

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 06/01/2025.
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 06/01/2025. 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 06/01/2025. 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 79. 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 79.

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.

This plan has a defined standard deductible for drug benefits. Pharmacy Deductible \$590	
Cost Sharing Tier 1	What you pay for a 30-day supply of Standard Retail and Mail Order Drugs Generic Drugs 25% coinsurance Brand Drugs 25% coinsurance Or if you have Extra Help: Generic Drugs \$0 to \$4.90 copay* Brand Drugs \$0 to \$12.25 copay* *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.

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

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.

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

Drug Tiers

Tier 1= Preferred Generics

Tier 2= Generics

Tier 3= Preferred Brands

Tier 4= Non-Preferred Drugs

Tier 5= Brands and Generics:
Cost over \$950 per month

Updated 06/2025

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</i> 0.5-500 mg	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</i> 50-0.2 mg	1	
<i>diclofenac w/ misoprostol tab delayed release</i> 75-0.2 mg	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</i> 120-12 mg/5ml	1	QL (4500 mL / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-60 mg	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

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, 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	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 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	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)

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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 TABS 300mg	1	NDS, QL (24 tabs / year)

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA (4 X 300MG) TBPK 300mg	1	NDS, QL (8 tabs / year)
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)

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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)
KALETRA SOL	1	QL (480 mL / 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)
SYM TUZA 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	

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN .05mg/ml	1	NDS
<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 PAK	1	QL (11 tabs / 5 days)
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

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Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl</i> TABS 450mg	1	
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
e.e.s. 400 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	

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>erythromycin ethylsuccinate</i> TABS 400mg	1	
FLUOROQUINOLONES		
<i>CIPRO</i> SUSR 500mg/5ml	1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	1	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	1	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	1	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate</i> for susp 200-28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 250-62.5 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 600-42.9 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> tab 250-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab 500-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab 875-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab er 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam</i> sodium for inj 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam</i> sodium for inj 3 (2-1) gm	1	
<i>ampicillin & sulbactam</i> sodium for iv soln 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam</i> sodium for iv soln 3 (2-1) gm	1	
<i>ampicillin & sulbactam</i> sodium for iv soln 15 (10-5) gm	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 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
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>naftacillin sodium</i> SOLR 1gm, 2gm	1	
<i>naftacillin 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</i> 3.375 gm (3-0.375 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	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
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	1	NDS, 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
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 500mg/ml	1	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	
LEUKERAN TABS 2mg	1	NDS
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> SUSP 2000mg/100ml	1	NDS
<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
TABLOID TABS 40mg	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
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	PA
<i>leuprolide acetate (3 month)</i> INJ 22.5mg	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

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 (4-MONTH) KIT 30mg	1	NDS, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	1	NDS, PA
LUTRATE DEPOT INJ 22.5mg	1	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

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
MATULANE CAPS 50mg	1	NDS
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
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

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 CAPS 100mg	1	NDS, QL (60 caps / 30 days), PA
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

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
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), PA
<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
GOMEKLI CAPS 1mg	1	NDS, QL (126 caps / 28 days), PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 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

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
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
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

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
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
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

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
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
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 25mg	1	NDS, QL (240 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
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	NDS, QL (8 caps / 28 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

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
SCSEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
SCSEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), PA
SCSEMBLIX 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
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

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
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
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 10mg	1	NDS, QL (16 tabs / 28 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

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
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

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	

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>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<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	

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
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
doxazosin mesylate TABS 8mg	1	QL (60 tabs / 30 days)
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg	1	QL (30 caps / 30 days)
terazosin hcl CAPS 10mg	1	QL (60 caps / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	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)

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>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	
<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	

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
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg, 32mg	1	
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> TABS 5mg, 20mg, 40mg	1	
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	
<i>valsartan</i> TABS 40mg, 80mg, 160mg, 320mg	1	
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/afl)</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)

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>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	
<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)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	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</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 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>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1	
<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	

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>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</i> 5-50 mg	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	
<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</i> 25-25 mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	QL (4 patches / 28 days)
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	1	QL (120 ampules / 30 days)
<i>CORLANOR TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>digoxin SOLN .05mg/ml; TABS 125mcg</i>	1	
<i>digoxin TABS 250mcg</i>	1	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	1	NDS, QL (90 caps / 30 days), PA
<i>droxidopa CAPS 200mg, 300mg</i>	1	NDS, QL (180 caps / 30 days), PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	1	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	1	
<i>ISOSORBIDE MONONITRATE TABS 10mg, 20mg</i>	1	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	1	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</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
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, PA
alyq TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
ambrisentan TABS 5mg, 10mg	1	NDS, PA
bosentan TABS 62.5mg, 125mg	1	NDS, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), PA
tadalafil (pulmonary hypertension) TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
TYVASO SOLN .6mg/ml	1	NDS, B/D
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS 2mg	1	QL (150 tabs / 30 days), PA
alprazolam TABS .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days), PA
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg	1	QL (30 tabs / 30 days)
fluvoxamine maleate TABS 50mg	1	QL (60 tabs / 30 days)
fluvoxamine maleate TABS 100mg	1	QL (90 tabs / 30 days)
lorazepam TABS 2mg	1	QL (150 tabs / 30 days), PA
lorazepam TABS .5mg, 1mg	1	QL (90 tabs / 30 days), PA
lorazepam intensol CONC 2mg/ml	1	PA
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg, 10mg; TBDP 5mg, 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	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
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	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>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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
RALDESY SOLN 10mg/ml	1	NDS
<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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 TABS 200mg</i>	1	
<i>INBRIJA CAPS 42mg</i>	1	NDS
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
ANTIPSYCHOTICS		
<i>ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml</i>	1	NDS
<i>ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg</i>	1	NDS
<i>aripiprazole SOLN 1mg/ml</i>	1	
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml</i>	1	NDS
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	1	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
<i>CAPLYTA CAPS 10.5mg, 21mg, 42mg</i>	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml</i>	1	
<i>chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine TABS 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg</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
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	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	
ANTIEPILEPTIC 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	

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>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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	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
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg, 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>clonidine hcl (adhd)</i> TB12 .1mg	1	
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

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

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Drug Name	Drug Tier	Requirements/Limits
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 TABS 6mg	1	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 6mg, 12mg	1	NDS, QL (90 tabs / 30 days), PA
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

Drug Name	Drug Tier	Requirements/Limits
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
<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	

Drug Name	Drug Tier	Requirements/Limits
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)
<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)</i> TB12 150mg	1	
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>lofexidine hcl</i> TABS .18mg	1	NDS
<i>naloxone hcl</i> LIQD 4mg/0.1ml	1	QL (2 sprays / 30 days)
<i>naloxone hcl</i> SOCT .4mg/ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	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</i> CAPS 50mg, 100mg, 200mg	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>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg	1	QL (360 tabs / 30 days)
<i>acarbose</i> TABS 50mg	1	QL (180 tabs / 30 days)
<i>acarbose</i> TABS 100mg	1	QL (90 tabs / 30 days)
CYCLOSET TABS .8mg	1	QL (180 tabs / 30 days)
FARXIGA TABS 5mg	1	QL (60 tabs / 30 days)
FARXIGA TABS 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> TABS 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg; TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg; TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	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</i> SOLN 500mg/5ml	1	QL (765 mL / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg; TB24 750mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	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>metformin hcl</i> TB24 1000mg	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</i> TABS 60mg	1	QL (180 tabs / 30 days)
<i>nateglinide</i> TABS 120mg	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</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 1.5mg, 3mg, 4mg, 7mg, 9mg, 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)
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

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
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	
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)

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
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	
<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	

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>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	
<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>feirza 1/20</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>haloette</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i> TABS .35mg	1	
<i>juleber</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>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	
<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	

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>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	
NEXPLANON IMPL 68mg	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 (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	
<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	

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>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>xarah fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	

ESTROGENS

<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches / 28 days)
<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	
<i>ESTRING</i> 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)
<i>MENEST</i> TABS .3mg, .625mg, 1.25mg, 2.5mg	1	
<i>mimvey</i>	1	
<i>PREMARIN</i> CREA .625mg/gm	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
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	1	
yuvafem TABS 10mcg	1	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml	1	
dexamethasone TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate SOLR 100mg	1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	1	
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	1	
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS
betaine anhy pow	1	NDS
cabergoline TABS .5mg	1	
carglumic acid TBSO 200mg	1	NDS
cinacalcet hcl TABS 30mg	1	B/D, QL (120 tabs / 30 days)
cinacalcet hcl TABS 60mg	1	B/D, QL (60 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>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
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS
NORDITROPIN FLEXPLO 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

