

BlueAdvantage Extra (PPO)SM

2025 Formulary

(List of Covered Drugs or “Drug List”)

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

**We have made no changes to this Formulary since 04/01/2025.
For more recent information or other questions, please contact
BlueAdvantage Extra Member Service at:**



1-800-831-2583, (TTY users should call 711)

**Oct. 1 to March 31, seven days a week from 8 a.m. to 9 p.m. ET.
From April 1 to Sept. 30, M-F from 8 a.m. to 9 p.m. ET.**



Or visit: [bcbstmedicare.com](https://www.bcbstmedicare.com)



2025 BlueAdvantage Extra Formulary

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 BlueCross BlueShield of Tennessee, Inc. When it refers to “plan” or “our plan,” it means BlueAdvantage Extra.

This document includes a Drug List (Formulary) for our plan which is current as of 04/01/2025. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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 BlueAdvantage Extra Formulary?

In this document, we use the terms Drug List and Formulary to mean the same thing. A Formulary is a list of covered drugs selected by BlueAdvantage Extra in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. BlueAdvantage Extra will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a BlueAdvantage 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 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. Updates to the Formulary are posted monthly to our website here: bcbstmedicare.com.

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **Drugs removed from the market.**
If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our Formulary and later 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 new generic drug 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. 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 the BlueAdvantage Extra’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 Formulary for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of 05/01/2025. To get updated information about the drugs covered by BlueAdvantage Extra, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance Formulary change, we may reprint our Formulary and distribute copies to our members. Updated formularies are posted to our website at bcbstmedicare.com.

How do I use the Formulary?

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

Medical Condition

The Formulary begins on page 1. 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 1. Then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

BlueAdvantage Extra covers 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the Formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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:** BlueAdvantage Extra requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from BlueAdvantage Extra before you fill your prescriptions. If you don't get approval, BlueAdvantage Extra may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueAdvantage Extra limits the amount of the drug that our plan will cover. For example, we provide 30 capsules per 30 days per prescription for esomeprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueAdvantage Extra 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 1. 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 BlueAdvantage Extra 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 the BlueAdvantage Extra Formulary?" on this page 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 Member Service and ask if your drug is covered. If you learn that BlueAdvantage Extra does not cover your drug, you have two options:

- You can ask Member Service for a list of similar drugs that are covered by BlueAdvantage Extra. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BlueAdvantage Extra.
- You can ask BlueAdvantage Extra to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the BlueAdvantage Extra 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits 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, BlueAdvantage Extra will only approve your request for an exception if the alternative drugs included on the plan's Formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a tiering or Formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the Formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a Formulary

exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, we will cover a temporary 30 days (or 31 days for long-term care (LTC)) supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 days (or 31 days for long-term care (LTC)) supply of medication. If coverage is not approved, after your first 30 days (or 31 days for long-term care (LTC)) 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.

If you have a level of care change (e.g., you're discharged from a long-term care facility to a home setting) outside of the transition window, you can obtain a one-time supply of a transition-eligible drug by contacting Member Service.

For more information

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

If you have questions about BlueAdvantage Extra, 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/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

BlueAdvantage Extra Formulary

The Formulary that begins on page 1 provides coverage information about the drugs covered by BlueAdvantage Extra. If you have trouble finding your drug in the list, turn to the Index that begins on page 78.

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

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

<p>This plan has a defined standard deductible for drug benefits. Pharmacy Deductible \$590</p>	
<p>Cost Sharing Tier 1</p>	<p>What you pay for a 30-day supply of Standard Retail and Mail Order Drugs</p> <p>Generic Drugs 25% coinsurance Brand Drugs 25% coinsurance</p> <p>Or if you have Extra Help:</p> <p>Generic Drugs \$0 to \$4.90 copay* Brand Drugs \$0 to \$12.25 copay*</p> <p>*The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.</p>

A long-term supply is not available for drugs with an NDS indicator. NDS stands for non-extended day supply.

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Abbreviations: Requirements & Limits

NDS= Non-extended day supply medication. This drug may be available for up to a 30-day supply only.

B/D= This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA= Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA= Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL= Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

MME= Morphine Milligram Equivalent. Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

lowercase italics= Generic drugs

UPPERCASE = Brand name drugs

Updated 04/2025

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat</i> TABS 40mg, 80mg	1	
MITIGARE CAPS .6mg	1	
<i>probenecid</i> TABS 500mg	1	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg, 400mg	1	
<i>diclofenac potassium</i> TABS 50mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg	1	QL (30 tabs / 30 days)
<i>meloxicam</i> TABS 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA; MME

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr	1	QL (10 patches / 30 days), PA; MME
<i>fentanyl</i> PT72 87.5mcg/hr	1	QL (9 patches / 30 days), PA; MME
<i>fentanyl</i> PT72 100mcg/hr	1	QL (8 patches / 30 days), PA; MME
<i>methadone hcl</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; MME
<i>methadone hcl</i> SOLN 10mg/5ml	1	QL (600 mL / 30 days), PA; MME
<i>methadone hcl</i> TABS 5mg	1	QL (240 tabs / 30 days), PA; MME
<i>methadone hcl</i> TABS 10mg	1	QL (120 tabs / 30 days), PA; MME
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg	1	QL (60 tabs / 30 days), PA; MME
<i>morphine sulfate</i> TBCR 200mg	1	QL (30 tabs / 30 days), PA; MME
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), PA; MME
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (4500 mL / 30 days); MME
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days); MME
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>butorphanol tartrate</i> SOLN 10mg/ml	1	QL (2 bottles / 28 days); MME
<i>endocet</i>	1	QL (120 tabs / 30 days); MME
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 400mcg	1	NDS, QL (116 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 600mcg	1	NDS, QL (77 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 800mcg	1	NDS, QL (58 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 1200mcg	1	NDS, QL (39 lozenges / 30 days), PA; MME

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate</i> LPOP 1600mcg	1	NDS, QL (29 lozenges / 30 days), PA; MME
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (5550 mL / 30 days); MME
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (120 tabs / 30 days); MME
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (120 tabs / 30 days); MME
<i>morphine sulfate</i> SOLN 4mg/ml	1	QL (500 mL / 30 days)
<i>morphine sulfate</i> SOLN 8mg/ml	1	QL (250 mL / 30 days)
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days); MME
<i>morphine sulfate</i> SOLN 10mg/ml	1	QL (200 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (300 mL / 30 days); MME
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (120 tabs / 30 days); MME
<i>nalbuphine hcl</i> SOLN 10mg/ml	1	QL (200 mL / 30 days)
<i>nalbuphine hcl</i> SOLN 20mg/ml	1	QL (100 mL / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (120 mL / 30 days); MME
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (480 mL / 30 days); MME
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days); MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days); MME

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	1	NDS
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	
<i>aztreonam</i> SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NDS, QL (84 vials / 28 days)
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 9gm/60ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	
IMPAVIDO CAPS 50mg	1	NDS, PA
<i>ivermectin</i> TABS 3mg	1	
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (14 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate for inj</i> SOLR 300mg	1	
<i>pentamidine isethionate for nebulization</i> SOLR 300mg	1	B/D, QL (1 vial / 28 days)
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	1	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NDS, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, B/D, QL (280 mL / 28 days)
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (40 caps / 10 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (80 caps / 10 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	PA
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	PA
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days)
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	1	NDS, PA
VORICONAZOLE SOLR 200mg	1	NDS, PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 30 days)
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	QL (24 tabs / 30 days)
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	QL (42 caps / 30 days)

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml	1	QL (960 mL / 30 days)
<i>abacavir sulfate</i> TABS 300mg	1	QL (60 tabs / 30 days)
APTIVUS CAPS 250mg	1	NDS, QL (120 caps / 30 days)
<i>atazanavir sulfate</i> CAPS 150mg, 200mg	1	QL (60 caps / 30 days)
<i>atazanavir sulfate</i> CAPS 300mg	1	QL (30 caps / 30 days)
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days)
EDURANT TABS 25mg	1	NDS, QL (30 tabs / 30 days)
<i>efavirenz</i> TABS 600mg	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine</i> CAPS 200mg	1	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	1	QL (680 mL / 28 days)
<i>etravirine</i> TABS 100mg	1	NDS, QL (120 tabs / 30 days)
<i>etravirine</i> TABS 200mg	1	NDS, QL (60 tabs / 30 days)
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, QL (120 tabs / 30 days)
FUZEON SOLR 90mg	1	NDS, QL (60 vials / 30 days)
INTELENCE TABS 25mg	1	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg	1	QL (180 tabs / 30 days)
ISENTRESS CHEW 100mg	1	NDS, QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	1	QL (300 packets / 30 days)
ISENTRESS TABS 400mg	1	NDS, QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	1	NDS, QL (60 tabs / 30 days)
<i>lamivudine</i> SOLN 10mg/ml	1	QL (900 mL / 30 days)
<i>lamivudine</i> TABS 150mg	1	QL (60 tabs / 30 days)
<i>lamivudine</i> TABS 300mg	1	QL (30 tabs / 30 days)
<i>maraviroc</i> TABS 150mg	1	NDS, QL (240 tabs / 30 days)
<i>maraviroc</i> TABS 300mg	1	NDS, QL (120 tabs / 30 days)
<i>nevirapine</i> SUSP 50mg/5ml	1	QL (1200 mL / 30 days)
<i>nevirapine</i> TABS 200mg	1	QL (60 tabs / 30 days)
<i>nevirapine</i> TB24 400mg	1	QL (30 tabs / 30 days)
NORVIR PACK 100mg	1	QL (360 packets / 30 days)
PIFELTRO TABS 100mg	1	NDS, QL (60 tabs / 30 days)
PREZISTA SUSP 100mg/ml	1	NDS, QL (360 mL / 30 days)
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	1	NDS, QL (180 packets / 30 days)
<i>ritonavir</i> TABS 100mg	1	QL (360 tabs / 30 days)
RUKOBIA TB12 600mg	1	NDS, QL (60 tabs / 30 days)
SELZENTRY SOLN 20mg/ml	1	NDS, QL (1800 mL / 30 days)
SUNLENCA (4 X 300MG) TBPK 300mg	1	NDS, QL (8 tabs / year)

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

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA (5 X 300MG) TBPK 300mg	1	NDS, QL (10 tabs / year)
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	QL (30 tabs / 30 days)
TIVICAY TABS 10mg	1	QL (60 tabs / 30 days)
TIVICAY TABS 25mg, 50mg	1	NDS, QL (60 tabs / 30 days)
TIVICAY PD TBSO 5mg	1	QL (180 tabs / 30 days)
TYBOST TABS 150mg	1	QL (30 tabs / 30 days)
VIRACEPT TABS 250mg	1	NDS, QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	1	NDS, QL (120 tabs / 30 days)
VIREAD POWD 40mg/gm	1	NDS, QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	1	NDS, QL (30 tabs / 30 days)
<i>zidovudine</i> CAPS 100mg	1	QL (180 caps / 30 days)
<i>zidovudine</i> SYRP 50mg/5ml	1	QL (1680 mL / 28 days)
<i>zidovudine</i> TABS 300mg	1	QL (60 tabs / 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days)
BIKTARVY 30-120-15 MG	1	NDS, QL (30 tabs / 30 days)
BIKTARVY 50-200-25 MG	1	NDS, QL (30 tabs / 30 days)
CIMDUO TAB 300-300	1	NDS, QL (30 tabs / 30 days)
COMPLERA TAB	1	NDS, QL (30 tabs / 30 days)
DELSTRIGO TAB	1	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 120-15MG	1	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	1	NDS, QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	1	NDS, QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	1	NDS, QL (30 tabs / 30 days)
GENVOYA TAB	1	NDS, QL (30 tabs / 30 days)
JULUCA TAB 50-25MG	1	NDS, QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (480 mL / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (300 tabs / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (150 tabs / 30 days)
ODEFSEY TAB	1	NDS, QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	1	NDS, QL (30 tabs / 30 days)
STRIBILD TAB	1	NDS, QL (30 tabs / 30 days)
SYMTUZA TAB	1	NDS, QL (30 tabs / 30 days)
TRIUMEQ PD TAB	1	QL (180 tabs / 30 days)
TRIUMEQ TAB	1	NDS, QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	
<i>acyclovir SUSP 200mg/5ml</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	
BARACLUDE SOLN .05mg/ml	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>entecavir</i> TABS .5mg, 1mg	1	
EPCLUSA PAK 150-37.5	1	NDS, QL (30 tabs / 30 days), PA
EPCLUSA PAK 200-50MG	1	NDS, QL (60 tabs / 30 days), PA
EPCLUSA TAB 200-50MG	1	NDS, QL (56 tabs / 28 days), PA
EPCLUSA TAB 400-100	1	NDS, QL (28 tabs / 28 days), PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
HARVONI PAK 33.75-150MG	1	NDS, QL (28 packets / 28 days), PA
HARVONI PAK 45-200MG	1	NDS, QL (28 packets / 28 days), PA
HARVONI TAB 45-200MG	1	NDS, QL (28 tabs / 28 days), PA
HARVONI TAB 90-400MG	1	NDS, QL (28 tabs / 28 days), PA
<i>lamivudine (hbv)</i> TABS 100mg	1	
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	1	NDS, QL (180 tabs / 30 days), PA
MAVYRET TAB 100-40MG	1	NDS, QL (84 tabs / 28 days), PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (20 tabs / 5 days)
PAXLOVID TAB 300-100	1	QL (30 tabs / 5 days)
PEGASYS SOLN 180mcg/ml	1	NDS, QL (4 vials / 28 days)
PEGASYS SOSY 180mcg/0.5ml	1	NDS, QL (4 syringes / 28 days)
PREVYMIS PACK 20mg, 120mg	1	NDS, QL (120 packets / 30 days), PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm	1	QL (120 tabs / 30 days)
<i>valacyclovir hcl</i> TABS 500mg	1	QL (60 tabs / 30 days)
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	1	NDS, QL (28 tabs / 28 days), PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg	1	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg	1	
<i>azithromycin</i> SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> TABS 250mg, 500mg	1	
<i>erythromycin base</i> TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin SOLN 25mg/ml</i>	1	
<i>levofloxacin TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl TABS 400mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	1	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm	1	
<i>oxacillin sodium</i> SOLR 10gm	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	1	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml	1	
<i>doxycycline (monohydrate)</i> TABS 50mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLN 1gm/5ml, 2gm/10ml, 500mg/2.5ml	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	1	NDS, B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 500mg/ml	1	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	
ANTIMETABOLITES		
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	1	NDS, PA
LONSURF TAB 20-8.19	1	NDS, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), PA
PURIXAN SUSP 2000mg/100ml	1	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), PA
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	B/D
<i>flutamide</i> CAPS 125mg	1	
<i>letrozole</i> TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	1	PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	1	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	1	NDS, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	1	NDS, PA

