TRIJARDY XR TAB ER 24HR 25-5-	
<i>torpenz</i>	21	1000MG.....	49
<i>torse mide</i>	30	TRIJARDY XR TAB ER 24HR 5-2.5-	
TOUJEO MAX SOLOSTAR	50	1000MG.....	49
TOUJEO SOLOSTAR	50	TRIKAFTA PAK 59.5MG	77
TPN ELECTROL INJ	71	TRIKAFTA PAK 75MG	77
TRADJENTA.....	49	TRIKAFTA TAB 100-50-75MG & 150MG	
<i>tramadol-acetaminophen tab 37.5-325</i>		.....	77
mg.....	3	TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>tramadol hcl</i>	3	.....	77

<i>tri-legest fe</i>	55	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	26
<i>tri-linyah</i>	55	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	26
<i>tri-lo-estarylla</i>	55	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	26
<i>tri-lo-marzia</i>	55	VALTOCO 10 MG DOSE	41
<i>tri-lo-mili</i>	55	VALTOCO 15 MG DOSE	41
<i>tri-lo-sprintec</i>	55	VALTOCO 20 MG DOSE	41
<i>trimethoprim</i>	5	VALTOCO 5 MG DOSE	41
<i>tri-mili</i>	55	<i>vancomycin hcl</i>	5
<i>trimipramine maleate</i>	34	VANCOMYCIN HYDROCHLORIDE	5
TRINTELLIX	34	VANCOMYCIN INJ 1 GM	5
<i>tri-nymyo</i>	55	VANCOMYCIN INJ 500MG	5
<i>tri-sprintec</i>	55	VANCOMYCIN INJ 750MG	5
TRIUMEQ PD TAB	8	VANFLYTA	21
TRIUMEQ TAB	8	VAQTA	69
<i>trivora-28</i>	55	<i>varenicline tartrate</i>	47
<i>tri-vylibra</i>	55	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	47
<i>tri-vylibra lo</i>	55	VARIVAX	69
TRIZIVIR TAB	8	VASCEPA	28
TROGARZO	7	<i>velivet</i>	55
TROPHAMINE INJ 10%	72	VELPHORO	58
<i>trosipium chloride</i>	63	VELTASSA	52
TRULICITY	49	VEMLIDY	9
TRUMENBA INJ	69	VENCLEXTA	21
TRUQAP	21	VENCLEXTA TAB START PK	21
TRUXIMA	21	<i>venlafaxine hcl</i>	34
TUKYSA	21	VENTAVIS	32
TURALIO	21	VENTOLIN HFA	76
<i>turqoz</i>	55	VENTOLIN HFA (INSTITUTIONAL PACK)	76
TWINRIX INJ	69	<i>verapamil hcl</i>	30
TYBOST	7	VERQUVO	31
TYPHIM VI	69	VERSACLOZ	37
TYRVAYA	74	VERZENIO	22
U		<i>vestura</i>	55
UBRELVY	44	V-GO 20 KIT	51
<i>unithroid</i>	59	V-GO 30 KIT	51
<i>ursodiol</i>	61	V-GO 40 KIT	51
V		VIAGRA	78
<i>valacyclovir hcl</i>	9	<i>vienva</i>	55
VALCHLOR	82	<i>vigabatrin</i>	41
<i>valganciclovir hcl</i>	9	<i>vigadrone</i>	41
<i>valproate sodium</i>	41	<i>vigpoder</i>	41
<i>valproic acid</i>	41	<i>vilazodone hcl</i>	34
<i>valsartan</i>	26		
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	26		
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	26		

<i>vincristine sulfate</i>	15	XIGDUO XR TAB 5-500MG	49
<i>vinorelbine tartrate</i>	15	XIIDRA	74
<i>viorele</i>	55	XOLAIR.....	77
VIRACEPT	7	XOSPATA	22
VIREAD	7	XPOVIO 100 MG ONCE WEEKLY	22
VITRAKVI.....	22	XPOVIO 40 MG ONCE WEEKLY	22
VIVITROL.....	47	XPOVIO 40 MG TWICE WEEKLY	22
VIZIMPRO	22	XPOVIO 60 MG ONCE WEEKLY	22
VONJO.....	22	XPOVIO 60 MG TWICE WEEKLY	22
<i>voriconazole</i>	5, 6	XPOVIO 80 MG ONCE WEEKLY	22
VOSEVI TAB.....	9	XPOVIO 80 MG TWICE WEEKLY	22
VRAYLAR	37	XTANDI	14
<i>vyfemla</i>	55	<i>xulane</i>	55
<i>vylibra</i>	55	XULTOPHY INJ 100/3.6	51
VYVANSE	43	Y	
VYZULTA.....	74	<i>yargesa</i>	58
W		YF-VAX INJ.....	69
<i>warfarin sodium</i>	63	<i>yuvafem</i>	56
<i>water for irrigation, sterile irrigation</i>		Z	
<i>soln</i>	82	<i>zafemy</i>	55
WELIREG	15	<i>zafirlukast</i>	76
<i>wera</i>	55	<i>zaleplon</i>	43
<i>wixela inhub</i>	78	ZARXIO	64
X		ZEJULA	22
XALKORI.....	22	ZELBORAF.....	22
XARELTO	63, 64	ZEMAIRA	77
XARELTO STAR TAB 15/20MG.....	64	<i>zenatane</i>	79
XATMEP	67	ZENPEP CAP 10000UNT	62
XCOPRI	41	ZENPEP CAP 15000UNT	62
XCOPRI PAK 100-150	41	ZENPEP CAP 20000UNT	62
XCOPRI PAK 12.5-25	41	ZENPEP CAP 25000UNT	62
XCOPRI PAK 150-200MG		ZENPEP CAP 3000UNIT	62
(MAINTENANCE)	41	ZENPEP CAP 40000UNT	62
XCOPRI PAK 150-200MG (TITRATION)		ZENPEP CAP 5000UNIT	62
.....	41	ZENPEP CAP 60000UNT	62
XCOPRI PAK 50-100MG.....	41	ZERVIAE	73
XDEMVY	72	<i>zidovudine</i>	7
XELJANZ	66	ZIEXTENZO	64
XELJANZ XR	67	<i>ziprasidone hcl</i>	38
XERMELO	61	<i>ziprasidone mesylate</i>	38
XGEVA.....	51	ZIRABEV	22
XHANCE.....	77	ZIRGAN	72
XIFAXAN.....	61	<i>zoledronic acid</i>	51
XIGDUO XR TAB 10-1000	49	ZOLINZA.....	22
XIGDUO XR TAB 10-500MG	49	<i>zolpidem tartrate</i>	44
XIGDUO XR TAB 2.5-1000.....	49	ZONISADE	41
XIGDUO XR TAB 5-1000MG	49	<i>zonisamide</i>	41

<i>zovia 1/35</i>	55	ZYDELIG.....	22
ZTALMY	41	ZYKADIA.....	22
<i>zumandimine</i>	55	ZYLET SUS 0.5-0.3%.....	72
ZURZUVAE	34	ZYPITAMAG.....	27
ZYCLARA PUMP	82	ZYPREXA RELPREVV	38

This Formulary was updated on October 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.arkbluemedicare.com**.

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