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
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	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
<i>SYNTHROID</i> 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

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>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro SUPP 25mg</i>	1	
<i>dronabinol CAPS 2.5mg, 5mg, 10mg</i>	1	B/D
<i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>	1	
<i>granisetron hcl TABS 1mg</i>	1	B/D
<i>meclizine hcl TABS 12.5mg, 25mg</i>	1	
<i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml</i>	1	
<i>metoclopramide hcl TABS 5mg, 10mg</i>	1	
<i>ondansetron TBDP 4mg, 8mg</i>	1	B/D
<i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i>	1	
<i>ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg</i>	1	B/D
<i>prochlorperazine SUPP 25mg</i>	1	
<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	1	
<i>prochlorperazine maleate TABS 5mg, 10mg</i>	1	
<i>promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg</i>	1	
<i>scopolamine PT72 1mg/3days</i>	1	PA
ANTISPASMODICS		
<i>dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg</i>	1	PA
<i>glycopyrrolate TABS 1mg, 2mg</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine TABS 200mg, 300mg, 400mg, 800mg</i>	1	
<i>famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml</i>	1	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine CAPS 150mg, 300mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium CAPS 750mg</i>	1	
<i>budesonide CPEP 3mg</i>	1	
<i>budesonide TB24 9mg</i>	1	NDS
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	1	
<i>mesalamine CP24 .375gm; CPCR 500mg; ENEM 4gm; TBEC 1.2gm</i>	1	
<i>mesalamine w/ cleanser KIT 4gm</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
PENTASA CPCR 250mg	1	
sulfasalazine TABS 500mg; TBEC 500mg	1	
LAXATIVES		
CLENPIQ SOL	1	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
generlac SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	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	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	NDS
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 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	

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
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 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	
ZENPEP CAP 20000UNIT	1	
ZENPEP CAP 25000UNIT	1	
ZENPEP CAP 40000UNIT	1	NDS
ZENPEP CAP 60000UNIT	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)

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	

Drug Name	Drug Tier	Requirements/Limits
<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</i> 3 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
<i>heparin sodium (porcine)</i> SOLN 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

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>ticagrelor</i> TABS 90mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
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

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
SIMLANDI 1-PEN KIT AJKT 40mg/0.4ml	1	NDS, QL (6 injections / 28 days), PA
SIMLANDI 1-PEN KIT AJKT 80mg/0.8ml	1	NDS, QL (3 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

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

Drug Name	Drug Tier	Requirements/Limits
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>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D
<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 SUSY .5ml	1	
BOOSTRIX INJ	1	

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INJ	1	
DENGVAIXA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	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 SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
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 SUSY .5ml	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	

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
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
ringer's solution	1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
elite-ob	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
PNV TABS TAB 29-1MG	1	
pnv-select	1	
potassium chloride CPCR 8meq, 10meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TABS	1	
PRETAB TAB 29-1MG	1	
SE-NATAL 19 CHW	1	
SE-NATAL 19 TAB	1	
sodium fluoride CHEW 1mg; SOLN .5mg/ml	1	
sodium fluoride tab;1.1(0.5 f)mg/ml soln	1	
TRINATAL RX TAB 1	1	
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
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	1	B/D
dextrose SOLN 5%, 10%, 50%, 70%	1	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
plenamine	1	B/D
PREMASOL SOL 10%	1	B/D
TRAVASOL INJ 10%	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
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)
NATACYN SUSP 5%	1	
<i>neo-polycin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<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	
XDEMVY 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
LOTEMAX SM GEL .38%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>olopatadine hcl</i> SOLN .2%	1	
ANTIGLAUCOMA		
<i>apraclonidine hcl</i> SOLN .5%	1	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
<i>brimonidine tartrate</i> SOLN .1%, .15%, .2%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) OIL .01%</i>	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) SOLN .3%</i>	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 SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	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 CAPS 18mcg</i>	1	QL (30 caps / 30 days)

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%, .15%</i>	1	QL (2 bottles / 30 days)
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	
<i>desloratadine TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl TABS 10mg, 25mg, 50mg</i>	1	PA
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal) SOLN .6%</i>	1	QL (1 bottle / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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
ALYFTREK TAB	1	NDS, QL (56 tabs / 28 days), PA
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), PA
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
<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 1mg/0.1ml, 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

Drug Name	Drug Tier	Requirements/Limits
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
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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

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
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</i> 2.5-2.5%	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)
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)

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>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	

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>	45
<i>acarbose</i>	46
<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>	31
<i>acetic acid (otic)</i>	69
<i>acetylcysteine</i>	71
<i>acitretin</i>	74
ACTHIB INJ	64
ACTIMMUNE	64
<i>acyclovir</i>	9
<i>acyclovir sodium</i>	9
<i>acyclovir topical</i>	76
ADACEL INJ.....	64
ADALIMUMAB-AACF (2 PEN)	61
ADALIMUMAB-AACF (2 SYRING).....	61
ADALIMUMAB-AACF STARTER P	61
<i>adapalene</i>	73
<i>adefovir dipivoxil</i>	9
ADEMPAS	33
ADVAIR HFA AER 115/21	73
ADVAIR HFA AER 230/21	73
ADVAIR HFA AER 45/21	73
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>	71
<i>alclometasone dipropionate</i>	75
ALCOHOL SWABS.....	47
ALDURAZYME	54
ALECENSA.....	16
<i>alendronate sodium</i>	49
<i>alfuzosin hcl</i>	59
<i>aliskiren fumarate</i>	31
<i>allopurinol</i>	1
<i>alosetron hcl</i>	58
<i>alprazolam</i>	33
<i>altavera</i>	49
ALUNBRIG	16
ALUNBRIG PAK	16
ALVAIZ	60
<i>alyacen 1/35</i>	49
ALYFTREK TAB	71
ALYFTREK TAB 4-20-50.....	71
<i>alyq</i>	33
<i>amantadine hcl</i>	35
<i>ambrisentan</i>	33
<i>amethia</i>	49
<i>amikacin sulfate</i>	4
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	31
<i>amiloride hcl</i>	31
<i>amiodarone hcl</i>	28
<i>amitriptyline hcl</i>	34
<i>amlodipine besylate</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	32
<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</i>	
<i>calcium tab 5-40 mg</i>	32
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i>	32
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-20 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-40 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>2.5-10 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-10 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-20 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-40 mg</i>	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>	26
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	26
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	26
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	26
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	26
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	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>amnesteam</i>	73
<i>amoxapine</i>	34
<i>amoxicillin</i>	12
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	12
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	12
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	12
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	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>	
<i>1000-62.5 mg</i>	12
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	41
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	41
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	41
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	41
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	41
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	41
<i>amphetamine-dextroamphetamine tab</i>	
<i>5 mg</i>	41
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	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.....	70
<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	43
<i>soln 15 (10-5) gm</i>	12	AUSTEDO XR	43
<i>ampicillin & sulbactam sodium for iv</i>		AUSTEDO XR PATIENT TITRAT (12-18-	
<i>soln 3 (2-1) gm</i>	12	<i>24-30MG)</i>	43
<i>ampicillin sodium</i>	12	AUSTEDO XR PATIENT TITRAT (6-12-	
<i>anagrelide hcl</i>	60	<i>24MG)</i>	43
<i>anastrozole</i>	14	AUVELITY TAB 45-105MG.....	34
ANORO ELLIPT AER 62.5-25	70	<i>aviane</i>	49
<i>apraclonidine hcl</i>	69	AVONEX.....	43
<i>aprepitant</i>	56	AVONEX PEN	43
<i>aprepitant capsule therapy pack 80 &</i>		AYVAKIT	16
<i>125 mg</i>	57	<i>azathioprine</i>	64
<i>apri</i>	49	<i>azelastine hcl</i>	70
APTIOM.....	38	<i>azelastine hcl (ophth)</i>	69
APTIVUS	6	<i>azithromycin</i>	11
ARALAST NP	71	<i>aztreonam</i>	4
<i>aranelle</i>	49	<i>azurette</i>	50
ARCALYST	64	B	
AREXVY.....	64	<i>bacitracin (ophthalmic)</i>	68
ARIKAYCE	4	<i>bacitracin-polymyxin b ophth oint</i>	68
<i>aripiprazole</i>	36	<i>bacitracin-polymyxin-neomycin-hc</i>	
ARISTADA	36	<i>ophth oint 1%</i>	68
ARISTADA INITIO.....	36	<i>baclofen</i>	44
<i>armodafinil</i>	45	<i>balsalazide disodium</i>	57
<i>asenapine maleate</i>	36	BALVERSA.....	16
<i>ashlyna</i>	49	<i>balziva</i>	50
<i>aspirin-dipyridamole cap er 12hr 25-</i>		BARACLUDE	10
<i>200 mg</i>	61	BASAGLAR KWIKPEN	47
ASTAGRAF XL	64	BCG VACCINE.....	64
<i>atazanavir sulfate</i>	6	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atenolol</i>	29	<i>10-12.5 mg</i>	24
<i>atenolol & chlorthalidone tab 100-25</i>		<i>benazepril & hydrochlorothiazide tab</i>	
<i>mg</i>	29	<i>20-12.5 mg</i>	24
<i>atenolol & chlorthalidone tab 50-25 mg</i>		<i>benazepril & hydrochlorothiazide tab</i>	
<i>.....</i>	29	<i>20-25 mg</i>	24
<i>atomoxetine hcl</i>	42	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>atorvastatin calcium</i>	28	<i>6.25 mg</i>	24
<i>atovaquone</i>	4	<i>benazepril hcl</i>	25
<i>atovaquone-proguanil hcl tab 250-100</i>		BENLYSTA	64
<i>mg</i>	6		