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) KIT 45mg	1	NDS, PA
LYSODREN TABS 500mg	1	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	1	PA
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TABS 120mg	1	NDS, QL (32 tabs / 30 days), PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (28 caps / 28 days), PA
POMALYST CAPS 1mg, 2mg	1	NDS, QL (21 caps / 21 days), PA
POMALYST CAPS 3mg, 4mg	1	NDS, QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	1	NDS, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), PA
MATULANE CAPS 50mg	1	NDS
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS

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

Drug Name	Drug Tier	Requirements/Limits
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml	1	NDS, B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml	1	NDS, B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	1	NDS, QL (60 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 180 days), PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), PA
BALVERSA TABS 3mg	1	NDS, QL (90 tabs / 30 days), PA
BALVERSA TABS 4mg	1	NDS, QL (60 tabs / 30 days), PA
BALVERSA TABS 5mg	1	NDS, QL (30 tabs / 30 days), PA
BOSULIF CAPS 50mg	1	NDS, QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), PA
BOSULIF TABS 100mg	1	NDS, QL (90 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), PA
COMETRIQ KIT 20mg	1	NDS, PA
COMETRIQ KIT 100MG	1	NDS, PA
COMETRIQ KIT 140MG	1	NDS, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (60 caps / 30 days), PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), PA
<i>dasatinib</i> TABS 50mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib</i> TABS 70mg	1	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), PA
HERCEP HYLEC SOL 60-10000	1	NDS, PA
HERCEPTIN SOLR 150mg	1	NDS, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), PA
ICLUSIG TABS 10mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TABS 15mg	1	NDS, QL (60 tabs / 30 days), PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	1	NDS, QL (56 caps / 28 days), PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (324 mL / 30 days), PA
IMBRUVICA TABS 140mg	1	NDS, QL (112 tabs / 28 days), PA
IMBRUVICA TABS 280mg	1	NDS, QL (56 tabs / 28 days), PA
IMBRUVICA TABS 420mg	1	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 50mg, 100mg	1	NDS, QL (90 tabs / 30 days), PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D
KANJINTI SOLR 150mg, 420mg	1	NDS, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), PA
KISQALI (200MG DAILY DOSE) TBPK 200mg	1	NDS, QL (21 tabs / 28 days), PA
KISQALI (400MG DAILY DOSE) TBPK 200mg	1	NDS, QL (42 tabs / 28 days), PA
KISQALI (600MG DAILY DOSE) TBPK 200mg	1	NDS, QL (63 tabs / 28 days), PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOLR .05mg/ml	1	NDS, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), PA
MONJUVI SOLR 200mg	1	NDS, PA
NERLYNX TABS 40mg	1	NDS, PA
NINLARO CAPS 2.3mg	1	NDS, QL (6 caps / 28 days), PA
NINLARO CAPS 3mg	1	NDS, QL (4 caps / 28 days), PA
NINLARO CAPS 4mg	1	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), PA
OGIVRI SOLR 150mg, 420mg	1	NDS, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), PA
OJEMDA SUSR 25mg/ml	1	NDS, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, PA

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

Drug Name	Drug Tier	Requirements/Limits
PHESGO SOL	1	NDS, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg	1	NDS, QL (120 tabs / 30 days), PA
RETEVMO TABS 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	1	NDS, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), PA
SPRYCEL TABS 50mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS 70mg	1	NDS, QL (60 tabs / 30 days), PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	1	NDS, PA
TAGRISSO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, PA
TRUQAP TABS 160mg, 200mg; TBPk 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, PA
TUKYSA TABS 50mg, 150mg	1	NDS, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (60 tabs / 30 days), PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), PA
XALKORI CAPS 200mg, 250mg	1	NDS, QL (60 caps / 30 days), PA
XALKORI CPSP 20mg, 50mg	1	NDS, QL (240 caps / 30 days), PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (12 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (20 tabs / 28 days), PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), PA
ZOLINZA CAPS 100mg	1	NDS, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TABS 150mg	1	NDS, QL (150 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on the 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	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	1	NDS
MESNEX TABS 400mg	1	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate TABS 8mg</i>	1	QL (60 tabs / 30 days)
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	QL (30 caps / 30 days)
<i>terazosin hcl CAPS 10mg</i>	1	QL (60 caps / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i>	1	
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	
<i>valsartan TABS 40mg, 80mg, 160mg, 320mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> TABS 100mg, 200mg, 400mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<i>prevalite PACK 4gm; POWD 4gm/dose</i>	1	
REPATHA SOSY 140mg/ml	1	QL (3 syringes / 28 days), PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	QL (1 cartridge / 28 days), PA
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (3 pens / 28 days), PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>pindolol TABS 5mg, 10mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	1	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	1	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorothiazide sodium</i> SOLR 500mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>ethacrynate sodium</i> SOLR 50mg	1	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<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	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<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	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	QL (4 patches / 28 days)
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLN 5mg/5ml	1	QL (120 ampules / 30 days)
CORLANOR TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml; TABS 125mcg	1	
<i>digoxin</i> TABS 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, PA
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
TYVASO SOLN .6mg/ml	1	NDS, B/D

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS 2mg	1	QL (150 tabs / 30 days), PA
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam</i> TABS .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days), PA
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg	1	QL (30 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 50mg	1	QL (60 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	1	QL (90 tabs / 30 days)
<i>lorazepam</i> TABS 2mg	1	QL (150 tabs / 30 days), PA
<i>lorazepam</i> TABS .5mg, 1mg	1	QL (90 tabs / 30 days), PA
<i>lorazepam intensol</i> CONC 2mg/ml	1	PA
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA
NAMZARIC CAP 7-10MG	1	PA
NAMZARIC CAP 14-10MG	1	PA
NAMZARIC CAP 21-10MG	1	PA
NAMZARIC CAP 28-10MG	1	PA
NAMZARIC CAP PAK	1	PA
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 150mg	1	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	1	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	1	QL (28 caps / 28 days)
<i>fluoxetine hcl</i> CAPS 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	1	QL (90 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	QL (600 mL / 30 days)
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>paroxetine hcl</i> TABS 30mg; TB24 12.5mg, 25mg, 37.5mg	1	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml	1	
<i>sertraline hcl</i> TABS 25mg	1	QL (30 tabs / 30 days)
<i>sertraline hcl</i> TABS 50mg, 100mg	1	QL (60 tabs / 30 days)
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	1	
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl</i> CP24 37.5mg, 150mg	1	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 75mg	1	QL (90 caps / 30 days)
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	QL (90 tabs / 30 days)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / year), PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / year), PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carbidopa</i> TABS 25mg	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	1	NDS
<i>aripiprazole</i> SOLN 1mg/ml	1	
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	1	NDS
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml	1	
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (56 caps / 180 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days)
FANAPT PAK	1	QL (8 tabs / 28 days)
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 80mg, 120mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine</i> SOLR 10mg	1	
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
OPIPZA FILM 2mg	1	NDS, QL (30 films / 30 days)
OPIPZA FILM 5mg, 10mg	1	NDS, QL (90 films / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg; TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (480 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	QL (60 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days)
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	1	QL (7 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	1	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml; TABS 10mg, 20mg	1	PA
<i>clonazepam</i> TABS .5mg, 1mg, 2mg; TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg	1	QL (90 tabs / 30 days), PA
<i>clorazepate dipotassium</i> TABS 15mg	1	QL (180 tabs / 30 days), PA
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	1	NDS
<i>diazepam</i> SOLN 5mg/5ml	1	PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	PA
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	1	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX SOLN 100mg/ml	1	NDS, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, PA
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS
FYCOMPA TABS 2mg	1	
<i>gabapentin</i> CAPS 100mg, 400mg	1	QL (270 caps / 30 days), PA
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days), PA
<i>gabapentin</i> SOLN 250mg/5ml	1	QL (2160 mL / 30 days), PA
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days), PA
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days), PA
<i>lacosamide</i> SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	NDS, QL (10 films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml	1	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	1	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days)
<i>primidone</i> TABS 50mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml; TABS 400mg	1	NDS
<i>rufinamide</i> TABS 200mg	1	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	1	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	1	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	1	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	NDS
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	NDS
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	NDS
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	NDS
<i>vigabatrin</i> PACK 500mg; TABS 500mg	1	NDS
<i>vigadrone</i> PACK 500mg; TABS 500mg	1	NDS
VIGAFYDE SOLN 100mg/ml	1	NDS
<i>vigpoder</i> PACK 500mg	1	NDS
XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg	1	NDS
XCOPRI PAK 12.5-25	1	
XCOPRI PAK 50-100MG	1	NDS
XCOPRI PAK 100-150	1	NDS
XCOPRI PAK 150-200	1	NDS
ZONISADE SUSP 100mg/5ml	1	
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, PA

You can find information on what the symbols and abbreviations on the 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>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>clonidine hcl (adhd) TB12 .1mg</i>	1	
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg</i>	1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), PA
<i>temazepam</i> CAPS 15mg, 30mg	1	QL (30 caps / 30 days), PA
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 28 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 28 days)
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (18 tabs / 28 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 28 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (36 tabs / 28 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (36 inhalers / 28 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (18 inhalers / 28 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml, 6mg/0.5ml; SOCT 4mg/0.5ml, 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (16 injections / 28 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (18 tabs / 28 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO XR TB24 6mg, 12mg	1	NDS, QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TB24 24mg	1	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR PATIENT TITRAT (6-12-24MG)	1	NDS, QL (42 tabs / 180 days), PA
AUSTEDO XR PATIENT TITRAT (12-18-24-30MG)	1	NDS, QL (28 tabs / 180 days), PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

AVONEX PSKT 30mcg/0.5ml	1	NDS, QL (1 pack / 28 days), PA
AVONEX PEN AJKT 30mcg/0.5ml	1	NDS, QL (1 pack / 28 days), PA
BETASERON KIT .3mg	1	NDS, QL (14 injections / 28 days), PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 injections / 30 days), PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 injections / 28 days), PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), PA
<i>dimethyl fumarate</i> CPDR 120mg	1	NDS, QL (56 caps / 28 days), PA
<i>dimethyl fumarate</i> CPDR 240mg	1	NDS, QL (60 caps / 30 days), PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	NDS, QL (1 kit / 180 days), PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 injections / 30 days), PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 injections / 28 days), PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 injections / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 injections / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / year), PA
MAYZENT TABS 1mg, 2mg	1	NDS, QL (30 tabs / 30 days), PA
MAYZENT TABS .25mg	1	NDS, QL (112 tabs / 28 days), PA
MAYZENT STARTER PACK (7) TBPk .25mg	1	QL (7 tabs / 180 days), PA
MAYZENT STARTER PACK (12) TBPk .25mg	1	NDS, QL (12 tabs / 180 days), PA
<i>teriflunomide</i> TABS 7mg, 14mg	1	NDS, QL (30 tabs / 30 days), PA
VUMERITY CPDR 231mg	1	NDS, QL (120 caps / 30 days), PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	1	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), PA
XYWAV SOL 0.5GM/ML	1	NDS, QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (60 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	1	
<i>disulfiram TABS 250mg, 500mg</i>	1	
<i>lofexidine hcl TABS .18mg</i>	1	NDS
<i>naloxone hcl LIQD 4mg/0.1ml</i>	1	QL (2 sprays / 30 days)
<i>naloxone hcl SOCT .4mg/ml; SOSY .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
<i>NICOTROL INHALER INHA 10mg</i>	1	
<i>NICOTROL NS SOLN 10mg/ml</i>	1	
<i>varenicline tartrate TABS .5mg, 1mg</i>	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (53 tabs / 180 days)

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

<i>acarbose TABS 25mg</i>	1	QL (360 tabs / 30 days)
<i>acarbose TABS 50mg</i>	1	QL (180 tabs / 30 days)
<i>acarbose TABS 100mg</i>	1	QL (90 tabs / 30 days)
<i>CYCLOSET TABS .8mg</i>	1	QL (180 tabs / 30 days)
<i>FARXIGA TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>FARXIGA TABS 10mg</i>	1	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride TABS 2mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg; TB24 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg; TB24 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (30 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO XR TAB 5-1000	1	QL (30 tabs / 30 days)
<i>metformin hcl SOLN 500mg/5ml</i>	1	QL (765 mL / 30 days)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg; TB24 750mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl TB24 500mg</i>	1	QL (120 tabs / 30 days)
<i>metformin hcl TB24 1000mg</i>	1	QL (60 tabs / 30 days)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide TABS 60mg</i>	1	QL (180 tabs / 30 days)
<i>nateglinide TABS 120mg</i>	1	QL (90 tabs / 30 days)
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml, 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl TABS 15mg, 30mg, 45mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide TABS 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide TABS .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ALCOHOL SWABS	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	QL (10 pens / 30 days)
FIASP SOLN 100unit/ml	1	QL (9 vials / 30 days)
FIASP FLEXTOUCH SOPN 100unit/ml	1	QL (20 pens / 30 days)
FIASP PENFILL SOCT 100unit/ml	1	QL (20 injections / 30 days)
GAUZE PADS 2X2	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	QL (2 vials / 30 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	QL (6 pens / 30 days)
INSULIN PEN NEEDLES	1	PA
INSULIN SAFETY NEEDLES	1	PA
INSULIN SYRINGE (DISP) U-100 0.3ML	1	PA
INSULIN SYRINGE (DISP) U-100 1/2ML	1	PA
INSULIN SYRINGE (DISP) U-100 1ML	1	PA
NOVOLIN INJ 70/30	1	QL (90 mL / 30 days)
NOVOLIN INJ 70/30 FP	1	QL (20 pens / 30 days)
NOVOLIN N SUSP 100unit/ml	1	QL (90 mL / 30 days)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	QL (20 pens / 30 days)
NOVOLIN R SOLN 100unit/ml	1	QL (6 vials / 30 days)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	QL (20 pens / 30 days)
NOVOLOG SOLN 100unit/ml	1	QL (9 vials / 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	QL (20 pens / 30 days)
NOVOLOG MIX INJ 70/30	1	QL (90 mL / 30 days)
NOVOLOG MIX INJ FLEXPEN	1	QL (30 pens / 30 days)
NOVOLOG PENFILL SOCT 100unit/ml	1	QL (20 cartridges / 30 days)
OMNIPOD 5 DX KIT INT G7G6	1	
OMNIPOD 5 DX MIS POD G7G6	1	
OMNIPOD 5 G7 KIT INTRO	1	
OMNIPOD 5 G7 MIS PODS	1	