<i>benzoyl peroxide-erythromycin gel 5-3%</i>	73
<i>benztropine mesylate</i>	35
BESIVANCE	68
BESREMI	15
<i>betaine anhy pow</i>	54
<i>betamethasone dipropionate (topical)</i>	75
<i>betamethasone dipropionate augmented</i>	75
<i>betamethasone valerate</i>	75
BETASERON.....	44
<i>betaxolol hcl</i>	29
<i>betaxolol hcl (ophth)</i>	69
<i>bethanechol chloride</i>	59
<i>bexarotene</i>	15
<i>bexarotene (topical)</i>	76
BEXSERO	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 10-6.25 mg</i>	29
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	29
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	29
<i>bisoprolol fumarate</i>	30
BIVIGAM	63
<i>blisovi 24 fe</i>	50
<i>blisovi fe 1.5/30</i>	50
BOOSTRIX INJ	64
<i>bosentan</i>	33
BOSULIF	16
BRAFTOVI	16
BREO ELLIPTA INH 100-25	73
BREO ELLIPTA INH 200-25	73
BREO ELLIPTA INH 50-25MCG.....	73
<i>breyana</i>	73
BREZTRI AERO AER SPHERE	70
<i>briellyn</i>	50
BRILINTA	61
<i>brimonidine tartrate</i>	69
BRIVIACT	38
<i>bromfenac sodium (ophth)</i>	68
<i>bromocriptine mesylate</i>	35

BRONCHITOL.....	71
BRUKINSA.....	16
<i>budesonide</i>	57
<i>budesonide (inhalation)</i>	73
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	73
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	73
<i>bumetanide</i>	31
<i>buprenorphine</i>	1
<i>buprenorphine hcl</i>	45
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	45
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	45
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	45
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	45
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	45
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	45
<i>bupropion hcl</i>	34
<i>bupropion hcl (smoking deterrent)</i> ...	45
<i>buspirone hcl</i>	33
<i>butorphanol tartrate</i>	2
C	
<i>cabergoline</i>	54
CABOMETYX	16
<i>calcipotriene</i>	74
<i>calcitonin (salmon)</i>	49
<i>calcitriol</i>	56
<i>calcium acetate (phosphate binder)</i> ..	56
CALQUENCE	17
<i>camila</i>	50
<i>candesartan cilexetil</i>	28
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	26
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	26
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> ..	26
CAPLYTA	36
CAPRELSA	17

<i>captopril</i>	25	<i>cefdinir</i>	11
<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>	25	<i>cefotetan disodium</i>	11
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	25	<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>	77
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	36	<i>CHEMET</i>	49
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	36	<i>chlorhexidine gluconate (mouth-throat)</i>	77
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	36	<i>chloroquine phosphate</i>	6
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	36	<i>chlorothiazide sodium</i>	31
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	36	<i>chlorpromazine hcl</i>	36
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	36	<i>chlorthalidone</i>	31
<i>carglumic acid</i>	54	<i>cholestyramine</i>	29
<i>carteolol hcl (ophth)</i>	69	<i>cholestyramine light</i>	29
<i>cartia xt</i>	30	<i>choline fenofibrate</i>	28
<i>carvedilol</i>	30	<i>ciclopirox olamine</i>	74
<i>caspofungin acetate</i>	5	<i>cilostazol</i>	60
<i>CAYSTON</i>	4	<i>CIMDUO TAB 300-300</i>	8
<i>cefaclor</i>	11	<i>cimetidine</i>	57
<i>cefadroxil</i>	11	<i>cinacalcet hcl</i>	54, 55
<i>CEFAZOLIN</i>	11	<i>CIPRO</i>	12
<i>CEFAZOLIN INJ 1GM/50ML</i>	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>ciprofloxacin hcl</i>	12
		<i>ciprofloxacin hcl (ophth)</i>	68
		<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	70
		<i>citalopram hydrobromide</i>	34
		<i>claravis</i>	73
		<i>clarithromycin</i>	11
		<i>CLENPIQ SOL</i>	58
		<i>clindamycin hcl</i>	4
		<i>clindamycin palmitate hydrochloride</i> ..	4
		<i>clindamycin phosphate</i>	4
		<i>clindamycin phosphate (topical)</i> .	73, 74
		<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4

<i>clindamycin phosphate in d5w iv soln</i>		<i>COMPLERA TAB</i>	8
600 mg/50ml	4	<i>compro</i>	57
<i>clindamycin phosphate in d5w iv soln</i>		<i>constulose</i>	58
900 mg/50ml	4	COPAXONE	44
<i>clindamycin phosphate vaginal</i>	60	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	58
CLINIMIX INJ 8/10	67	CREON CAP 36000UNT	58
CLINIMIX INJ 8/14	67	CREON CAP 6000UNIT	58
<i>clinisol sf 15%</i>	67	<i>cromolyn sodium</i>	71
CLINOLIPID EMU 20%	67	<i>cromolyn sodium (mastocytosis)</i>	58
<i>clobazam</i>	38	<i>cromolyn sodium (ophth)</i>	69
<i>clobetasol propionate</i>	75	<i>cryselle-28</i>	50
<i>clobetasol propionate e</i>	75	<i>cyclobenzaprine hcl</i>	44
<i>clomipramine hcl</i>	34	<i>cyclophosphamide</i>	13
<i>clonazepam</i>	38	CYCLOPHOSPHAMIDE	13
<i>clonidine</i>	32	CYCLOPHOSPHAMIDE MONOHYDR ...	14
<i>clonidine hcl</i>	32	CYCLOSET	46
<i>clonidine hcl (adhd)</i>	42	<i>cyclosporine</i>	64
<i>clopidogrel bisulfate</i>	61	<i>cyclosporine modified (for</i>	
<i>clorazepate dipotassium</i>	39	<i>microemulsion)</i>	64
<i>clotrimazole</i>	77	<i>cyred eq</i>	50
<i>clotrimazole (topical)</i>	74	CYSTAGON	55
<i>clotrimazole w/ betamethasone cream</i>		CYSTARAN	69
1-0.05%	74	D	
<i>clozapine</i>	36	D10W/NACL INJ 0.2%	66
COARTEM TAB 20-120MG	6	<i>dabigatran etexilate mesylate</i>	60
COBENFY CAP 100-20MG	37	<i>dalfampridine</i>	44
COBENFY CAP 125-30MG	37	<i>danazol</i>	45
COBENFY CAP 50-20MG	37	<i>dantrolene sodium</i>	44
COBENFY STRT CAP PACK	37	DANZITEN	17
<i>colchicine</i>	1	<i>dapsone</i>	4
<i>colchicine w/ probenecid tab 0.5-500</i>		DAPTACEL INJ	65
<i>mg</i>	1	<i>daptomycin</i>	4
<i>colestipol hcl</i>	29	<i>darifenacin hydrobromide</i>	59
<i>colistimethate sodium</i>	4	<i>darunavir</i>	6
COMBIGAN SOL 0.2/0.5%	69	<i>dasatinib</i>	17
COMBIVENT AER 20-100	70	<i>dasetta 7/7/7</i>	50
COMETRIQ	17	DAURISMO	17
COMETRIQ KIT 100MG	17	<i>deblitane</i>	50
COMETRIQ KIT 140MG	17	<i>deferasirox</i>	49