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 LB KIT INTRO G6	1	
OMNIPOD 5 LB MIS PODS G6	1	
OMNIPOD DASH KIT INTRO	1	
OMNIPOD DASH MIS PODS	1	
OMNIPOD GO KIT 10UNT/DY	1	
OMNIPOD GO KIT 15UNT/DY	1	
OMNIPOD GO KIT 20UNT/DY	1	
OMNIPOD GO KIT 25UNT/DY	1	
OMNIPOD GO KIT 30UNT/DY	1	
OMNIPOD GO KIT 35UNT/DY	1	
OMNIPOD GO KIT 40UNT/DY	1	
OMNIPOD MIS CLASSIC	1	
OMNIPOD PDM KIT CLASSIC	1	
SOLIQUA INJ 100/33	1	QL (10 pens / 30 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	QL (6 pens / 30 days)
TOUJEO SOLOSTAR SOPN 300unit/ml	1	QL (9 pens / 30 days)
TRESIBA SOLN 100unit/ml	1	QL (3 vials / 30 days)
TRESIBA FLEXTOUCH SOPN 100unit/ml	1	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH SOPN 200unit/ml	1	QL (6 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	QL (1286 mL / 30 days)
<i>alendronate sodium</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
<i>calcitonin (salmon)</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	1	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	1	B/D, QL (1 tab / 30 days)
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), PA
<i>risedronate sodium</i> TABS 5mg, 30mg	1	QL (30 tabs / 30 days)
<i>risedronate sodium</i> TABS 35mg; TBEC 35mg	1	QL (4 tabs / 28 days)
<i>risedronate sodium</i> TABS 150mg	1	QL (1 tab / 30 days)
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, QL (1 pen / 28 days), PA
XGEVA SOLN 120mg/1.7ml	1	NDS, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	1	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	1	
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg, 500mg	1	NDS, PA

CONTRACEPTIVES

<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jencycla TABS .35mg</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>NEXPLANON IMPL 68mg</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyda TABS .35mg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
ESTROGENS		
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 patches / 28 days)

You can find information on what the symbols and abbreviations on the 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	1	QL (8 patches / 28 days)
<i>estradiol</i> PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1	QL (4 patches / 28 days)
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm	1	
<i>estradiol vaginal</i> TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches / 28 days)
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	1	
<i>mimvey</i>	1	
PREMARIN CREA .625mg/gm	1	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml	1	
<i>dexamethasone</i> TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS
<i>betaine anhy pow</i>	1	NDS
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS
<i>cinacalcet hcl</i> TABS 30mg	1	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 60mg	1	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	1	PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS
HUMATROPE CART 6mg, 12mg, 24mg	1	NDS, PA
INCRELEX SOLN 40mg/4ml	1	NDS
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS
LUPRON DEPOT-PED (1-MONTH) KIT 7.5mg, 11.25mg, 15mg	1	NDS, PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25mg, 30mg	1	NDS, PA
LUPRON DEPOT-PED (6-MONTH) KIT 45mg	1	NDS, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, PA
NAGLAZYME SOLN 1mg/ml	1	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	1	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	1	
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	1	NDS
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS
SYNAREL SOLN 2mg/ml	1	NDS
VEOZAH TABS 45mg	1	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	1	B/D
<i>sevelamer carbonate</i> PACK .8gm, 2.4gm; TABS 800mg	1	B/D
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	PA
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<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; SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	1	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	
<i>scopolamine</i> PT72 1mg/3days	1	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA
<i>glycopyrrolate</i> TABS 1mg, 2mg	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	
<i>budesonide</i> TB24 9mg	1	NDS
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm; CPR 500mg; ENEM 4gm; TBEC 1.2gm	1	
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
PENTASA CPR 250mg	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
CLENPIQ SOL	1	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	1	
SUTAB TAB	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	1	NDS
<i>alosetron hcl</i> TABS .5mg	1	
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	

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

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	NDS
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	1	
GATTEX KIT 5mg	1	NDS, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> CAPS 8mcg	1	QL (180 caps / 30 days)
<i>lubiprostone</i> CAPS 24mcg	1	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days)
RELISTOR SOLN 12mg/0.6ml	1	NDS, QL (28 injections / 28 days)
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), PA
XERMELO TABS 250mg	1	NDS, QL (90 tabs / 30 days), PA
XIFAXAN TABS 550mg	1	NDS, QL (90 tabs / 30 days), PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	NDS
ZENPEP CAP 60000UNT	1	NDS
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days)
<i>lansoprazole</i> CPDR 15mg	1	QL (30 caps / 30 days)
<i>lansoprazole</i> CPDR 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	QL (30 caps / 30 days)
<i>pantoprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
<i>pantoprazole sodium</i> TBEC 40mg	1	QL (60 tabs / 30 days)
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	
<i>dutasteride</i> CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	
<i>finasteride</i> TABS 5mg	1	
<i>tadalafil</i> TABS 2.5mg, 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	1	
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1	
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> CP24 2mg, 4mg; TABS 1mg, 2mg	1	
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole 3</i> SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 110mg, 150mg	1	
ELIQUIS TABS 2.5mg, 5mg	1	
ELIQUIS STARTER PACK TBPK 5mg	1	
<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	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) SOLN</i> 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	1	
XARELTO STAR TAB 15/20MG	1	
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 18mg, 36mg, 54mg	1	NDS, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NDS, QL (180 packets / 30 days), PA
<i>glutamine (sickle cell)</i> PACK 5gm	1	NDS, QL (180 packets / 30 days), PA
HAEGARDA SOLR 2000unit, 3000unit	1	NDS, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, PA
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), PA
<i>tranexamic acid</i> TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (4 injections / 28 days), PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
COSENTYX SOLN 125mg/5ml	1	NDS, PA
COSENTYX SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / year), PA
COSENTYX SOSY 150mg/ml	1	NDS, QL (32 syringes / year), PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	NDS, QL (32 pens / year), PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	NDS, QL (16 pens / year), PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), PA
DUPIXENT SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 injections / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 injections / 28 days), PA
HUMIRA PSKT 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (4 injections / 28 days), PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (2 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 180 days), PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 180 days), PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 180 days), PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (4 injections / 28 days), PA
OTEZLA TABS 20mg, 30mg	1	NDS, QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20	1	NDS, QL (55 tabs / 180 days), PA
OTEZLA TAB 10/20/30	1	NDS, QL (55 tabs / 180 days), PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	1	NDS, QL (84 tabs / 180 days), PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), PA
SIMLANDI PSKT 20mg/0.2ml	1	NDS, QL (4 injections / 28 days), PA
SIMLANDI PSKT 40mg/0.4ml	1	NDS, QL (6 injections / 28 days), PA
SIMLANDI PSKT 80mg/0.8ml	1	NDS, QL (3 injections / 28 days), PA
SIMLANDI 1-PEN KIT AJKT 40mg/0.4ml	1	NDS, QL (6 injections / 28 days), PA
SIMLANDI 2-PEN KIT AJKT 40mg/0.4ml	1	NDS, QL (6 injections / 28 days), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (7 injections / year), PA
SKYRIZI SOLN 600mg/10ml	1	NDS, QL (12 vials / year), PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), PA
STELARA SOLN 130mg/26ml	1	NDS, QL (104 mL / 28 days), PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (300 mL / 30 days), PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, PA
GAMASTAN INJ	1	B/D
GAMMAGARD LIQUID SOLN 2.5gm/25ml, 30gm/300ml	1	NDS, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, PA
GAMMAKED SOLN 1gm/10ml	1	NDS, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, PA
GAMUNEX-C SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	1	NDS, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, PA
ARCALYST SOLR 220mg	1	NDS, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	1	NDS, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D
NULOJIX SOLR 250mg	1	NDS, B/D
PROGRAF PACK .2mg, 1mg	1	B/D
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D

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	
DENG VAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	
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	

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

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD 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	
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 SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
KCL/D5W/LACT INJ 20MEQ/L	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
MAGNESIUM SULFATE SOLN 40gm/1000ml	1	
<i>multiple electrolytes inj</i>	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/50ml, 20meq/50ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>ringer's solution</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>elite-ob</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
PNV TABS TAB 29-1MG	1	
<i>pnv-select</i>	1	
<i>potassium chloride CPCR 8meq, 10meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TABS	1	
PRETAB TAB 29-1MG	1	
SE-NATAL 19 CHW	1	
SE-NATAL 19 TAB	1	
<i>sodium fluoride CHEW 1mg; SOLN .5mg/ml</i>	1	
<i>sodium fluoride tab;1.1(0.5 f)mg/ml soln</i>	1	
TRINATAL RX TAB 1	1	

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Drug Name	Drug Tier	Requirements/Limits
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%, 50%, 70%</i>	1	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	QL (30 mL / 30 days)
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentak OINT .3%</i>	1	QL (17.5 gm / 30 days)
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	QL (30 mL / 30 days)
<i>neo-polycin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	QL (30 mL / 30 days)
<i>trifluridine SOLN 1%</i>	1	
XDEMYVY SOLN .25%	1	NDS, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .09%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	QL (30 mL / 30 days)
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	QL (30 mL / 30 days)
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
LOTEMAX SM GEL .38%	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
<i>olopatadine hcl SOLN .2%</i>	1	
ANTI GLAUCOMA		
<i>apraclonidine hcl SOLN .5%</i>	1	
<i>betaxolol hcl (ophth) SOLN .5%</i>	1	
<i>brimonidine tartrate SOLN .1%, .15%, .2%</i>	1	
<i>carteolol hcl (ophth) SOLN 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl SOLN 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	1	
RHOPRESSA SOLN .02%	1	

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Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	1	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	1	

MISCELLANEOUS

<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTARAN SOLN .44%	1	NDS
MIEBO SOLN 1.338gm/ml	1	QL (3 mL / 30 days)
RESTASIS EMUL .05%	1	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE EMUL .05%	1	QL (5.5 mL / 30 days)
XIIDRA SOLN 5%	1	QL (60 single use vials / 30 days)

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	QL (30 mL / 30 days)
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
STIOLTO AER 2.5-2.5	1	QL (1 inhaler / 30 days)
TRELEGY AER 100MCG	1	QL (1 inhaler / 30 days)
TRELEGY AER 200MCG	1	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	QL (30 mL / 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	1	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	1	QL (1 inhaler / 30 days)
<i>tiotropium bromide monohydrate</i> CAPS 18mcg	1	QL (30 caps / 30 days)
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	QL (2 bottles / 30 days)
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	
<i>desloratadine</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	1	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	QL (1 bottle / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	1	
<i>albuterol sulfate</i> TABS 2mg, 4mg	1	
<i>formoterol fumarate</i> NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
PROAIR RESPICLICK AEPB 108mcg/act	1	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	1	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days)
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	QL (4 pens / 30 days)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml	1	QL (2 pens / 30 days)
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), PA
NEFFY SOLN 2mg/0.1ml	1	QL (4 bottles / 30 days)
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, B/D
<i>roflumilast</i> TABS 250mcg	1	QL (28 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), PA
<i>theophylline</i> SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packets / 28 days), PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packets / 28 days), PA
TRIKAFTA TAB	1	NDS, QL (84 tabs / 28 days), PA
XOLAIR SOAJ 75mg/0.5ml	1	NDS, QL (16 pens / 28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), PA
XOLAIR SOAJ 300mg/2ml	1	NDS, QL (4 pens / 28 days), PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml	1	NDS, QL (20 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), PA
XOLAIR SOSY 300mg/2ml	1	NDS, QL (4 syringes / 28 days), PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	1	QL (34 gm / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA

STEROID INHALANTS

<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
<i>fluticasone propionate (inhalation)</i> AEPB 50mcg/act	1	QL (180 inhalations / 30 days)
<i>fluticasone propionate (inhalation)</i> AEPB 100mcg/act, 250mcg/act	1	QL (240 inhalations / 30 days)
QVAR REDIHALER AERB 40mcg/act	1	QL (10.6 gm / 30 days)
QVAR REDIHALER AERB 80mcg/act	1	QL (21.2 gm / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyna</i>	1	QL (1 inhaler / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (1 inhaler / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	
<i>adapalene GEL .1%, .3%</i>	1	QL (45 gm / 30 days), PA
<i>amnesteem CAPS 10mg, 20mg, 40mg</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	1	
<i>clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	1	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	1	
<i>sulfacetamide sodium (acne) LOTN 10%</i>	1	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	1	QL (45 gm / 30 days), PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	1	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	QL (90 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	1	
<i>ssd CREA 1%</i>	1	
<i>SULFAMYLON CREA 85mg/gm</i>	1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine CREA .77%</i>	1	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	1	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketconazole (topical) CREA 2%</i>	1	QL (60 gm / 30 days)
<i>ketconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	1	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	
<i>calcipotriene</i> OINT .005%	1	QL (120 gm / 30 days)
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days)
<i>methoxsalen rapid</i> CAPS 10mg	1	NDS
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone butyrate hydrophilic lipo base</i> CREA .1%	1	QL (45 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; OINT .025%, .1%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	1	QL (120 mL / 30 days)
<i>triamcinolone acetonide (topical)</i> OINT .5%	1	QL (45 gm / 30 days)
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days)
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days)
<i>lidocaine</i> PTCH 5%	1	QL (90 patches / 30 days), PA
<i>lidocaine hcl</i> GEL 2%	1	QL (30 mL / 30 days)
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (90 patches / 30 days), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (90 patches / 30 days), PA
<i>tridacaine iii</i> PTCH 5%	1	QL (90 patches / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> OINT 5%	1	QL (30 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days)
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>lactated ringer's for irrigation</i>	1	
REGRANEX GEL .01%	1	NDS, QL (15 gm / 30 days)
<i>ringer's solution for irrigation</i>	1	
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	
<i>denta 5000 plus</i> CREA 1.1%	1	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%, 4%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	8
ABELCET.....	5
ABILIFY ASIMTUFII.....	36
ABILIFY MAINTENA.....	36
<i>abiraterone acetate</i>	14
ABRYSVO.....	64
<i>acamprosate calcium</i>	44
<i>acarbose</i>	45
<i>accutane</i>	73
<i>acebutolol hcl</i>	29
<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 (otic)</i>	69
<i>acetylcysteine</i>	70
<i>acitretin</i>	74
ACTHIB INJ.....	64
ACTIMMUNE.....	63
<i>acyclovir</i>	9
<i>acyclovir sodium</i>	9
<i>acyclovir topical</i>	75
ADACEL INJ.....	64
ADALIMUMAB-AACF (2 PEN).....	60
ADALIMUMAB-AACF (2 SYRING).....	61
ADALIMUMAB-AACF STARTER P.....	61
<i>adapalene</i>	73
<i>adefovir dipivoxil</i>	9
ADEMPAS.....	32
ADVAIR HFA AER 115/21.....	72
ADVAIR HFA AER 230/21.....	72
ADVAIR HFA AER 45/21.....	72
AIMOVIG.....	42
AKEEGA TAB 100/500.....	14
AKEEGA TAB 50/500MG.....	14
<i>ala-cort</i>	74
<i>albendazole</i>	3
<i>albuterol sulfate</i>	70
<i>alclometasone dipropionate</i>	74
ALCOHOL SWABS.....	47
ALDURAZYME.....	54
ALECENSA.....	16
<i>alendronate sodium</i>	48
<i>alfuzosin hcl</i>	59
<i>aliskiren fumarate</i>	31
<i>allopurinol</i>	1
<i>alosetron hcl</i>	57
<i>alprazolam</i>	32, 33
<i>altavera</i>	49
ALUNBRIG.....	16
ALUNBRIG PAK.....	16
ALVAIZ.....	60
<i>alyacen 1/35</i>	49
<i>alyq</i>	32
<i>amantadine hcl</i>	35
<i>ambrisentan</i>	32
<i>amethia</i>	49
<i>amikacin sulfate</i>	4
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	30
<i>amiloride hcl</i>	30
<i>amiodarone hcl</i>	28
<i>amitriptyline hcl</i>	33
<i>amlodipine besylate</i>	30
<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>	31
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	31