DELSTRIGO TAB.....	8	<i>diclofenac sodium (ophth)</i>	68
DENGVAIXA SUS	65	<i>diclofenac sodium (topical)</i>	76
<i>denta 5000 plus</i>	77	<i>diclofenac w/ misoprostol tab delayed</i>	
DEPO-SUBQ PROVERA 104	50	<i>release 50-0.2 mg</i>	1
<i>depo-testosterone</i>	46	<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>	55	<i>diflunisal</i>	1
<i>desmopressin acetate spray</i>	55	<i>digoxin</i>	32
<i>desmopressin acetate spray</i>		<i>dihydroergotamine mesylate</i>	42
<i>refrigerated</i>	55	DILANTIN	39
<i>desogest-eth estrad & eth estrad tab</i>		<i>diltiazem hcl</i>	30
<i>0.15-0.02/0.01 mg(21/5)</i>	50	<i>diltiazem hcl coated beads</i>	30
<i>desvenlafaxine succinate</i>	34	<i>diltiazem hcl extended release beads</i>	30
<i>dexamethasone</i>	54	<i>dilt-xr</i>	30
DEXAMETHASONE INTENSOL	54	<i>dimethyl fumarate</i>	44
<i>dexamethasone sodium phosphate ...</i>	54	<i>dimethyl fumarate capsule dr starter</i>	
<i>dexamethasone sodium phosphate</i>		<i>pack 120 mg & 240 mg</i>	44
<i>(ophth)</i>	68	<i>diphenhydramine hcl</i>	70
<i>dexmethylphenidate hcl</i>	42	<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>	66	<i>0.025 mg</i>	58
<i>dextrose 2.5% w/ sodium chloride</i>		<i>dipyridamole</i>	61
<i>0.45%</i>	66	<i>disulfiram</i>	45
<i>dextrose 5% in lactated ringers</i>	66	<i>divalproex sodium</i>	39
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>docetaxel</i>	16
.....	66	DOCETAXEL	16
<i>dextrose 5% w/ sodium chloride</i>		<i>dofetilide</i>	28
<i>0.225%</i>	66	<i>dolishale</i>	50
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>donepezil hydrochloride</i>	33
.....	66	DOPTelet	60
<i>dextrose 5% w/ sodium chloride 0.33%</i>		<i>dorzolamide hcl</i>	69
.....	66	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>soln 2-0.5%</i>	69
.....	66	<i>dotti</i>	53
<i>dextrose 5% w/ sodium chloride 0.9%</i>		DOVATO TAB 50-300MG	8
.....	66	<i>doxazosin mesylate</i>	26
DIACOMIT	39	<i>doxepin hcl</i>	34
<i>diazepam</i>	39	<i>doxercalciferol</i>	56
<i>diazepam (anticonvulsant)</i>	39	<i>doxorubicin hcl</i>	15
<i>diazepam intensol</i>	39	<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
dronabinol	57
drospirenone-ethinyl estradiol tab 3- 0.02 mg	50
drospirenone-ethinyl estradiol tab 3- 0.03 mg	50
DROXIA	61
droxidopa	32
duloxetine hcl	34
DUPIXENT	61
dutasteride	59
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	59
E	
e.e.s. 400	11
EDURANT	6
efavirenz	6
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	8
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	8
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	8
ELIQUIS	60
ELIQUIS STARTER PACK	60
elite-ob	67
eluryng	50
EMGALITY	42
EMSAM	34
emtricitabine	7
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	8
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	9
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	9
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	9
EMTRIVA	7
emzahh	50
enalapril maleate	25
enalapril maleate & hydrochlorothiazide tab 10-25 mg	25
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	25
ENBREL	61, 62
ENBREL MINI	62

ENBREL SURECLICK	62
ENDARI	61
endocet	2
ENGERIX-B	65
enilloring	50
enoxaparin sodium	60
enpresse-28	50
enskyce	50
entacapone	36
entecavir	10
ENTRESTO CAP 15-16MG	26
ENTRESTO CAP 6-6MG	26
ENTRESTO TAB 24-26MG	26
ENTRESTO TAB 49-51MG	26
ENTRESTO TAB 97-103MG	26
enulose	58
EPCLUSA PAK 150-37.5	10
EPCLUSA PAK 200-50MG	10
EPCLUSA TAB 200-50MG	10
EPCLUSA TAB 400-100	10
EPIDIOLEX	39
epinephrine (anaphylaxis)	32, 71
epitol	39
eplerenone	25
EPRONTIA	39
ergotamine w/ caffeine tab 1-100 mg	42
ERIVEDGE	17
ERLEADA	14
erlotinib hcl	17
errin	50
ertapenem sodium	4
ery	74
ery-tab	11
ERYTHROCIN LACTOBIONATE	11
erythromycin (acne aid)	74
erythromycin (ophth)	68
erythromycin base	11
erythromycin ethylsuccinate	12
escitalopram oxalate	34
esomeprazole magnesium	59
estarylla	50
estradiol	53
estradiol & norethindrone acetate tab 0.5-0.1 mg	53
estradiol & norethindrone acetate tab 1-0.5 mg	53

<i>estradiol vaginal</i>	53	FIASP	47
<i>estradiol valerate</i>	53	FIASP FLEXTOUCH.....	47
ESTRING	53	FIASP PENFILL	47
<i>ethacrynate sodium</i>	31	<i>finasteride</i>	59
<i>ethambutol hcl</i>	9	<i> fingolimod hcl</i>	44
<i>ethosuximide</i>	39	FINTEPLA	39
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	50	FIRMAGON	14
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	50	<i>flac</i>	70
etodolac	1	FLEBOGAMMA DIF	63
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	50	<i>flecainide acetate</i>	28
etravirine	7	<i>fluconazole</i>	6
EULEXIN	14	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	6
euthyrox	56	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	6
everolimus	17	<i>flucytosine</i>	6
<i>everolimus (immunosuppressant)</i>	64	<i>fludrocortisone acetate</i>	54
EVOTAZ TAB 300-150	9	<i>flunisolide (nasal)</i>	73
exemestane.....	14	<i>fluocinolone acetonide</i>	75
<i>ezetimibe</i>	29	<i>fluocinolone acetonide (otic)</i>	70
<i>ezetimibe-simvastatin tab 10-10 mg</i>	29	<i>fluocinonide</i>	75
<i>ezetimibe-simvastatin tab 10-20 mg</i>	29	<i>fluocinonide emulsified base</i>	75
<i>ezetimibe-simvastatin tab 10-40 mg</i>	29	<i>fluorometholone (ophth)</i>	69
<i>ezetimibe-simvastatin tab 10-80 mg</i>	29	<i>fluorouracil (topical)</i>	76
F		<i>fluoxetine hcl</i>	34
FABRAZYME.....	55	<i>fluphenazine decanoate</i>	37
<i>falmina</i>	50	<i>fluphenazine hcl</i>	37
<i>famciclovir</i>	10	<i>flurbiprofen</i>	1
<i>famotidine</i>	57	<i>flurbiprofen sodium</i>	69
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	57	<i>fluticasone propionate</i>	75
FANAPT.....	37	<i>fluticasone propionate (inhalation)</i> ...	73
FANAPT PAK	37	<i>fluticasone propionate (nasal)</i>	73
FARXIGA	46	<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>feirza 1/20</i>	50	<i>fluvastatin sodium</i>	28
<i>felbamate</i>	39	<i>fluvoxamine maleate</i>	33
<i>felodipine</i>	30	<i>fondaparinux sodium</i>	60
<i>fenofibrate</i>	28	<i>formoterol fumarate</i>	71
<i>fenofibrate micronized</i>	28	<i>fosamprenavir calcium</i>	7
<i>fentanyl</i>	2	<i>fosinopril sodium</i>	25
<i>fentanyl citrate</i>	2, 3	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	25
<i>fesoterodine fumarate</i>	59		
FETZIMA	34		
FETZIMA CAP TITRATIO	34		