<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap</i>	
10-20 mg	24
<i>amlodipine besylate-benazepril hcl cap</i>	
10-40 mg	24
<i>amlodipine besylate-benazepril hcl cap</i>	
2.5-10 mg	24
<i>amlodipine besylate-benazepril hcl cap</i>	
5-10 mg	24
<i>amlodipine besylate-benazepril hcl cap</i>	
5-20 mg	24
<i>amlodipine besylate-benazepril hcl cap</i>	
5-40 mg	24
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	26
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	26
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	25
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	26
<i>amlodipine besylate-valsartan tab 10-</i>	
160 mg	26
<i>amlodipine besylate-valsartan tab 10-</i>	
320 mg	26
<i>amlodipine besylate-valsartan tab 5-</i>	
160 mg	26
<i>amlodipine besylate-valsartan tab 5-</i>	
320 mg	26
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>mg</i>	26
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-25</i>	
<i>mg</i>	26
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-320-25</i>	
<i>mg</i>	26
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>mg</i>	26
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-25 mg</i>	
.....	26
<i>amnestem</i>	73
<i>amoxapine</i>	33
<i>amoxicillin</i>	12
<i>amoxicillin & k clavulanate chew tab</i>	
400-57 mg	12
<i>amoxicillin & k clavulanate for susp</i>	
200-28.5 mg/5ml	12
<i>amoxicillin & k clavulanate for susp</i>	
250-62.5 mg/5ml	12
<i>amoxicillin & k clavulanate for susp</i>	
400-57 mg/5ml	12
<i>amoxicillin & k clavulanate for susp</i>	
600-42.9 mg/5ml	12
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	12
<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	12
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	12
<i>amoxicillin & k clavulanate tab er 12hr</i>	
1000-62.5 mg	12
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 10 mg	41
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 15 mg	41
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 20 mg	41
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 25 mg	41
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 30 mg	41
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 5 mg	41
<i>amphetamine-dextroamphetamine tab</i>	
10 mg	41
<i>amphetamine-dextroamphetamine tab</i>	
12.5 mg	41
<i>amphetamine-dextroamphetamine tab</i>	
15 mg	41
<i>amphetamine-dextroamphetamine tab</i>	
20 mg	41
<i>amphetamine-dextroamphetamine tab</i>	
30 mg	41
<i>amphetamine-dextroamphetamine tab</i>	
5 mg	41
<i>amphetamine-dextroamphetamine tab</i>	
7.5 mg	41
<i>amphotericin b</i>	5
<i>amphotericin b liposome</i>	5

<i>ampicillin</i>	12	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>ampicillin & sulbactam sodium for inj</i>		<i>mg</i>	6
<i>1.5 (1-0.5) gm</i>	12	<i>atropine sulfate (ophthalmic)</i>	69
<i>ampicillin & sulbactam sodium for inj 3</i>		ATROVENT HFA.....	69
<i>(2-1) gm</i>	12	<i>aubra eq</i>	49
<i>ampicillin & sulbactam sodium for iv</i>		AUGTYRO.....	16
<i>soln 1.5 (1-0.5) gm</i>	12	<i>aurovela fe 1.5/30</i>	49
<i>ampicillin & sulbactam sodium for iv</i>		AUSTEDO XR	42, 43
<i>soln 15 (10-5) gm</i>	12	AUSTEDO XR PATIENT TITRAT (12-18-	
<i>ampicillin & sulbactam sodium for iv</i>		<i>24-30MG)</i>	43
<i>soln 3 (2-1) gm</i>	12	AUSTEDO XR PATIENT TITRAT (6-12-	
<i>ampicillin sodium</i>	13	<i>24MG)</i>	43
<i>anagrelide hcl</i>	60	AUVELITY TAB 45-105MG.....	33
<i>anastrozole</i>	14	<i>aviane</i>	49
ANORO ELLIPT AER 62.5-25	69	AVONEX.....	43
<i>apraclonidine hcl</i>	68	AVONEX PEN	43
<i>aprepitant</i>	56	AYVAKIT	16
<i>aprepitant capsule therapy pack 80 &</i>		<i>azathioprine</i>	63
<i>125 mg</i>	56	<i>azelastine hcl</i>	70
<i>apri</i>	49	<i>azelastine hcl (ophth)</i>	68
APTIOM.....	38	<i>azithromycin</i>	11
APTIVUS	6	<i>aztreonam</i>	4
ARALAST NP	70	<i>azurette</i>	49
<i>aranelle</i>	49	B	
ARCALYST	63	<i>bacitracin (ophthalmic)</i>	67
AREXVY.....	64	<i>bacitracin-polymyxin b ophth oint</i>	67
ARIKAYCE	4	<i>bacitracin-polymyxin-neomycin-hc</i>	
<i>aripiprazole</i>	36	<i>ophth oint 1%</i>	67
ARISTADA	36	<i>baclofen</i>	44
ARISTADA INITIO.....	36	<i>balsalazide disodium</i>	57
<i>armodafinil</i>	44	BALVERSA.....	16
<i>asenapine maleate</i>	36	<i>balziva</i>	49
<i>ashlyna</i>	49	BARACLUDGE	9
<i>aspirin-dipyridamole cap er 12hr 25-</i>		BASAGLAR KWIKPEN	47
<i>200 mg</i>	60	BCG VACCINE.....	64
ASTAGRAF XL	63	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atazanavir sulfate</i>	6	<i>10-12.5 mg</i>	24
<i>atenolol</i>	29	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atenolol & chlorthalidone tab 100-25</i>		<i>20-12.5 mg</i>	24
<i>mg</i>	29	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atenolol & chlorthalidone tab 50-25 mg</i>		<i>20-25 mg</i>	24
.....	29	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>atomoxetine hcl</i>	41	<i>6.25 mg</i>	24
<i>atorvastatin calcium</i>	28	<i>benazepril hcl</i>	25
<i>atovaquone</i>	4	BENLYSTA	63
<i>atovaquone-proguanil hcl tab 250-100</i>		<i>benzoyl peroxide-erythromycin gel 5-</i>	
<i>mg</i>	6	<i>3%</i>	73

<i>benztropine mesylate</i>	35
BESIVANCE	67
BESREMI	15
<i>betaine anhy pow</i>	54
<i>betamethasone dipropionate (topical)</i>	74
<i>betamethasone dipropionate</i> <i>augmented</i>	74
<i>betamethasone valerate</i>	74
BETASERON.....	43
<i>betaxolol hcl</i>	29
<i>betaxolol hcl (ophth)</i>	68
<i>bethanechol chloride</i>	59
<i>bexarotene</i>	15
<i>bexarotene (topical)</i>	75
BEXSERO INJ.....	64
<i>bicalutamide</i>	14
BICILLIN L-A	13
BIKTARVY 30-120-15 MG	8
BIKTARVY 50-200-25 MG	8
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	29
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	29
<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	29
<i>bisoprolol fumarate</i>	29
BIVIGAM	63
<i>blisovi 24 fe</i>	49
<i>blisovi fe 1.5/30</i>	49
BOOSTRIX INJ	64
<i>bosentan</i>	32
BOSULIF	16
BRAFTOVI	16
BREO ELLIPTA INH 100-25	72
BREO ELLIPTA INH 200-25	72
BREO ELLIPTA INH 50-25MCG.....	72
<i>breyana</i>	72
BREZTRI AERO AER SPHERE	69
<i>briellyn</i>	49
BRILINTA	60
<i>brimonidine tartrate</i>	68
BRIVIACT	38
<i>bromfenac sodium (ophth)</i>	68
<i>bromocriptine mesylate</i>	35
BRONCHITOL.....	70
BRUKINSA.....	16
<i>budesonide</i>	57
<i>budesonide (inhalation)</i>	72
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	72
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	72
<i>bumetanide</i>	30
<i>buprenorphine</i>	1
<i>buprenorphine hcl</i>	44
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	45
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	44
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	44
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	44
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	45
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	45
<i>bupropion hcl</i>	33
<i>bupropion hcl (smoking deterrent)</i> ...	45
<i>buspironone hcl</i>	33
<i>butorphanol tartrate</i>	2
C	
<i>cabergoline</i>	54
CABOMETYX	16
<i>calcipotriene</i>	74
<i>calcitonin (salmon)</i>	48
<i>calcitriol</i>	56
<i>calcium acetate (phosphate binder)</i> ..	55
CALQUENCE	16, 17
<i>camila</i>	49
<i>candesartan cilexetil</i>	27
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	26
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	26
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	26
CAPLYTA	36
CAPRELSA	17
<i>captopril</i>	25

<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	24	<i>cefepime hcl</i>	11
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	24	<i>cefixime</i>	11
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	24	<i>cefotetan disodium</i>	11
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	24	<i>cefoxitin sodium</i>	11
<i>carbamazepine</i>	38	<i>cefpodoxime proxetil</i>	11
<i>carbidopa</i>	35	<i>cefprozil</i>	11
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	35	<i>ceftazidime</i>	11
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	35	<i>ceftriaxone sodium</i>	11
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	35	<i>cefuroxime axetil</i>	11
<i>carbidopa & levodopa tab 10-100 mg</i>	35	<i>cefuroxime sodium</i>	11
<i>carbidopa & levodopa tab 25-100 mg</i>	35	<i>celecoxib</i>	1
<i>carbidopa & levodopa tab 25-250 mg</i>	35	<i>cephalexin</i>	11
<i>carbidopa & levodopa tab er 25-100 mg</i>	35	<i>cetirizine hcl</i>	70
<i>carbidopa & levodopa tab er 50-200 mg</i>	35	<i>cevimeline hcl</i>	76
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	35	CHEMET	48
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	35	<i>chlorhexidine gluconate (mouth-throat)</i>	76
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	35	<i>chloroquine phosphate</i>	6
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	35	<i>chlorothiazide sodium</i>	30
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	35	<i>chlorpromazine hcl</i>	36
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	35	<i>chlorthalidone</i>	31
<i>carglumic acid</i>	54	<i>cholestyramine</i>	28
<i>carteolol hcl (ophth)</i>	68	<i>cholestyramine light</i>	28
<i>cartia xt</i>	30	<i>choline fenofibrate</i>	28
<i>carvedilol</i>	29	<i>ciclopirox olamine</i>	73
<i>caspofungin acetate</i>	5	<i>cilostazol</i>	60
CAYSTON	4	CIMDUO TAB 300-300	8
<i>cefaclor</i>	11	<i>cimetidine</i>	57
<i>cefadroxil</i>	11	<i>cinacalcet hcl</i>	54
CEFAZOLIN	11	CIPRO	12
CEFAZOLIN INJ 1GM/50ML	11	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	12
<i>cefazolin sodium</i>	11	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	12
<i>cefdinir</i>	11	<i>ciprofloxacin hcl</i>	12
		<i>ciprofloxacin hcl (ophth)</i>	67
		<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	69
		<i>citalopram hydrobromide</i>	33
		<i>claravis</i>	73
		<i>clarithromycin</i>	11
		CLENPIQ SOL	57
		<i>clindamycin hcl</i>	4
		<i>clindamycin palmitate hydrochloride</i> ..	4
		<i>clindamycin phosphate</i>	4
		<i>clindamycin phosphate (topical)</i>	73
		<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4

<i>clindamycin phosphate in d5w iv soln</i>		COMPLERA TAB.....	8
600 mg/50ml	4	<i>compro</i>	56
<i>clindamycin phosphate in d5w iv soln</i>		<i>constulose</i>	57
900 mg/50ml	4	COPAXONE	43
<i>clindamycin phosphate vaginal</i>	59	COPIKTRA	17
CLINDMYC/NAC INJ 300/50ML	4	CORLANOR	32
CLINDMYC/NAC INJ 600/50ML	4	COSENTYX	61
CLINDMYC/NAC INJ 900/50ML	4	COSENTYX SENSOREADY PEN.....	61
CLINIMIX INJ 4.25/D10	67	COSENTYX UNOREADY.....	61
CLINIMIX INJ 4.25/D5W.....	67	COTELLIC.....	17
CLINIMIX INJ 5%/D15W	67	CREON CAP 12000UNT.....	58
CLINIMIX INJ 5%/D20W	67	CREON CAP 24000UNT.....	58
CLINIMIX INJ 6/5	67	CREON CAP 3000UNIT	57
CLINIMIX INJ 8/10	67	CREON CAP 36000UNT.....	58
CLINIMIX INJ 8/14	67	CREON CAP 6000UNIT	57
<i>clinisol sf 15%</i>	67	<i>cromolyn sodium</i>	70
CLINOLIPID EMU 20%	67	<i>cromolyn sodium (mastocytosis)</i>	58
<i>clobazam</i>	38	<i>cromolyn sodium (ophth)</i>	68
<i>clobetasol propionate</i>	74	<i>cryselle-28</i>	49
<i>clobetasol propionate e</i>	74	<i>cyclobenzaprine hcl</i>	44
<i>clomipramine hcl</i>	34	<i>cyclophosphamide</i>	13, 14
<i>clonazepam</i>	38	CYCLOPHOSPHAMIDE	13
<i>clonidine</i>	31	CYCLOPHOSPHAMIDE MONOHYDR....	14
<i>clonidine hcl</i>	31	CYCLOSET	45
<i>clonidine hcl (adhd)</i>	41	<i>cyclosporine</i>	63
<i>clopidogrel bisulfate</i>	60	<i>cyclosporine modified (for</i>	
<i>clorazepate dipotassium</i>	38	<i>microemulsion)</i>	63
<i>clotrimazole</i>	76	<i>cyred eq</i>	49
<i>clotrimazole (topical)</i>	73	CYSTAGON	54
<i>clotrimazole w/ betamethasone cream</i>		CYSTARAN	69
1-0.05%.....	73	D	
<i>clozapine</i>	36	D10W/NAACL INJ 0.2%	65
COARTEM TAB 20-120MG.....	6	<i>dabigatran etexilate mesylate</i>	59
COBENFY CAP 100-20MG	36	<i>dalfampridine</i>	43
COBENFY CAP 125-30MG	36	<i>danazol</i>	45
COBENFY CAP 50-20MG	36	<i>dantrolene sodium</i>	44
COBENFY STRT CAP PACK	36	DANZITEN.....	17
<i>colchicine</i>	1	<i>dapsone</i>	4
<i>colchicine w/ probenecid tab 0.5-500</i>		DAPTACEL INJ	64
<i>mg</i>	1	<i>daptomycin</i>	4
<i>colestipol hcl</i>	28	<i>darifenacin hydrobromide</i>	59
<i>colistimethate sodium</i>	4	<i>darunavir</i>	6
COMBIGAN SOL 0.2/0.5%	68	<i>dasatinib</i>	17
COMBIVENT AER 20-100	69	<i>dasetta 7/7/7</i>	49
COMETRIQ	17	DAURISMO	17
COMETRIQ KIT 100MG	17	<i>deblitane</i>	49
COMETRIQ KIT 140MG.....	17	<i>deferasirox</i>	49

DELSTRIGO TAB.....	8	<i>diclofenac sodium (ophth)</i>	68
DENGVAXIA SUS	64	<i>diclofenac sodium (topical)</i>	75
<i>denta 5000 plus</i>	76	<i>diclofenac w/ misoprostol tab delayed</i>	
DEPO-SUBQ PROVERA 104	49	<i>release 50-0.2 mg</i>	1
<i>depo-testosterone</i>	45	<i>diclofenac w/ misoprostol tab delayed</i>	
DESCOVY TAB 120-15MG	8	<i>release 75-0.2 mg</i>	1
DESCOVY TAB 200/25MG	8	<i>dicloxacillin sodium</i>	13
<i>desipramine hcl</i>	34	<i>dicyclomine hcl</i>	57
<i>desloratadine</i>	70	DIFICID	11
<i>desmopressin acetate</i>	54	<i>diflunisal</i>	1
<i>desmopressin acetate spray</i>	54	<i>digoxin</i>	32
<i>desmopressin acetate spray</i>		<i>dihydroergotamine mesylate</i>	42
<i>refrigerated</i>	54	DILANTIN.....	38
<i>desogest-eth estrad & eth estrad tab</i>		<i>diltiazem hcl</i>	30
<i>0.15-0.02/0.01 mg(21/5)</i>	49	<i>diltiazem hcl coated beads</i>	30
<i>desvenlafaxine succinate</i>	34	<i>diltiazem hcl extended release beads</i>	30
<i>dexamethasone</i>	53	<i>dilt-xr</i>	30
DEXAMETHASONE INTENSOL.....	53	<i>dimethyl fumarate</i>	43
<i>dexamethasone sodium phosphate</i> ...	53	<i>dimethyl fumarate capsule dr starter</i>	
<i>dexamethasone sodium phosphate</i>		<i>pack 120 mg & 240 mg</i>	43
<i>(ophth)</i>	68	<i>diphenhydramine hcl</i>	70
<i>dexmethylphenidate hcl</i>	41	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dextrose</i>	67	<i>mg/5ml</i>	58
<i>dextrose 10% w/ sodium chloride</i>		<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>0.45%</i>	65	<i>0.025 mg</i>	58
<i>dextrose 2.5% w/ sodium chloride</i>		<i>dipyridamole</i>	60
<i>0.45%</i>	65	<i>disulfiram</i>	45
<i>dextrose 5% in lactated ringers</i>	65	<i>divalproex sodium</i>	38
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>docetaxel</i>	16
.....	65	DOCETAXEL.....	16
<i>dextrose 5% w/ sodium chloride</i>		<i>dofetilide</i>	28
<i>0.225%</i>	65	<i>dolishale</i>	49
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>donepezil hydrochloride</i>	33
.....	65	DOPTELET	60
<i>dextrose 5% w/ sodium chloride 0.33%</i>		<i>dorzolamide hcl</i>	68
.....	65	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>soln 2-0.5%</i>	68
.....	65	<i>dotti</i>	52
<i>dextrose 5% w/ sodium chloride 0.9%</i>		DOVATO TAB 50-300MG	8
.....	65	<i>doxazosin mesylate</i>	25
DIACOMIT	38	<i>doxepin hcl</i>	34
<i>diazepam</i>	38	<i>doxercalciferol</i>	56
<i>diazepam (anticonvulsant)</i>	38	<i>doxorubicin hcl</i>	15
<i>diazepam intensol</i>	38	<i>doxorubicin hcl liposomal</i>	15
<i>diazoxide</i>	54	<i>doxy 100</i>	13
<i>diclofenac potassium</i>	1	<i>doxycycline (monohydrate)</i>	13
<i>diclofenac sodium</i>	1	<i>doxycycline hyclate</i>	13

DRIZALMA SPRINKLE	34	ENBREL SURECLICK	61
<i>dronabinol</i>	56	ENDARI.....	60
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	49	<i>endocet</i>	2
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	49	ENGERIX-B.....	64
DROXIA	60	<i>enilloring</i>	49
<i>droxidopa</i>	32	<i>enoxaparin sodium</i>	59
<i>duloxetine hcl</i>	34	<i>enpresse-28</i>	49
DUPIXENT	61	<i>enskyce</i>	49
<i>dutasteride</i>	59	<i>entacapone</i>	35
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	59	<i>entecavir</i>	10
E		ENTRESTO CAP 15-16MG	26
<i>e.e.s. 400</i>	11	ENTRESTO CAP 6-6MG.....	26
EDURANT	6	ENTRESTO TAB 24-26MG	26
<i>efavirenz</i>	6	ENTRESTO TAB 49-51MG	26
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	8	ENTRESTO TAB 97-103MG	26
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	8	<i>enulose</i>	57
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	8	EPCLUSA PAK 150-37.5	10
ELIQUIS	59	EPCLUSA PAK 200-50MG.....	10
ELIQUIS STARTER PACK.....	59	EPCLUSA TAB 200-50MG.....	10
<i>elite-ob</i>	66	EPCLUSA TAB 400-100	10
<i>eluryng</i>	49	EPIDIOLEX	39
EMGALITY	42	<i>epinephrine (anaphylaxis)</i>	32, 71
EMSAM	34	<i>epitol</i>	39
<i>emtricitabine</i>	7	<i>eplerenone</i>	25
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	8	EPRONTIA	39
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	9	<i>ergotamine w/ caffeine tab 1-100 mg</i>	42
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	9	ERIVEDGE	17
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	9	ERLEADA.....	14
EMTRIVA.....	7	<i>erlotinib hcl</i>	17
<i>emzahn</i>	49	<i>errin</i>	49
<i>enalapril maleate</i>	25	<i>ertapenem sodium</i>	4
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	24	<i>ery</i>	73
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	24	<i>ery-tab</i>	11
ENBREL.....	61	ERYTHROCIN LACTOBIONATE	11
ENBREL MINI	61	<i>erythromycin (acne aid)</i>	73
		<i>erythromycin (ophth)</i>	67
		<i>erythromycin base</i>	11
		<i>erythromycin ethylsuccinate</i>	11
		<i>escitalopram oxalate</i>	34
		<i>esomeprazole magnesium</i>	58
		<i>estarylla</i>	50
		<i>estradiol</i>	53
		<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	53
		<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	53

<i>estradiol vaginal</i>	53	FIASP PENFILL.....	47
<i>estradiol valerate</i>	53	<i>finasteride</i>	59
ESTRING.....	53	<i> fingolimod hcl</i>	43
<i>ethacrynate sodium</i>	31	FINTEPLA.....	39
<i>ethambutol hcl</i>	9	FIRMAGON.....	14
<i>ethosuximide</i>	39	<i>flac</i>	69
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	50	FLEBOGAMMA DIF.....	63
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	50	<i>flecainide acetate</i>	28
etodolac.....	1	<i>fluconazole</i>	6
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	50	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	6
etravirine.....	7	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	6
euthyrox.....	55	<i>flucytosine</i>	6
everolimus.....	17	<i>fludrocortisone acetate</i>	53
<i>everolimus (immunosuppressant)</i>	63	<i>flunisolide (nasal)</i>	72
EVOTAZ TAB 300-150.....	9	<i>fluocinolone acetonide</i>	74
exemestane.....	14	<i>fluocinolone acetonide (otic)</i>	69
ezetimibe.....	28	<i>fluocinonide</i>	74
<i>ezetimibe-simvastatin tab 10-10 mg</i> .29		<i>fluocinonide emulsified base</i>	74
<i>ezetimibe-simvastatin tab 10-20 mg</i> .29		<i>fluorometholone (ophth)</i>	68
<i>ezetimibe-simvastatin tab 10-40 mg</i> .29		<i>fluorouracil (topical)</i>	75
<i>ezetimibe-simvastatin tab 10-80 mg</i> .29		<i>fluoxetine hcl</i>	34
F		<i>fluphenazine decanoate</i>	36
FABRAZYME.....	54	<i>fluphenazine hcl</i>	36
<i>falmina</i>	50	<i>flurbiprofen</i>	1
<i>famciclovir</i>	10	<i>flurbiprofen sodium</i>	68
<i>famotidine</i>	57	<i>flutamide</i>	14
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	57	<i>fluticasone propionate</i>	74
FANAPT.....	36	<i>fluticasone propionate (inhalation)</i> ...	72
FANAPT PAK.....	36	<i>fluticasone propionate (nasal)</i>	72
FARXIGA.....	45	<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	73
<i>febuxostat</i>	1	<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	73
<i>feirza 1.5/30</i>	50	<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	73
<i>felbamate</i>	39	<i>fluvastatin sodium</i>	28
<i>felodipine</i>	30	<i>fluvoxamine maleate</i>	33
<i>fenofibrate</i>	28	<i>fondaparinux sodium</i>	59
<i>fenofibrate micronized</i>	28	<i>formoterol fumarate</i>	70
<i>fentanyl</i>	2	<i>fosamprenavir calcium</i>	7
<i>fentanyl citrate</i>	2, 3	<i>fosinopril sodium</i>	25
<i>fesoterodine fumarate</i>	59	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	24
FETZIMA.....	34	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	24
FETZIMA CAP TITRATIO.....	34		
FIASP.....	47		
FIASP FLEXTOUCH.....	47		

FOTIVDA	17
FRINDOVYX	14
FRUZAQLA.....	17
FULPHILA	60
<i>furosemide</i>	31
<i>furosemide inj</i>	31
FUZEON	7
FYCOMPA	39
G	
<i>gabapentin</i>	39
<i>galantamine hydrobromide</i>	33
<i>gallifrey</i>	55
GAMASTAN INJ	63
GAMMAGARD LIQUID.....	63
GAMMAGARD S/D IGA LESS TH.....	63
GAMMAKED	63
GAMMAPLEX	63
GAMUNEX-C	63
GARDASIL 9 INJ.....	64
<i>gatifloxacin (ophth)</i>	67
GATTEX	58
GAUZE PADS 2X2	47
<i>gavilyte-c</i>	57
<i>gavilyte-g</i>	57
<i>gavilyte-n/flavor pack</i>	57
GAVRETO	17
<i>gefitinib</i>	18
<i>gemcitabine hcl</i>	14
<i>gemfibrozil</i>	28
<i>generlac</i>	57
<i>gengraf</i>	63
<i>gentak</i>	67
<i>gentamicin in saline inj 0.8 mg/ml</i>	4
<i>gentamicin in saline inj 1 mg/ml</i>	4
<i>gentamicin in saline inj 1.2 mg/ml</i>	4
<i>gentamicin in saline inj 1.6 mg/ml</i>	4
<i>gentamicin in saline inj 2 mg/ml</i>	4
<i>gentamicin sulfate</i>	4
<i>gentamicin sulfate (ophth)</i>	67
<i>gentamicin sulfate (topical)</i>	73
GENVOYA TAB	9
GILOTRIF	18
<i>glatiramer acetate</i>	43
<i>glatopa</i>	43, 44
GLEOSTINE	14
<i>glimepiride</i>	45
<i>glipizide</i>	45

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	45
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	45
<i>glipizide-metformin hcl tab 5-500 mg</i>	46
<i>glutamine (sickle cell)</i>	60
<i>glycopyrrolate</i>	57
<i>glydo</i>	75
GLYXAMBI TAB 10-5 MG	46
GLYXAMBI TAB 25-5 MG	46
<i>granisetron hcl</i>	56
<i>griseofulvin microsize</i>	6
<i>griseofulvin ultramicrosize</i>	6
H	
HAEGARDA.....	60
<i>hailey 24 fe</i>	50
<i>hailey fe 1.5/30</i>	50
<i>halobetasol propionate</i>	74
<i>haloette</i>	50
<i>haloperidol</i>	36
<i>haloperidol decanoate</i>	37
<i>haloperidol lactate</i>	37
HARVONI PAK 33.75-150MG.....	10
HARVONI PAK 45-200MG	10
HARVONI TAB 45-200MG	10
HARVONI TAB 90-400MG	10
HAVRIX.....	64
<i>heather</i>	50
<i>heparin sodium (porcine)</i>	60
HEPLISAV-B	64
HERCEP HYLEC SOL 60-10000	18
HERCEPTIN	18
HERZUMA.....	18
HIBERIX.....	64
HUMATROPE.....	54
HUMIRA	61
HUMIRA PEN.....	61
HUMIRA PEN KIT PS/UV	61
HUMIRA PEN-CD/UC/HS START	61
HUMIRA PEN-PEDIATRIC UC S	61
HUMULIN R U-500 (CONCENTR	47
HUMULIN R U-500 KWIKPEN	47
<i>hydralazine hcl</i>	32
<i>hydrochlorothiazide</i>	31
<i>hydrocodone-acetaminophen soln 7.5- 325 mg/15ml</i>	3