<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>tab 20-12.5 mg</i>	25
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>	56
GAMASTAN INJ	63
GAMMAGARD LIQUID.....	63
GAMMAGARD S/D IGA LESS TH.....	63
GAMMAKED	63
GAMMAPLEX	63
GAMUNEX-C	63
GARDASIL 9	65
<i>gatifloxacin (ophth)</i>	68
GATTEX	58
GAUZE PADS 2X2	47
<i>gavilyte-c</i>	58
<i>gavilyte-g</i>	58
<i>gavilyte-n/flavor pack</i>	58
GAVRETO	18
<i>gefitinib</i>	18
<i>gemcitabine hcl</i>	14
<i>gemfibrozil</i>	28
<i>generlac</i>	58
<i>gengraf</i>	64
<i>gentak</i>	68
<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>	68
<i>gentamicin sulfate (topical)</i>	74
GENVOYA TAB	9
GILOTRIF	18
<i>glatiramer acetate</i>	44
<i>glatopa</i>	44
GLEOSTINE	14

<i>glimepiride</i>	46
<i>glipizide</i>	46
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
.....	46
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
.....	46
<i>glipizide-metformin hcl tab 5-500 mg</i>	46
<i>glutamine (sickle cell)</i>	61
<i>glycopyrrolate</i>	57
<i>glydo</i>	76
GLYXAMBI TAB 10-5 MG	46
GLYXAMBI TAB 25-5 MG	46
GOMEKLI	18
<i>granisetron hcl</i>	57
<i>griseofulvin microsize</i>	6
<i>griseofulvin ultramicrosize</i>	6
H	
HAEGARDA.....	61
<i>hailey 24 fe</i>	50
<i>hailey fe 1.5/30</i>	50
<i>halobetasol propionate</i>	75
<i>haloette</i>	50
<i>haloperidol</i>	37
<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.....	65
<i>heather</i>	50
<i>heparin sodium (porcine)</i>	60
HEPLISAV-B	65
HERCEP HYLEC SOL 60-10000	18
HERCEPTIN	18
HERZUMA.....	18
HIBERIX.....	65
HUMATROPE	55
HUMIRA	62
HUMIRA PEN.....	62
HUMIRA PEN KIT PS/UV	62
HUMIRA PEN-CD/UC/HS START.....	62
HUMIRA PEN-PEDIATRIC UC S	62
HUMULIN R U-500 (CONCENTR.....	48
HUMULIN R U-500 KWIKPEN	48
<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>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3
<i>hydrocortisone</i>	54
<i>hydrocortisone (intrarectal)</i>	57
<i>hydrocortisone (rectal)</i>	76
<i>hydrocortisone (topical)</i>	75
<i>hydrocortisone butyrate hydrophilic lipo base</i>	75
<i>hydrocortisone sod succinate</i>	54
<i>hydrocortisone valerate</i>	75
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	70
<i>hydromorphone hcl</i>	3
<i>hydroxychloroquine sulfate</i>	63
<i>hydroxyurea</i>	15
<i>hydroxyzine hcl</i>	70
I	
<i>ibandronate sodium</i>	49
<i>IBRANCE</i>	18
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	61
<i>iclevia</i>	50
<i>ICLUSIG</i>	18
<i>IDACIO (2 PEN)</i>	62
<i>IDACIO (2 SYRINGE)</i>	62
<i>IDACIO CROHN INJ DISEASE</i>	62
<i>IDACIO PLAQU INJ PSORIASIS</i>	62
<i>IDHIFA</i>	18
<i>imatinib mesylate</i>	18
<i>IMBRUVICA</i>	18
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4
<i>imipramine hcl</i>	34
<i>imiquimod</i>	76
<i>IMKELDI</i>	18
<i>IMOVAX RABIES (H.D.C.V.)</i>	65

<i>IMPAVIDO</i>	4
<i>INBRIJA</i>	36
<i>incassia</i>	50
<i>INCRELEX</i>	55
<i>indapamide</i>	31
<i>INFANRIX INJ</i>	65
<i>INLYTA</i>	18
<i>INQOVI TAB 35-100MG</i>	14
<i>INREBIC</i>	19
<i>INSULIN PEN NEEDLES</i>	48
<i>INSULIN SAFETY NEEDLES</i>	48
<i>INSULIN SYRINGE (DISP) U-100 0.3ML</i>	48
<i>INSULIN SYRINGE (DISP) U-100 1/2ML</i>	48
<i>INSULIN SYRINGE (DISP) U-100 1ML</i>	48
<i>INTELENCE</i>	7
<i>INTRALIPID</i>	67
<i>introvale</i>	50
<i>INVEGA HAFYERA</i>	37
<i>INVEGA SUSTENNA</i>	37
<i>INVEGA TRINZA</i>	37
<i>IPOL INJ INACTIVE</i>	65
<i>ipratropium bromide</i>	70
<i>ipratropium bromide (nasal)</i>	70
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	70
<i>irbesartan</i>	28
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	27
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	27
<i>ISENTRESS</i>	7
<i>ISENTRESS HD</i>	7
<i>isibloom</i>	50
<i>ISOLYTE-P INJ /D5W</i>	66
<i>ISOLYTE-S INJ PH 7.4</i>	66
<i>isoniazid</i>	9
<i>isosorbide dinitrate</i>	32
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	32
<i>isosorbide mononitrate</i>	32
<i>ISOSORBIDE MONONITRATE</i>	32
<i>isotretinoin</i>	74
<i>isradipine</i>	30
<i>ITOVEBI</i>	19
<i>itraconazole</i>	6

<i>ivabradine hcl</i>	32
<i>ivermectin</i>	4
IWILFIN	15
IXCHIQ INJ.....	65
IXIARO INJ.....	65

J

JAKAFI	19
<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>	55
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>	51
<i>junel 1/20</i>	51
<i>junel fe 1.5/30</i>	51
<i>junel fe 1/20</i>	51
<i>junel fe 24</i>	51
JYNNEOS.....	65

K

KADCYLA.....	19
<i>kaitlib fe</i>	51
KALETRA SOL	9
KALYDECO.....	71
KANJINTI	19
<i>kariva</i>	51
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	66
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	66
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	66
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	66

<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	66
<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>	51
<i>kelnor 1/50</i>	51
KERENDIA.....	26
KESIMPTA	44
<i>ketoconazole</i>	6
<i>ketoconazole (topical)</i>	74
<i>ketorolac tromethamine (ophth)</i>	69
KEYTRUDA	19
KINRIX INJ.....	65
<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>	67
<i>klor-con 8</i>	67
<i>klor-con m10</i>	67
<i>klor-con m15</i>	67
<i>klor-con m20</i>	67
KOSELUGO	19
<i>kourzeq</i>	77
KRAZATI	19
<i>kurvelo</i>	51

L

<i>labetalol hcl</i>	30
<i>lacosamide</i>	39
<i>lactated ringer's for irrigation</i>	77
<i>lactated ringer's solution</i>	66
<i>lactic acid (ammonium lactate)</i>	76
<i>lactulose</i>	58
<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>	59
<i>lapatinib ditosylate</i>	19
<i>larin 1.5/30</i>	51

<i>larin 1/20</i>	51	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin fe 1.5/30</i>	51	0.15 mg-30 mcg	51
<i>larin fe 1/20</i>	51	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>latanoprost</i>	69	30/0.075-40/0.125-30mg-mcg	51
<i>layolis fe</i>	51	<i>levonorgestrel-ethinyl estradiol</i>	
<i>LAZCLUZE</i>	19	(continuous) tab 90-20 mcg	51
<i>leena</i>	51	<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
<i>leflunomide</i>	63	& eth est tab 0.01mg(7)	51
<i>lenalidomide</i>	15	<i>levora 0.15/30-28</i>	51
<i>LENVIMA 10 MG DAILY DOSE</i>	19	<i>levothyroxine sodium</i>	56
<i>LENVIMA 12MG DAILY DOSE</i>	19	<i>levoxyl</i>	56
<i>LENVIMA 20 MG DAILY DOSE</i>	19	<i>LIBERVANT</i>	40
<i>LENVIMA 4 MG DAILY DOSE</i>	19	<i>lidocaine</i>	76
<i>LENVIMA 8 MG DAILY DOSE</i>	19	<i>lidocaine hcl</i>	76
<i>LENVIMA CAP 14 MG</i>	20	<i>lidocaine hcl (local anesth.)</i>	1
<i>LENVIMA CAP 18 MG</i>	20	<i>lidocaine hcl (mouth-throat)</i>	77
<i>LENVIMA CAP 24 MG</i>	20	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	76
<i>lessina</i>	51	<i>lidocan</i>	76
<i>letrozole</i>	14	<i>LILETTA</i>	51
<i>leucovorin calcium</i>	24	<i>linezolid</i>	4
<i>LEUKERAN</i>	14	<i>LINZESS</i>	58
<i>leuprolide acetate</i>	14	<i>liothyronine sodium</i>	56
<i>leuprolide acetate (3 month)</i>	14	<i>lisinopril</i>	25
<i>levalbuterol hcl</i>	71	<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>levetiracetam</i>	40	12.5 mg	25
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
1000 mg/100ml	40	12.5 mg	25
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
1500 mg/100ml	40	25 mg	25
<i>levetiracetam in sodium chloride iv soln</i>		<i>lithium</i>	43
500 mg/100ml	40	<i>lithium carbonate</i>	43
<i>levobunolol hcl</i>	69	<i>LIVTENCITY</i>	10
<i>levocarnitine (metabolic modifiers)</i>	55	<i>loestrin 1.5/30-21</i>	51
<i>levocetirizine dihydrochloride</i>	70	<i>loestrin 1/20-21</i>	51
<i>levofloxacin</i>	12	<i>loestrin fe 1.5/30</i>	51
<i>levofloxacin in d5w iv soln 250</i>		<i>loestrin fe 1/20</i>	51
mg/50ml	12	<i>lofexidine hcl</i>	45
<i>levofloxacin in d5w iv soln 500</i>		<i>LOKELMA</i>	49
mg/100ml	12	<i>LONSURF TAB 15-6.14</i>	14
<i>levofloxacin in d5w iv soln 750</i>		<i>LONSURF TAB 20-8.19</i>	14
mg/150ml	12	<i>loperamide hcl</i>	58
<i>levonest</i>	51	<i>lopinavir-ritonavir soln 400-100</i>	
<i>levonorgestrel & ethinyl estradiol (91-</i>		mg/5ml (80-20 mg/ml)	9
day) tab 0.15-0.03 mg	51	<i>lopinavir-ritonavir tab 100-25 mg</i>	9
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>lopinavir-ritonavir tab 200-50 mg</i>	9
0.1 mg-20 mcg	51	<i>lorazepam</i>	33
		<i>lorazepam intensol</i>	33

LORBRENA	20
<i>loryna</i>	51
<i>losartan potassium</i>	28
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	27
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i>	27
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	27
LOTEMAX	69
LOTEMAX SM	69
<i>lovastatin</i>	28
<i>low-ogestrel</i>	51
<i>loxapine succinate</i>	37
<i>lubiprostone</i>	58
LUMAKRAS	20
LUMIGAN	69
LUMIZYME	55
LUPRON DEPOT (1-MONTH)	14
LUPRON DEPOT (3-MONTH)	14
LUPRON DEPOT (4-MONTH)	15
LUPRON DEPOT (6-MONTH)	15
LUPRON DEPOT-PED (1-MONTH)	55
LUPRON DEPOT-PED (3-MONTH)	55
LUPRON DEPOT-PED (6-MONTH)	55
<i>lurasidone hcl</i>	37
<i>lutra</i>	51
LUTRATE DEPOT	15
<i>lyleq</i>	51
<i>lyllana</i>	53
LYNPARZA	20
LYSODREN	15
LYTGOBI (12MG DAILY DOSE)	20
LYTGOBI (16MG DAILY DOSE)	20
LYTGOBI (20MG DAILY DOSE)	20
<i>lyza</i>	51
M	
<i>magnesium sulfate</i>	66
MAGNESIUM SULFATE	66
<i>malathion</i>	76
<i>maraviroc</i>	7
<i>marlissa</i>	51
MARPLAN	34
MATULANE	16
<i>matzim la</i>	30

MAVYRET PAK 50-20MG	10
MAVYRET TAB 100-40MG	10
MAYZENT	44
MAYZENT STARTER PACK (12)	44
MAYZENT STARTER PACK (7)	44
<i>meclizine hcl</i>	57
<i>medroxyprogesterone acetate</i>	56
<i>medroxyprogesterone acetate</i> (contraceptive)	51
<i>mefloquine hcl</i>	6
<i>megestrol acetate</i>	15, 56
<i>megestrol acetate (appetite)</i>	56
MEKINIST	20
MEKTOVI	20
<i>meloxicam</i>	1
<i>memantine hcl</i>	33
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	33
MENACTRA INJ	65
MENEST	53
MENQUADFI	65
MENVEO INJ	65
MENVEO SOL	65
<i>mercaptopurine</i>	14
<i>meropenem</i>	4
<i>mesalamine</i>	57
<i>mesalamine w/ cleanser</i>	57
<i>mesna</i>	24
MESNEX	24
<i>metformin hcl</i>	46, 47
<i>methadone hcl</i>	2
<i>methazolamide</i>	31
<i>methenamine hippurate</i>	4
<i>methimazole</i>	56
<i>methotrexate sodium</i>	14, 63
<i>methoxsalen rapid</i>	74
<i>methsuximide</i>	40
<i>methylphenidate hcl</i>	42
<i>methylprednisolone</i>	54
<i>methylprednisolone acetate</i>	54
<i>methylprednisolone sod succ</i>	54
<i>metoclopramide hcl</i>	57
<i>metolazone</i>	31
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	29
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	29

<i>metoprolol & hydrochlorothiazide tab</i>		<i>nafcillin sodium</i>	13
50-25 mg	29	NAGLAZYME	55
<i>metoprolol succinate</i>	30	<i>nalbuphine hcl</i>	3
<i>metoprolol tartrate</i>	30	<i>naloxone hcl</i>	45
<i>metronidazole</i>	4	<i>naltrexone hcl</i>	45
<i>metronidazole (topical)</i>	76	NAMZARIC CAP 14-10MG	33
<i>metronidazole vaginal</i>	60	NAMZARIC CAP 21-10MG	33
<i>metyrosine</i>	32	NAMZARIC CAP 28-10MG	33
<i>miconazole 3</i>	60	NAMZARIC CAP 7-10MG	33
<i>microgestin 1.5/30</i>	51	NAMZARIC CAP PAK	33
<i>microgestin 1/20</i>	52	<i>naproxen</i>	1
<i>microgestin fe 1.5/30</i>	52	<i>naproxen dr</i>	1
<i>microgestin fe 1/20</i>	52	<i>naproxen sodium</i>	1
<i>midodrine hcl</i>	32	<i>naratriptan hcl</i>	42
MIEBO	69	NATACYN	68
<i>mifepristone (hyperglycemia)</i>	55	<i>nateglinide</i>	47
<i>mili</i>	52	NAYZILAM	40
<i>mimvey</i>	53	<i>nebivolol hcl</i>	30
<i>minocycline hcl</i>	13	<i>necon 0.5/35-28</i>	52
<i>minoxidil</i>	32	<i>nefazodone hcl</i>	34
<i>mirtazapine</i>	34	NEFFY	71
<i>misoprostol</i>	58	<i>neomycin sulfate</i>	5
MITIGARE	1	<i>neomycin-bacitrac zn-polymyx</i>	
M-M-R II INJ	65	5(3.5)mg-400unt-10000unt op oin	68
<i>modafinil</i>	45	<i>neomycin-polymy-gramicid op sol</i>	
<i>moexipril hcl</i>	25	1.75-10000-0.025mg-unt-mg/ml ..	68
<i>molindone hcl</i>	37	<i>neomycin-polymyxin-dexamethasone</i>	
<i>mometasone furoate</i>	75	<i>ophth oint 0.1%</i>	68
<i>mometasone furoate (nasal)</i>	73	<i>neomycin-polymyxin-dexamethasone</i>	
MONJUVI	20	<i>ophth susp 0.1%</i>	68
<i>montelukast sodium</i>	71	<i>neomycin-polymyxin-hc ophth susp</i> ..	68
<i>morphine sulfate</i>	2, 3	<i>neomycin-polymyxin-hc otic soln 1%</i>	70
MOUNJARO	47	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
MOVANTIK	58	mg/ml-10000 unit/ml-1%	70
<i>moxifloxacin hcl</i>	12	<i>neo-polycin</i>	68
<i>moxifloxacin hcl 400 mg/250ml in</i>		<i>neo-polycin hc</i>	68
<i>sodium chloride 0.8% inj</i>	12	NERLYNX	20
MRESVIA	65	<i>nevirapine</i>	7
MULTAQ	28	NEXPLANON	52
<i>multiple electrolytes inj</i>	66	<i>niacin (antihyperlipidemic)</i>	29
<i>mupirocin</i>	74	<i>nicardipine hcl</i>	30
<i>mycophenolate mofetil</i>	64	NICOTROL INHALER	45
<i>mycophenolate sodium</i>	64	NICOTROL NS	45
MYRBETRIQ	59	<i>nifedipine</i>	30
N		<i>nikki</i>	52
<i>nabumetone</i>	1	<i>nilutamide</i>	15
<i>nadolol</i>	30	<i>nimodipine</i>	30