<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	<i>incassia</i>	50
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	INCRELEX	54
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	<i>indapamide</i>	31
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	INFANRIX INJ	64
<i>hydrocortisone</i>	53	INLYTA	18
<i>hydrocortisone (intrarectal)</i>	57	INQOVI TAB 35-100MG	14
<i>hydrocortisone (rectal)</i>	75	INREBIC.....	18
<i>hydrocortisone (topical)</i>	74, 75	INSULIN PEN NEEDLES	47
<i>hydrocortisone butyrate hydrophilic lipo base</i>	75	INSULIN SAFETY NEEDLES	47
<i>hydrocortisone sod succinate</i>	53	INSULIN SYRINGE (DISP) U-100 0.3ML	47
<i>hydrocortisone valerate</i>	75	INSULIN SYRINGE (DISP) U-100 1/2ML	47
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	69	INSULIN SYRINGE (DISP) U-100 1ML	47
<i>hydromorphone hcl</i>	3	INTELENCE.....	7
<i>hydroxychloroquine sulfate</i>	63	INTRALIPID	67
<i>hydroxyurea</i>	15	<i>introvale</i>	50
<i>hydroxyzine hcl</i>	70	INVEGA HAFYERA.....	37
I		INVEGA SUSTENNA	37
<i>ibandronate sodium</i>	48	INVEGA TRINZA	37
IBRANCE	18	IPOL INJ INACTIVE	64
<i>ibu</i>	1	<i>ipratropium bromide</i>	69
<i>ibuprofen</i>	1	<i>ipratropium bromide (nasal)</i>	70
<i>icatibant acetate</i>	60	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	69
<i>iclevia</i>	50	<i>irbesartan</i>	27
ICLUSIG	18	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	26
IDACIO (2 PEN)	61	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	26
IDACIO (2 SYRINGE)	61	ISENTRESS	7
IDACIO CROHN INJ DISEASE	62	ISENTRESS HD	7
IDACIO PLAQU INJ PSORIASIS.....	62	<i>isibloom</i>	50
IDHIFA.....	18	ISOLYTE-P INJ /D5W	65
<i>imatinib mesylate</i>	18	ISOLYTE-S INJ PH 7.4.....	65
IMBRUVICA	18	<i>isoniazid</i>	9
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	<i>isosorbide dinitrate</i>	32
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	32
<i>imipramine hcl</i>	34	<i>isosorbide mononitrate</i>	32
<i>imiquimod</i>	75	<i>isotretinoin</i>	73
IMKELDI.....	18	<i>isradipine</i>	30
IMOVAX RABIES (H.D.C.V.)	64	ITOVEBI.....	18
IMPAVIDO	4	<i>itraconazole</i>	6
INBRIJA	35	<i>ivabradine hcl</i>	32
		<i>ivermectin</i>	4
		IWILFIN	15

IXCHIQ INJ.....	64
IXIARO INJ.....	64
J	
JAKAFI.....	18
<i>jantoven</i>	60
JANUMET TAB 50-1000.....	46
JANUMET TAB 50-500MG.....	46
JANUMET XR TAB 100-1000.....	46
JANUMET XR TAB 50-1000.....	46
JANUMET XR TAB 50-500MG.....	46
JANUVIA.....	46
JARDIANCE.....	46
<i>jasmiel</i>	50
<i>javygtor</i>	54
JAYPIRCA.....	19
<i>jencycla</i>	50
JENTADUETO TAB 2.5-1000.....	46
JENTADUETO TAB 2.5-500.....	46
JENTADUETO TAB 2.5-850.....	46
JENTADUETO XR TAB 2.5-1000.....	46
JENTADUETO XR TAB 5-1000.....	46
<i>juleber</i>	50
JULUCA TAB 50-25MG.....	9
<i>junel 1.5/30</i>	50
<i>junel 1/20</i>	50
<i>junel fe 1.5/30</i>	50
<i>junel fe 1/20</i>	50
<i>junel fe 24</i>	50
JYNNEOS.....	64
K	
KADCYLA.....	19
<i>kaitlib fe</i>	50
KALYDECO.....	71
KANJINTI.....	19
<i>kariva</i>	50
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	65
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	65
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	66

<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	66
KCL/D5W/LACT INJ 20MEQ/L.....	66
<i>kelnor 1/35</i>	50
<i>kelnor 1/50</i>	50
KERENDIA.....	25
KESIMPTA.....	44
<i>ketoconazole</i>	6
<i>ketoconazole (topical)</i>	73
<i>ketorolac tromethamine (ophth)</i>	68
KEYTRUDA.....	19
KINRIX INJ.....	64
<i>kionex</i>	49
KISQALI (200MG DAILY DOSE).....	19
KISQALI (400MG DAILY DOSE).....	19
KISQALI (600MG DAILY DOSE).....	19
KISQALI 200 PAK FEMARA.....	19
KISQALI 400 PAK FEMARA.....	19
KISQALI 600 PAK FEMARA.....	19
<i>klor-con 10</i>	66
<i>klor-con 8</i>	66
<i>klor-con m10</i>	66
<i>klor-con m15</i>	66
<i>klor-con m20</i>	66
KOSELUGO.....	19
<i>kourzeq</i>	76
KRAZATI.....	19
<i>kurvelo</i>	50
L	
<i>labetalol hcl</i>	29
<i>lacosamide</i>	39
<i>lactated ringer's for irrigation</i>	76
<i>lactated ringer's solution</i>	66
<i>lactic acid (ammonium lactate)</i>	75
<i>lactulose</i>	57
<i>lamivudine</i>	7
<i>lamivudine (hbv)</i>	10
<i>lamivudine-zidovudine tab 150-300 mg</i>	9
<i>lamotrigine</i>	39
<i>lansoprazole</i>	58
<i>lapatinib ditosylate</i>	19
<i>larin 1.5/30</i>	50
<i>larin 1/20</i>	50
<i>larin fe 1.5/30</i>	50
<i>larin fe 1/20</i>	50
<i>latanoprost</i>	68

<i>layolis fe</i>	50	<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
LAZCLUZE	19	& eth est tab 0.01mg(7).....	50
<i>leena</i>	50	<i>levora 0.15/30-28</i>	51
<i>leflunomide</i>	63	<i>levothyroxine sodium</i>	55
<i>lenalidomide</i>	15	<i>levoxyl</i>	55
LENVIMA 10 MG DAILY DOSE.....	19	LIBERVANT.....	39
LENVIMA 12MG DAILY DOSE.....	19	<i>lidocaine</i>	75
LENVIMA 20 MG DAILY DOSE.....	19	<i>lidocaine hcl</i>	75
LENVIMA 4 MG DAILY DOSE	19	<i>lidocaine hcl (local anesth.)</i>	1
LENVIMA 8 MG DAILY DOSE	19	<i>lidocaine hcl (mouth-throat)</i>	76
LENVIMA CAP 14 MG	19	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	75
LENVIMA CAP 18 MG	19	<i>lidocan</i>	75
LENVIMA CAP 24 MG	19	LILETTA	51
<i>lessina</i>	50	<i>linezolid</i>	4
<i>letrozole</i>	14	LINZESS	58
<i>leucovorin calcium</i>	24	<i>liothyronine sodium</i>	56
<i>leuprolide acetate</i>	14	<i>lisinopril</i>	25
LEUPROLIDE ACETATE	14	<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>levabuterol hcl</i>	70	12.5 mg	25
<i>levetiracetam</i>	39	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levetiracetam in sodium chloride iv soln</i>		12.5 mg	25
1000 mg/100ml	39	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levetiracetam in sodium chloride iv soln</i>		25 mg	25
1500 mg/100ml	39	<i>lithium</i>	43
<i>levetiracetam in sodium chloride iv soln</i>		<i>lithium carbonate</i>	43
500 mg/100ml	39	LIVTENCITY	10
<i>levobunolol hcl</i>	68	<i>loestrin 1.5/30-21</i>	51
<i>levocarnitine (metabolic modifiers)</i> ...	54	<i>loestrin 1/20-21</i>	51
<i>levocetirizine dihydrochloride</i>	70	<i>loestrin fe 1.5/30</i>	51
<i>levofloxacin</i>	12	<i>loestrin fe 1/20</i>	51
<i>levofloxacin in d5w iv soln 250</i>		<i>lofexidine hcl</i>	45
mg/50ml	12	LOKELMA	49
<i>levofloxacin in d5w iv soln 500</i>		LONSURF TAB 15-6.14.....	14
mg/100ml	12	LONSURF TAB 20-8.19.....	14
<i>levofloxacin in d5w iv soln 750</i>		<i>loperamide hcl</i>	58
mg/150ml	12	<i>lopinavir-ritonavir soln 400-100</i>	
<i>levonest</i>	50	mg/5ml (80-20 mg/ml).....	9
<i>levonorgestrel & ethinyl estradiol (91-</i>		<i>lopinavir-ritonavir tab 100-25 mg</i>	9
day) tab 0.15-0.03 mg	50	<i>lopinavir-ritonavir tab 200-50 mg</i>	9
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>lorazepam</i>	33
0.1 mg-20 mcg	50	<i>lorazepam intensol</i>	33
<i>levonorgestrel & ethinyl estradiol tab</i>		LORBRENA	19, 20
0.15 mg-30 mcg	50	<i>loryna</i>	51
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>losartan potassium</i>	27
30/0.075-40/0.125-30mg-mcg	51	<i>losartan potassium &</i>	
<i>levonorgestrel-ethinyl estradiol</i>		<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>(continuous) tab 90-20 mcg</i>	51	26

<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	26	<i>medroxyprogesterone acetate (contraceptive)</i>	51
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	26	<i>mefloquine hcl</i>	6
LOTEMAX	68	<i>megestrol acetate</i>	15, 55
LOTEMAX SM	68	<i>megestrol acetate (appetite)</i>	55
<i>lovastatin</i>	28	MEKINIST	20
<i>low-ogestrel</i>	51	MEKTOVI	20
<i>loxapine succinate</i>	37	<i>meloxicam</i>	1
<i>lubiprostone</i>	58	<i>memantine hcl</i>	33
LUMAKRAS	20	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	33
LUMIGAN	68	MENACTRA INJ	64
LUMIZYME	54	MENEST	53
LUPRON DEPOT (1-MONTH)	14	MENQUADFI INJ	64
LUPRON DEPOT (3-MONTH)	14	MENVEO INJ	64
LUPRON DEPOT (4-MONTH)	14	MENVEO SOL	64
LUPRON DEPOT (6-MONTH)	15	<i>mercaptapurine</i>	14
LUPRON DEPOT-PED (1-MONTH)	54	<i>meropenem</i>	4
LUPRON DEPOT-PED (3-MONTH)	54	<i>mesalamine</i>	57
LUPRON DEPOT-PED (6-MONTH)	54	<i>mesalamine w/ cleanser</i>	57
<i>lurasidone hcl</i>	37	<i>mesna</i>	24
<i>lutea</i>	51	MESNEX	24
<i>lyleq</i>	51	<i>metformin hcl</i>	46
<i>lyllana</i>	53	<i>methadone hcl</i>	2
LYNPARZA	20	<i>methazolamide</i>	31
LYSODREN	15	<i>methenamine hippurate</i>	4
LYTGOBI (12MG DAILY DOSE)	20	<i>methimazole</i>	56
LYTGOBI (16MG DAILY DOSE)	20	<i>methotrexate sodium</i>	14, 63
LYTGOBI (20MG DAILY DOSE)	20	<i>methoxsalen rapid</i>	74
<i>lyza</i>	51	<i>methsuximide</i>	39
M		<i>methylphenidate hcl</i>	41
<i>magnesium sulfate</i>	66	<i>methylprednisolone</i>	53
MAGNESIUM SULFATE	66	<i>methylprednisolone acetate</i>	53
<i>malathion</i>	76	<i>methylprednisolone sod succ</i>	53
<i>maraviroc</i>	7	<i>metoclopramide hcl</i>	56
<i>marlissa</i>	51	<i>metolazone</i>	31
MARPLAN	34	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	29
MATULANE	15	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	29
<i>matzim la</i>	30	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	29
MAVYRET PAK 50-20MG	10	<i>metoprolol succinate</i>	29
MAVYRET TAB 100-40MG	10	<i>metoprolol tartrate</i>	29
MAYZENT	44	<i>metronidazole</i>	4
MAYZENT STARTER PACK (12)	44	<i>metronidazole (topical)</i>	75
MAYZENT STARTER PACK (7)	44	<i>metronidazole vaginal</i>	59
<i>meclizine hcl</i>	56		
<i>medroxyprogesterone acetate</i>	55		

<i>metyrosine</i>	32	NAMZARIC CAP 28-10MG	33
<i>miconazole 3</i>	59	NAMZARIC CAP 7-10MG	33
<i>microgestin 1.5/30</i>	51	NAMZARIC CAP PAK	33
<i>microgestin 1/20</i>	51	<i>naproxen</i>	1
<i>microgestin fe 1.5/30</i>	51	<i>naproxen dr</i>	1
<i>microgestin fe 1/20</i>	51	<i>naproxen sodium</i>	1
<i>midodrine hcl</i>	32	<i>naratriptan hcl</i>	42
MIEBO	69	<i>nateglinide</i>	46
<i>mifepristone (hyperglycemia)</i>	54	NAYZILAM	39
<i>mili</i>	51	<i>nebivolol hcl</i>	29
<i>mimvey</i>	53	<i>necon 0.5/35-28</i>	51
<i>minocycline hcl</i>	13	<i>nefazodone hcl</i>	34
<i>minoxidil</i>	32	NEFFY.....	71
<i>mirtazapine</i>	34	<i>neomycin sulfate</i>	5
<i>misoprostol</i>	58	<i>neomycin-bacitrac zn-polymyx</i>	
MITIGARE	1	5(3.5)mg-400unt-10000unt op oin	67
M-M-R II INJ.....	64	<i>neomycin-polymy-gramicid op sol</i>	
<i>modafinil</i>	44	1.75-10000-0.025mg-unt-mg/ml ..	68
<i>moexipril hcl</i>	25	<i>neomycin-polymyxin-dexamethasone</i>	
<i>molindone hcl</i>	37	<i>ophth oint 0.1%</i>	67
<i>mometasone furoate</i>	75	<i>neomycin-polymyxin-dexamethasone</i>	
<i>mometasone furoate (nasal)</i>	72	<i>ophth susp 0.1%</i>	67
MONJUVI.....	20	<i>neomycin-polymyxin-hc ophth susp</i> ..	67
<i>montelukast sodium</i>	70	<i>neomycin-polymyxin-hc otic soln 1%</i>	69
<i>morphine sulfate</i>	2, 3	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
MOUNJARO.....	46	mg/ml-10000 unit/ml-1%	69
MOVANTIK	58	<i>neo-polycin</i>	67
<i>moxifloxacin hcl</i>	12	<i>neo-polycin hc</i>	67
<i>moxifloxacin hcl 400 mg/250ml in</i>		NERLYNX.....	20
<i>sodium chloride 0.8% inj</i>	12	<i>nevirapine</i>	7
MRESVIA.....	64	NEXPLANON	51
MULTAQ	28	<i>niacin (antihyperlipidemic)</i>	29
<i>multiple electrolytes inj</i>	66	<i>nicardipine hcl</i>	30
<i>mupirocin</i>	73	NICOTROL INHALER	45
<i>mycophenolate mofetil</i>	64	NICOTROL NS.....	45
<i>mycophenolate sodium</i>	64	<i>nifedipine</i>	30
MYRBETRIQ.....	59	<i>nikki</i>	51
N		<i>nilutamide</i>	15
<i>nabumetone</i>	1	<i>nimodipine</i>	30
<i>nadolol</i>	29	NINLARO.....	20
<i>nafcillin sodium</i>	13	<i>nisoldipine</i>	30
NAGLAZYME	54	<i>nitazoxanide</i>	5
<i>nalbuphine hcl</i>	3	<i>nitisinone</i>	55
<i>naloxone hcl</i>	45	NITRO-BID	32
<i>naltrexone hcl</i>	45	<i>nitrofurantoin macrocrystal</i>	5
NAMZARIC CAP 14-10MG	33	<i>nitrofurantoin monohyd macro</i>	5
NAMZARIC CAP 21-10MG	33	<i>nitroglycerin</i>	32