NINLARO	20	NOVOLOG PENFILL	48
<i>nisoldipine</i>	30	NUBEQA	15
<i>nitazoxanide</i>	5	NUDEXTA CAP 20-10MG	43
<i>nitisinone</i>	55	NULOJIX	64
NITRO-BID	32	NUPLAZID	37
<i>nitrofurantoin macrocrystal</i>	5	NURTEC	42
<i>nitrofurantoin monohyd macro</i>	5	NUTRILIPID	67
<i>nitroglycerin</i>	32	<i>nyamyc</i>	74
<i>nitroglycerin (intra-anal)</i>	76	<i>nylia 1/35</i>	52
<i>nizatidine</i>	57	<i>nylia 7/7/7</i>	52
<i>nora-be</i>	52	<i>nystatin</i>	6
NORDITROPIN FLEXPEN	55	<i>nystatin (mouth-throat)</i>	77
<i>norelgestromin-ethinyl estradiol td</i>		<i>nystatin (topical)</i>	74
<i>ptwk 150-35 mcg/24hr</i>	52	<i>nystop</i>	74
<i>norethindrone (contraceptive)</i>	52	O	
<i>norethindrone ace & ethinyl estradiol</i>		<i>ocella</i>	52
<i>tab 1 mg-20 mcg</i>	52	OCTAGAM	64
<i>norethindrone ace & ethinyl estradiol-fe</i>		<i>octreotide acetate</i>	55
<i>tab 1 mg-20 mcg</i>	52	ODEFSEY TAB	9
<i>norethindrone ace & ethinyl estradiol-fe</i>		ODOMZO	20
<i>tab 1.5 mg-30 mcg</i>	52	OFEV	71
<i>norethindrone acetate</i>	56	<i>ofloxacin (ophth)</i>	68
<i>norethindrone ac-ethinyl estrad-fe tab</i>		<i>ofloxacin (otic)</i>	70
<i>1-20/1-30/1-35 mg-mcg</i>	52	OGIVRI	20
<i>norgestimate & ethinyl estradiol tab</i>		OGSIVEO	20
<i>0.25 mg-35 mcg</i>	52	OJEMDA	20, 21
<i>norgestimate-eth estrad tab 0.18-</i>		OJJAARA	21
<i>25/0.215-25/0.25-25 mg-mcg</i>	52	<i>olanzapine</i>	37
<i>norgestimate-eth estrad tab 0.18-</i>		<i>olmesartan medoxomil</i>	28
<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	27
<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>	35	<i>olmesartan medoxomil-</i>	
NORVIR	7	<i>hydrochlorothiazide tab 40-25 mg</i> .	27
NOVOLIN INJ 70/30	48	<i>olmesartan-amlodipine-</i>	
NOVOLIN INJ 70/30 FP	48	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLIN N	48	<i>mg</i>	27
NOVOLIN N FLEXPEN	48	<i>olmesartan-amlodipine-</i>	
NOVOLIN R	48	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLIN R FLEXPEN	48	<i>mg</i>	27
NOVOLOG	48	<i>olmesartan-amlodipine-</i>	
NOVOLOG FLEXPEN	48	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOVOLOG MIX INJ 70/30	48	27
NOVOLOG MIX INJ FLEXPEN	48		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	27
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	27
<i>olopatadine hcl</i>	69
<i>olopatadine hcl (nasal)</i>	70
<i>omega-3-acid ethyl esters cap 1 gm</i>	29
<i>omeprazole</i>	59
OMNIPOD 5 DX KIT INT G7G6	48
OMNIPOD 5 DX MIS POD G7G6	48
OMNIPOD 5 G7 KIT INTRO	48
OMNIPOD 5 G7 MIS PODS	48
OMNIPOD 5 LB KIT INTRO G6	48
OMNIPOD 5 LB MIS PODS G6	48
OMNIPOD DASH KIT INTRO	48
OMNIPOD DASH MIS PODS	48
OMNIPOD GO KIT 10UNT/DY	48
OMNIPOD GO KIT 15UNT/DY	48
OMNIPOD GO KIT 20UNT/DY	48
OMNIPOD GO KIT 25UNT/DY	48
OMNIPOD GO KIT 30UNT/DY	48
OMNIPOD GO KIT 35UNT/DY	48
OMNIPOD GO KIT 40UNT/DY	48
OMNIPOD MIS CLASSIC	48
OMNIPOD PDM KIT CLASSIC	48
<i>ondansetron</i>	57
<i>ondansetron hcl</i>	57
ONTRUZANT	21
ONUREG	14
OPIPZA	37
ORGOVYX	15
ORKAMBI GRA 100-125	72
ORKAMBI GRA 150-188	72
ORKAMBI GRA 75-94MG	71
ORKAMBI TAB 100-125	72
ORKAMBI TAB 200-125	72
ORSERDU	15
<i>oseltamivir phosphate</i>	10
OTEZLA	62
OTEZLA TAB 10/20	62
OTEZLA TAB 10/20/30	62
<i>oxacillin sodium</i>	13
<i>oxaprozin</i>	1
<i>oxcarbazepine</i>	40
<i>oxybutynin chloride</i>	59

<i>oxycodone hcl</i>	3
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	3
OZEMPIC	47
P	
<i>pacerone</i>	28
<i>paclitaxel</i>	16
<i>paliperidone</i>	37, 38
<i>pamidronate disodium</i>	49
PAMIDRONATE DISODIUM	49
PANRETIN	76
<i>pantoprazole sodium</i>	59
PANZYGA	64
<i>paricalcitol</i>	56
<i>paroxetine hcl</i>	35
PAXLOVID PAK	10
PAXLOVID TAB 150-100	10
PAXLOVID TAB 300-100	10
<i>pazopanib hcl</i>	21
PEDIARIX INJ 0.5ML	65
PEDVAX HIB	65
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	58
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	58
PEGASYS	10
PEMAZYRE	21
PENBRAYA INJ	65
<i>penicillamine</i>	49
<i>penicillin g potassium</i>	13
<i>penicillin g sodium</i>	13
<i>penicillin v potassium</i>	13
PENTACEL INJ	65
<i>pentamidine isethionate for inj</i>	5
<i>pentamidine isethionate for nebulization</i>	5
PENTASA	58
<i>pentoxifylline</i>	61
<i>perindopril erbumine</i>	25
<i>periogard</i>	77
<i>permethrin</i>	77