<i>nitroglycerin (intra-anal)</i>	75	NUTRILIPID	67
<i>nizatidine</i>	57	<i>nyamyc</i>	73
<i>nora-be</i>	51	<i>nylia 1/35</i>	52
NORDITROPIN FLEXPEN	55	<i>nylia 7/7/7</i>	52
<i>norelgestromin-ethinyl estradiol td</i>		<i>nystatin</i>	6
<i>ptwk 150-35 mcg/24hr</i>	51	<i>nystatin (mouth-throat)</i>	76
<i>norethindrone & ethinyl estradiol-fe</i>		<i>nystatin (topical)</i>	73
<i>chew tab 0.8 mg-25 mcg</i>	51	<i>nystop</i>	74
<i>norethindrone (contraceptive)</i>	51	●	
<i>norethindrone ace & ethinyl estradiol</i>		<i>ocella</i>	52
<i>tab 1 mg-20 mcg</i>	51	OCTAGAM	63
<i>norethindrone ace & ethinyl estradiol-fe</i>		<i>octreotide acetate</i>	55
<i>tab 1 mg-20 mcg</i>	51	ODEFSEY TAB	9
<i>norethindrone ace & ethinyl estradiol-fe</i>		ODOMZO.....	20
<i>tab 1.5 mg-30 mcg</i>	51	OFEV	71
<i>norethindrone acetate</i>	55	<i>ofloxacin (ophth)</i>	68
<i>norethindrone ac-ethinyl estrad-fe tab</i>		<i>ofloxacin (otic)</i>	69
<i>1-20/1-30/1-35 mg-mcg</i>	51	OGIVRI	20
<i>norgestimate & ethinyl estradiol tab</i>		OGSIVEO	20
<i>0.25 mg-35 mcg</i>	51	OJEMDA	20
<i>norgestimate-eth estrad tab 0.18-</i>		OJJAARA	20
<i>25/0.215-25/0.25-25 mg-mcg</i>	51	<i>olanzapine</i>	37
<i>norgestimate-eth estrad tab 0.18-</i>		<i>olmesartan medoxomil</i>	27
<i>35/0.215-35/0.25-35 mg-mcg</i>	52	<i>olmesartan medoxomil-</i>	
<i>norlyda</i>	52	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>norlyroc</i>	52	26
<i>nortrel 0.5/35 (28)</i>	52	<i>olmesartan medoxomil-</i>	
<i>nortrel 1/35</i>	52	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>nortrel 7/7/7</i>	52	27
<i>nortriptyline hcl</i>	34	<i>olmesartan medoxomil-</i>	
NORVIR	7	<i>hydrochlorothiazide tab 40-25 mg</i> .	27
NOVOLIN INJ 70/30.....	47	<i>olmesartan-amlodipine-</i>	
NOVOLIN INJ 70/30 FP	47	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLIN N	47	<i>mg</i>	27
NOVOLIN N FLEXPEN	47	<i>olmesartan-amlodipine-</i>	
NOVOLIN R.....	47	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLIN R FLEXPEN	47	<i>mg</i>	27
NOVOLOG	47	<i>olmesartan-amlodipine-</i>	
NOVOLOG FLEXPEN	47	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOVOLOG MIX INJ 70/30	47	27
NOVOLOG MIX INJ FLEXPEN	47	<i>olmesartan-amlodipine-</i>	
NOVOLOG PENFILL	47	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NUBEQA.....	15	<i>mg</i>	27
NUDEXTA CAP 20-10MG	43	<i>olmesartan-amlodipine-</i>	
NULOJIX	64	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
NUPLAZID	37	27
NURTEC	42	<i>olopatadine hcl</i>	68

<i>olopatadine hcl (nasal)</i>	70	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3
<i>omega-3-acid ethyl esters cap 1 gm</i> .29		OZEMPIC.....	46
<i>omeprazole</i>	58	P	
OMNIPOD 5 DX KIT INT G7G6.....	47	<i>pacerone</i>	28
OMNIPOD 5 DX MIS POD G7G6.....	47	<i>paclitaxel</i>	16
OMNIPOD 5 G7 KIT INTRO	47	<i>paliperidone</i>	37
OMNIPOD 5 G7 MIS PODS.....	47	<i>pamidronate disodium</i>	48
OMNIPOD 5 LB KIT INTRO G6.....	48	PAMIDRONATE DISODIUM.....	48
OMNIPOD 5 LB MIS PODS G6.....	48	PANRETIN	76
OMNIPOD DASH KIT INTRO	48	<i>pantoprazole sodium</i>	58
OMNIPOD DASH MIS PODS.....	48	PANZYGA	63
OMNIPOD GO KIT 10UNT/DY	48	<i>paricalcitol</i>	56
OMNIPOD GO KIT 15UNT/DY	48	<i>paroxetine hcl</i>	34
OMNIPOD GO KIT 20UNT/DY	48	PAXLOVID TAB 150-100.....	10
OMNIPOD GO KIT 25UNT/DY	48	PAXLOVID TAB 300-100.....	10
OMNIPOD GO KIT 30UNT/DY	48	<i>pazopanib hcl</i>	20
OMNIPOD GO KIT 35UNT/DY	48	PEDIARIX INJ 0.5ML.....	64
OMNIPOD GO KIT 40UNT/DY	48	PEDVAX HIB.....	64
OMNIPOD MIS CLASSIC	48	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	57
OMNIPOD PDM KIT CLASSIC.....	48	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	57
<i>ondansetron</i>	56	PEGASYS.....	10
<i>ondansetron hcl</i>	56	PEMAZYRE.....	20
ONTRUZANT	20	PENBRAYA INJ	64
ONUREG	14	<i>penicillamine</i>	49
OPIPZA	37	<i>penicillin g potassium</i>	13
ORGOVYX.....	15	<i>penicillin g sodium</i>	13
ORKAMBI GRA 100-125	71	<i>penicillin v potassium</i>	13
ORKAMBI GRA 150-188	71	PENTACEL INJ.....	65
ORKAMBI GRA 75-94MG.....	71	<i>pentamidine isethionate for inj</i>	5
ORKAMBI TAB 100-125	71	<i>pentamidine isethionate for nebulization</i>	5
ORKAMBI TAB 200-125	71	PENTASA.....	57
ORSERDU.....	15	<i>pentoxifylline</i>	60
<i>oseltamivir phosphate</i>	10	<i>perindopril erbumine</i>	25
OTEZLA.....	62	<i>periogard</i>	76
OTEZLA TAB 10/20	62	<i>permethrin</i>	76
OTEZLA TAB 10/20/30	62	<i>perphenazine</i>	37
<i>oxacillin sodium</i>	13	<i>phenelzine sulfate</i>	34
<i>oxaprozin</i>	1	<i>phenobarbital</i>	39
<i>oxcarbazepine</i>	39	<i>phenytek</i>	40
<i>oxybutynin chloride</i>	59	<i>phenytoin</i>	40
<i>oxycodone hcl</i>	3	<i>phenytoin sodium</i>	40
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	<i>phenytoin sodium extended</i>	40
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	PHESGO SOL	21
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3		

PIFELTRO	7	<i>pramipexole dihydrochloride</i>	35
<i>pilocarpine hcl</i>	68	<i>prasugrel hcl</i>	60
<i>pilocarpine hcl (oral)</i>	76	<i>pravastatin sodium</i>	28
<i>pimecrolimus</i>	76	<i>praziquantel</i>	5
<i>pimozide</i>	37	<i>prazosin hcl</i>	25
<i>pimtrea</i>	52	<i>prednisolone</i>	53
<i>pindolol</i>	29	<i>prednisolone acetate (ophth)</i>	68
<i>pioglitazone hcl</i>	46	PREDNISOLONE SODIUM PHOSP	68
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	46	<i>prednisolone sodium phosphate</i>	54
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	46	<i>prednisone</i>	54
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	13	PREDNISONE INTENSOL	54
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	13	<i>pregabalin</i>	40
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	13	PREMARIN.....	53
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	13	PREMASOL SOL 10%	67
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	13	PRENATAL TAB 27-1MG.....	66
PIQRAY 200MG DAILY DOSE	21	PRENATAL TABS.....	66
PIQRAY 250MG TAB DOSE.....	21	PRETAB TAB 29-1MG	66
PIQRAY 300MG DAILY DOSE	21	<i>prevalite</i>	29
<i>pirfenidone</i>	71	PREVYMIS	10
<i>pirmella 1/35</i>	52	PREZCOBIX TAB 800-150	9
<i>piroxicam</i>	1	PREZISTA.....	7
<i>pitavastatin calcium</i>	28	PRIFTIN	9
<i>plenamine</i>	67	PRIMAQUINE PHOSPHATE	6
PNV TABS TAB 29-1MG	66	<i>primidone</i>	40
<i>pnv-select</i>	66	PRIORIX INJ	65
<i>podofilox</i>	76	PRIVIGEN.....	63
<i>polycin</i>	68	PROAIR RESPICLICK.....	70
<i>polymyxin b sulfat</i> e	5	<i>probenecid</i>	1
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	68	<i>prochlorperazine</i>	56
POMALYST.....	15	<i>prochlorperazine edisylate</i>	56
<i>portia-28</i>	52	<i>prochlorperazine maleate</i>	56
<i>posaconazole</i>	6	PROCRIT	60
<i>potassium chloride</i>	66	<i>procto-med hc</i>	76
POTASSIUM CHLORIDE	66	<i>proctosol hc</i>	76
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	66	<i>proctozone-hc</i>	76
<i>potassium chloride microencapsulated crystals er</i>	66	<i>progesterone</i>	55
<i>potassium citrate (alkalinizer)</i>	59	PROGRAF	64
		PROLASTIN-C	71
		PROLIA	48
		<i>promethazine hcl</i>	56
		<i>propafenone hcl</i>	28
		<i>propranolol hcl</i>	30
		<i>propylthiouracil</i>	56
		PROQUAD INJ	65
		<i>protriptyline hcl</i>	34
		PULMOZYME	71
		PURIXAN	14

<i>pyrazinamide</i>	9	<i>riluzole</i>	43
<i>pyridostigmine bromide</i>	43	<i>rimantadine hydrochloride</i>	10
<i>pyrimethamine</i>	5	<i>ringer's solution</i>	66
Q		<i>ringer's solution for irrigation</i>	76
QINLOCK	21	RINVOQ	62
QUADRACEL INJ 0.5ML	65	RINVOQ LQ	62
<i>quetiapine fumarate</i>	37	<i>risedronate sodium</i>	48
<i>quinapril hcl</i>	25	<i>risperidone</i>	37
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	25	<i>risperidone microspheres</i>	37, 38
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	25	<i>ritonavir</i>	7
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	25	<i>rivastigmine</i>	33
<i>quinidine sulfate</i>	28	<i>rivastigmine tartrate</i>	33
<i>quinine sulfate</i>	6	<i>rizatriptan benzoate</i>	42
QULIPTA	42	ROCKLATAN DRO	69
QVAR REDHALER	72	<i>roflumilast</i>	71
R		<i>ropinirole hydrochloride</i>	36
RABAVERT INJ	65	<i>rosuvastatin calcium</i>	28
<i>rabeprazole sodium</i>	58	ROTARIX SUS	65
<i>raloxifene hcl</i>	55	ROTATEQ SOL	65
<i>ramelteon</i>	42	<i>roweepra</i>	40
<i>ramipril</i>	25	ROZLYTREK	21
<i>ranolazine</i>	32	RUBRACA	21
<i>rasagiline mesylate</i>	35	<i>rufinamide</i>	40
<i>reclipsen</i>	52	RUKOBIA	7
RECOMBIVAX HB	65	RYBELSUS	46
REGRANEX	76	RYDAPT	21
RELENZA DISKHALER	10	S	
RELISTOR	58	<i>sajazir</i>	60
<i>repaglinide</i>	46	SANTYL	76
REPATHA	29	<i>sapropterin dihydrochloride</i>	55
REPATHA PUSHTRONEX SYSTEM	29	SCEMBLIX	21
REPATHA SURECLICK	29	<i>scopolamine</i>	56
RESTASIS	69	SECUADO	38
RESTASIS MULTIDOSE	69	<i>selegiline hcl</i>	36
RETEVMO	21	<i>selenium sulfide</i>	74
REVUFORJ	21	SELZENTRY	7
REXULTI	37	SE-NATAL 19 CHW	66
REYATAZ	7	SE-NATAL 19 TAB	66
REZLIDHIA	21	SEREVENT DISKUS	70
REZUROCK	64	<i>sertraline hcl</i>	34
RHOPRESSA	68	<i>setlakin</i>	52
<i>ribavirin (hepatitis c)</i>	10	<i>sevelamer carbonate</i>	55
<i>rifabutin</i>	9	<i>sharobel</i>	52
<i>rifampin</i>	9	SHINGRIX	65
		SIGNIFOR	55
		<i>sildenafil citrate (pulmonary hypertension)</i>	32

<i>silver sulfadiazine</i>	73	<i>subvenite</i>	40
SIMBRINZA SUS 1-0.2%.....	69	<i>sucralfate</i>	58
SIMLANDI	62	<i>sulfacetamide sodium (acne)</i>	73
SIMLANDI 1-PEN KIT	62	<i>sulfacetamide sodium (ophth)</i>	68
SIMLANDI 2-PEN KIT	62	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	67
<i>simvastatin</i>	28	<i>sulfadiazine</i>	5
<i>sirolimus</i>	64	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	5
SIRTURO.....	9	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	5
SKYRIZI	62	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	5
SKYRIZI PEN	62	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	5
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	57	SULFAMYLON.....	73
<i>sodium chloride</i>	66	<i>sulfasalazine</i>	57
<i>sodium chloride (gu irrigant)</i>	76	<i>sulindac</i>	1
<i>sodium fluoride</i>	66	<i>sumatriptan</i>	42
<i>sodium fluoride tab;1.1(0.5 f)mg/ml</i> <i>soln</i>	66	<i>sumatriptan succinate</i>	42
SODIUM OXYBATE.....	44	<i>sunitinib malate</i>	22
<i>sodium phenylbutyrate</i>	55	SUNLENCA (4 X 300MG)	7
<i>sodium polystyrene sulfonate powder</i>	49	SUNLENCA (5 X 300MG)	8
<i>solifenacin succinate</i>	59	SUTAB TAB.....	57
SOLIQUA INJ 100/33	48	<i>syeda</i>	52
SOLTAMOX.....	15	SYMDEKO TAB 100-150	71
SOLU-CORTEF.....	54	SYMDEKO TAB 50-75MG	71
SOMATULINE DEPOT.....	55	SYMPAZAN	40
SOMAVERT	55	SYMTUZA TAB.....	9
<i>sorafenib tosylate</i>	21	SYNAREL.....	55
<i>sotalol hcl</i>	28	SYNJARDY TAB 12.5-1000MG	46
<i>sotalol hcl (afib/afl)</i>	28	SYNJARDY TAB 12.5-500.....	46
SPIRIVA HANDIHALER	70	SYNJARDY TAB 5-1000MG.....	46
SPIRIVA RESPIMAT.....	70	SYNJARDY TAB 5-500MG.....	46
<i>spironolactone</i>	25	SYNJARDY XR TAB 10-1000.....	46
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	31	SYNJARDY XR TAB 12.5-1000MG	46
<i>sprintec 28</i>	52	SYNJARDY XR TAB 25-1000.....	46
SPRITAM	40	SYNJARDY XR TAB 5-1000MG	46
SPRYCEL	21, 22	SYNTHROID.....	56
<i>sps</i>	49	T	
<i>sronyx</i>	52	TABRECTA.....	22
<i>ssd</i>	73	<i>tacrolimus</i>	64
STELARA	62	<i>tacrolimus (topical)</i>	76
STIOLTO AER 2.5-2.5	69	<i>tadalafil</i>	59
STIVARGA	22	<i>tadalafil (pulmonary hypertension)</i> ...	32
<i>streptomycin sulfate</i>	5	TAFINLAR.....	22
STRIBILD TAB.....	9	TAGRISSO.....	22
STRIVERDI RESPIMAT.....	70		

TALZENNA.....	22	<i>tiagabine hcl</i>	40
<i>tamoxifen citrate</i>	15	TIBSOVO.....	22
<i>tamsulosin hcl</i>	59	TICOVAC.....	65
<i>tarina 24 fe</i>	52	<i>tigecycline</i>	13
<i>tarina fe 1/20 eq</i>	52	<i>tilia fe</i>	52
TASIGNA.....	22	<i>timolol maleate</i>	30
<i>tasimelteon</i>	42	<i>timolol maleate (ophth)</i>	69
TAVNEOS.....	60	<i>tinidazole</i>	5
<i>tazarotene</i>	74	<i>tiotropium bromide monohydrate</i>	70
<i>tazicef</i>	11	TIVICAY.....	8
TAZORAC.....	74	TIVICAY PD.....	8
TAZVERIK.....	22	<i>tizanidine hcl</i>	44
TECENTRIQ.....	22	TOBI PODHALER.....	5
TEFLARO.....	11	<i>tobramycin</i>	5
<i>telmisartan</i>	27	<i>tobramycin (ophth)</i>	68
<i>telmisartan-amlodipine tab 40-10 mg</i>	27	<i>tobramycin sulfate</i>	5
<i>telmisartan-amlodipine tab 40-5 mg</i>	27	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	67
<i>telmisartan-amlodipine tab 80-10 mg</i>	27	<i>tolterodine tartrate</i>	59
<i>telmisartan-amlodipine tab 80-5 mg</i>	27	<i>topiramate</i>	40
<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	27	<i>toremifene citrate</i>	15
<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	27	<i>torpenz</i>	22
<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>25 mg</i>	27	<i>torse mide</i>	31
<i>temazepam</i>	42	TOUJEO MAX SOLOSTAR.....	48
TENIVAC INJ 5-2LF.....	65	TOUJEO SOLOSTAR.....	48
<i>tenofovir disoproxil fumarate</i>	8	TRADJENTA.....	47
TEPMETKO.....	22	<i>tramadol hcl</i>	2, 3
<i>terazosin hcl</i>	25	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	3
<i>terbinafine hcl</i>	6	<i>trandolapril</i>	25
<i>terbutaline sulfate</i>	70	<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	25
<i>terconazole vaginal</i>	59	<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i>	25
<i>teriflunomide</i>	44	<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i>	25
TERIPARATIDE.....	48	<i>trandolapril-verapamil hcl tab er 4-240</i> <i>mg</i>	25
<i>testosterone</i>	45	<i>tranexamic acid</i>	60
<i>testosterone cypionate</i>	45	<i>tranylcypromine sulfate</i>	34
<i>testosterone enanthate</i>	45	TRAVASOL INJ 10%.....	67
<i>tetrabenazine</i>	43	<i>travoprost</i>	69
<i>tetracycline hcl</i>	13	TRAZIMERA.....	22
THALOMID.....	15	<i>trazodone hcl</i>	34
<i>theophylline</i>	71	TRECATOR.....	9
<i>thioridazine hcl</i>	38	TRELEGY AER 100MCG.....	69
<i>thiothixene</i>	38	TRELEGY AER 200MCG.....	69
<i>tiadylt er</i>	30		

TRELSTAR MIXJECT	15	TRUXIMA.....	22
TRESIBA	48	TUKYSA	22
TRESIBA FLEXTOUCH.....	48	TURALIO	22
<i>tretinoin</i>	73	<i>turqoz</i>	52
<i>tretinoin (chemotherapy)</i>	15	TWINRIX INJ	65
<i>triamcinolone acetonide (mouth)</i>	76	TYBOST	8
<i>triamcinolone acetonide (topical)</i>	75	TYPHIM VI.....	65
<i>triamterene & hydrochlorothiazide cap</i>		TYVASO	32
<i>37.5-25 mg</i>	31	U	
<i>triamterene & hydrochlorothiazide tab</i>		UBRELVY.....	42
<i>37.5-25 mg</i>	31	<i>unithroid</i>	56
<i>triamterene & hydrochlorothiazide tab</i>		<i>ursodiol</i>	58
<i>75-50 mg</i>	31	V	
<i>tridacaine ii</i>	75	<i>valacyclovir hcl</i>	10
<i>tridacaine iii</i>	75	VALCHLOR	76
<i>triderm</i>	75	<i>valganciclovir hcl</i>	10
<i>trientine hcl</i>	49	<i>valproate sodium</i>	40
<i>tri-estarylla</i>	52	<i>valproic acid</i>	40
<i>trifluoperazine hcl</i>	38	<i>valsartan</i>	27
<i>trifluridine</i>	68	<i>valsartan-hydrochlorothiazide tab 160-</i>	
TRIJARDY XR TAB 10-5-1000MG	47	<i>12.5 mg</i>	27
TRIJARDY XR TAB 12.5-2.5-1000MG.....	47	<i>valsartan-hydrochlorothiazide tab 160-</i>	
TRIJARDY XR TAB 25-5-1000MG	47	<i>25 mg</i>	27
TRIJARDY XR TAB 5-2.5-1000MG	47	<i>valsartan-hydrochlorothiazide tab 320-</i>	
TRIKAFTA PAK 59.5MG.....	71	<i>12.5 mg</i>	27
TRIKAFTA PAK 75MG	71	<i>valsartan-hydrochlorothiazide tab 320-</i>	
TRIKAFTA TAB	71	<i>25 mg</i>	27
<i>tri-legest fe</i>	52	<i>valsartan-hydrochlorothiazide tab 80-</i>	
<i>tri-lo-estarylla</i>	52	<i>12.5 mg</i>	27
<i>tri-lo-sprintec</i>	52	VALTOCO 10 MG DOSE	40
<i>trimethoprim</i>	5	VALTOCO 15 MG DOSE	40
<i>tri-mili</i>	52	VALTOCO 20 MG DOSE	40
<i>trimipramine maleate</i>	34	VALTOCO 5 MG DOSE.....	40
TRINATAL RX TAB 1.....	66	<i>valtya 1/50</i>	52
TRINTELLIX	34	<i>vancomycin hcl</i>	5
<i>tri-nymyo</i>	52	VANCOMYCIN HYDROCHLORIDE	5
<i>tri-sprintec</i>	52	VANCOMYCIN INJ 1 GM.....	5
TRIUMEQ PD TAB	9	VANCOMYCIN INJ 500MG	5
TRIUMEQ TAB	9	VANCOMYCIN INJ 750MG	5
<i>trivora-28</i>	52	VANFLYTA	22
<i>tri-vylibra</i>	52	VAQTA.....	65
<i>tri-vylibra lo</i>	52	<i>varenicline tartrate</i>	45
TROPHAMINE INJ 10%.....	67	<i>varenicline tartrate tab 11 x 0.5 mg &</i>	
<i>tropium chloride</i>	59	<i>42 x 1 mg start pack</i>	45
TRULICITY.....	47	VARIVAX	65
TRUMENBA INJ	65	VASCEPA.....	29
TRUQAP	22	VAXCHORA SUS	65

<i>velivet</i>	52	XDEMVI	68
VENCLEXTA	22	XELJANZ	62
VENCLEXTA TAB START PK	22	XELJANZ XR	62
<i>venlafaxine hcl</i>	35	XERMELO	58
VENTOLIN HFA	70	XGEVA	48
VEOZAH	55	XHANCE	72
<i>verapamil hcl</i>	30	XIFAXAN	58
VERQUVO	32	XIGDUO XR TAB 10-1000	47
VERSACLOZ	38	XIGDUO XR TAB 10-500MG	47
VERZENIO	23	XIGDUO XR TAB 2.5-1000	47
<i>vestura</i>	52	XIGDUO XR TAB 5-1000MG	47
<i>vienna</i>	52	XIGDUO XR TAB 5-500MG	47
<i>vigabatrin</i>	40	XIIDRA	69
<i>vigadrone</i>	40	XOLAIR	71, 72
VIGAFYDE	40	XOSPATA	23
<i>vigpoder</i>	40	XPOVIO PAK (100 MG ONCE WEEKLY)	23
<i>vilazodone hcl</i>	35	XPOVIO PAK (40 MG ONCE WEEKLY)	23
VIRACEPT	8	XPOVIO PAK (40 MG TWICE WEEKLY)	23
VIREAD	8	XPOVIO PAK (60 MG ONCE WEEKLY)	23
VITRAKVI	23	XPOVIO PAK (60 MG TWICE WEEKLY)	23
VIZIMPRO	23	XPOVIO PAK (80 MG ONCE WEEKLY)	23
VONJO	23	XPOVIO PAK (80 MG TWICE WEEKLY)	23
VORANIGO	23	XTANDI	15
<i>voriconazole</i>	6	<i>xulane</i>	52
VORICONAZOLE	6	XYWAV SOL 0.5GM/ML	44
VOSEVI TAB	11	Y	
VOWST CAP	58	YF-VAX INJ	65
VRAYLAR	38	<i>yuvafem</i>	53
VRAYLAR CAP 1.5-3MG	38	Z	
VUMERITY	44	<i>zafemy</i>	52
<i>vyfemla</i>	52	<i>zafirlukast</i>	70
<i>vylibra</i>	52	<i>zaleplon</i>	42
VYZULTA	69	ZARXIO	60
W		ZEGALOGUE	54
<i>warfarin sodium</i>	60	ZEJULA	23
<i>water for irrigation, sterile irrigation soln</i>	76	ZELBORAF	23
WELIREG	16	ZEMAIRA	72
X		<i>zenatane</i>	73
XALKORI	23	ZENPEP CAP 10000UNT	58
XARELTO	60	ZENPEP CAP 15000UNT	58
XARELTO STAR TAB 15/20MG	60	ZENPEP CAP 20000UNT	58
XCOPRI	40	ZENPEP CAP 25000UNT	58
XCOPRI PAK 100-150	40	ZENPEP CAP 3000UNIT	58
XCOPRI PAK 12.5-25	40		
XCOPRI PAK 150-200	40		
XCOPRI PAK 50-100MG	40		

ZENPEP CAP 40000UNT.....	58	<i>zolpidem tartrate</i>	42
ZENPEP CAP 5000UNIT	58	ZONISADE	40
ZENPEP CAP 60000UNT.....	58	<i>zonisamide</i>	40
<i>zidovudine</i>	8	<i>zovia 1/35</i>	52
<i>ziprasidone hcl</i>	38	ZTALMY	40
<i>ziprasidone mesylate</i>	38	ZURZUVAE	35
ZIRGAN	68	ZYDELIG	23
<i>zoledronic acid</i>	48	ZYKADIA.....	23
ZOLINZA	23		



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If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583**, TTY **711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583**, TTY **711**. They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at hhs.gov/ocr/office/file/index.html.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (phone), Nondiscrimination_CoordinatorGM@bcbst.com (email), or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: **bcbst.com**.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-831-2583, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-831-2583, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-831-2583, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-831-2583, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-831-2583, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-831-2583, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-831-2583, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-831-2583, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-831-2583, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-831-2583, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-831-2583, TTY 711. سيفوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-831-2583, TTY 711 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-831-2583, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-831-2583, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-831-2583, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-831-2583, TTY 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-831-2583, TTY 711 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

We have made no changes to this Formulary since 04/01/2025.

We're right here when you need us.

For more recent information or
other questions, please contact us.



1-800-831-2583, TTY 711

**OCT. 1 TO MARCH 31, SEVEN DAYS A WEEK
FROM 8 A.M. TO 9 P.M. ET. FROM **APRIL 1**
TO **SEPT. 30**, M-F FROM 8 A.M. TO 9 P.M. ET.**

or visit



bcbstmedicare.com