<i>perphenazine</i>	38	<i>posaconazole</i>	6
<i>phenelzine sulfate</i>	35	<i>potassium chloride</i>	66, 67
<i>phenobarbital</i>	40	POTASSIUM CHLORIDE	66
<i>phenytekt</i>	40	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>phenytoin</i>	40	<i>in dextrose 5% inj</i>	67
<i>phenytoin sodium</i>	40	<i>potassium chloride microencapsulated</i>	
<i>phenytoin sodium extended</i>	40	<i>crystals er</i>	67
PHESGO SOL	21	<i>potassium citrate (alkalinizer)</i>	59
PIFELTRO	7	<i>pramipexole dihydrochloride</i>	36
<i>pilocarpine hcl</i>	69	<i>prasugrel hcl</i>	61
<i>pilocarpine hcl (oral)</i>	77	<i>pravastatin sodium</i>	28
<i>pimecrolimus</i>	76	<i>praziquantel</i>	5
<i>pimozide</i>	38	<i>prazosin hcl</i>	26
<i>pimtrea</i>	52	<i>prednisolone</i>	54
<i>pindolol</i>	30	<i>prednisolone acetate (ophth)</i>	69
<i>pioglitazone hcl</i>	47	PREDNISOLONE SODIUM PHOSP.....	69
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone sodium phosphate</i>	54
<i>500 mg</i>	47	<i>prednisone</i>	54
<i>pioglitazone hcl-metformin hcl tab 15-</i>		PREDNISONE INTENSOL	54
<i>850 mg</i>	47	<i>pregabalin</i>	40
<i>piperacillin sod-tazobactam na for inj</i>		PREMARIN.....	53, 54
<i>3.375 gm (3-0.375 gm)</i>	13	PREMASOL SOL 10%	67
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL TAB 27-1MG.....	67
<i>13.5 gm (12-1.5 gm)</i>	13	PRENATAL TABS.....	67
<i>piperacillin sod-tazobactam sod for inj</i>		PRETAB TAB 29-1MG	67
<i>2.25 gm (2-0.25 gm)</i>	13	<i>prevalite</i>	29
<i>piperacillin sod-tazobactam sod for inj</i>		PREVYMIS	10
<i>4.5 gm (4-0.5 gm)</i>	13	PREZCOBIX TAB 800-150.....	9
<i>piperacillin sod-tazobactam sod for inj</i>		PREZISTA.....	7
<i>40.5 gm (36-4.5 gm)</i>	13	PRIFTIN	9
PIQRAY 200MG DAILY DOSE.....	21	PRIMAQUINE PHOSPHATE	6
PIQRAY 250MG TAB DOSE.....	21	<i>primidone</i>	40
PIQRAY 300MG DAILY DOSE.....	21	PRIORIX INJ	65
<i>pirfenidone</i>	72	PRIVIGEN.....	64
<i>pirmella 1/35</i>	52	PROAIR RESPICLICK.....	71
<i>piroxicam</i>	1	<i>probenecid</i>	1
<i>pitavastatin calcium</i>	28	<i>prochlorperazine</i>	57
<i>plenamine</i>	67	<i>prochlorperazine edisylate</i>	57
PNV TABS TAB 29-1MG	67	<i>prochlorperazine maleate</i>	57
<i>pnv-select</i>	67	PROCRIT	60
<i>podofilox</i>	76	<i>procto-med hc</i>	76
<i>polycin</i>	68	<i>proctosol hc</i>	76
<i>polymyxin b sulfate</i>	5	<i>proctozone-hc</i>	76
<i>polymyxin b-trimethoprim ophth soln</i>		<i>progesterone</i>	56
<i>10000 unit/ml-0.1%</i>	68	PROGRAF	64
POMALYST.....	15	PROLASTIN-C	72
<i>portia-28</i>	52	PROLIA	49

<i>promethazine hcl</i>	57
<i>propafenone hcl</i>	28
<i>propranolol hcl</i>	30
<i>propylthiouracil</i>	56
PROQUAD INJ	65
<i>protriptyline hcl</i>	35
PULMOZYME	72
PURIXAN	14
<i>pyrazinamide</i>	9
<i>pyridostigmine bromide</i>	43
<i>pyrimethamine</i>	5

Q

QINLOCK.....	21
QUADRACEL INJ 0.5ML	65
<i>quetiapine fumarate</i>	38
<i>quinapril hcl</i>	25
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	25
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	25
<i>quinidine sulfate</i>	28
<i>quinine sulfate</i>	6
QULIPTA	43
QVAR REDIHALER.....	73

R

RABAVERT INJ	65
<i>rabeprazole sodium</i>	59
RALDESY	35
<i>raloxifene hcl</i>	55
<i>ramelteon</i>	42
<i>ramipril</i>	25
<i>ranolazine</i>	32
<i>rasagiline mesylate</i>	36
<i>reclipsen</i>	52
RECOMBIVAX HB.....	65
REGRANEX	77
RELENZA DISKHALER	10
RELISTOR	58
<i>repaglinide</i>	47
REPATHA.....	29
REPATHA PUSHTRONEX SYSTEM	29
REPATHA SURECLICK.....	29
RESTASIS	69
RESTASIS MULTIDOSE.....	69
RETEVMO	21

REVUFORJ	21
REXULTI	38
REYATAZ.....	7
REZLIDHIA	21
REZUROCK.....	64
RHOPRESSA	69
<i>ribavirin (hepatitis c)</i>	10
<i>rifabutin</i>	9
<i>rifampin</i>	9
<i>riluzole</i>	43
<i>rimantadine hydrochloride</i>	10
<i>ringer's solution</i>	67
<i>ringer's solution for irrigation</i>	77
RINVOQ	62
RINVOQ LQ	62
<i>risedronate sodium</i>	49
<i>risperidone</i>	38
<i>risperidone microspheres</i>	38
<i>ritonavir</i>	7
<i>rivastigmine</i>	33
<i>rivastigmine tartrate</i>	34
<i>rizatriptan benzoate</i>	43
ROCKLATAN DRO	69
<i>roflumilast</i>	72
ROMVIMZA.....	21
<i>ropinirole hydrochloride</i>	36
<i>rosuvastatin calcium</i>	29
ROTARIX SUS	65
ROTATEQ SOL.....	65
<i>roweepra</i>	40
ROZLYTREK	21
RUBRACA.....	21
<i>rufinamide</i>	40
RUKOBIA	7
RYBELSUS.....	47
RYDAPT	21

S

<i>sajazir</i>	61
SANTYL.....	77
<i>sapropterin dihydrochloride</i>	55
SCEMBLIX	22
<i>scopolamine</i>	57
SECUADO.....	38
<i>selegiline hcl</i>	36
<i>selenium sulfide</i>	74
SELZENTRY	7
SE-NATAL 19 CHW	67

SE-NATAL 19 TAB.....	67	SPRYCEL	22
SEREVENT DISKUS.....	71	<i>sps</i>	49
<i>sertraline hcl</i>	35	<i>sronyx</i>	52
<i>setlakin</i>	52	<i>ssd</i>	74
<i>sevelamer carbonate</i>	56	STELARA	63
<i>sharobel</i>	52	STIOLTO AER 2.5-2.5	70
SHINGRIX	65	STIVARGA	22
SIGNIFOR	55	<i>streptomycin sulfate</i>	5
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	33	STRIBILD TAB.....	9
<i>silver sulfadiazine</i>	74	STRIVERDI RESPIMAT.....	71
SIMBRINZA SUS 1-0.2%	69	<i>subvenite</i>	40
SIMLANDI	62	<i>sucalfate</i>	58
SIMLANDI 1-PEN KIT	63	<i>sulfacetamide sodium (acne)</i>	74
SIMLANDI 2-PEN KIT	63	<i>sulfacetamide sodium (ophth)</i>	68
<i>simvastatin</i>	29	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	68
<i>sirolimus</i>	64	<i>sulfadiazine</i>	5
SIRTURO.....	9	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	5
SKYRIZI.....	63	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	5
SKYRIZI PEN	63	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	5
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	58	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	5
<i>sodium chloride</i>	67	SULFAMYLON.....	74
<i>sodium chloride (gu irrigant)</i>	77	<i>sulfasalazine</i>	58
<i>sodium fluoride</i>	67	<i>sulindac</i>	1
<i>sodium fluoride tab;1.1(0.5 f)mg/ml</i> <i>soln</i>	67	<i>sumatriptan</i>	43
SODIUM OXYBATE.....	45	<i>sumatriptan succinate</i>	43
<i>sodium phenylbutyrate</i>	55	<i>sunitinib malate</i>	22
<i>sodium polystyrene sulfonate powder</i>	49	SUNLENCA	7
<i>solifenacin succinate</i>	60	SUNLENCA (4 X 300MG)	8
SOLQUA INJ 100/33	48	SUNLENCA (5 X 300MG)	8
SOLTAMOX	15	SUTAB TAB.....	58
SOLU-CORTEF.....	54	<i>syeda</i>	52
SOMATULINE DEPOT.....	55	SYMDEKO TAB 100-150	72
SOMAVERT	55	SYMDEKO TAB 50-75MG	72
<i>sorafenib tosylate</i>	22	SYMPAZAN	40
<i>sotalol hcl</i>	28	SYMTUZA TAB.....	9
<i>sotalol hcl (afib/afl)</i>	28	SYNAREL.....	55
SPIRIVA HANDIHALER	70	SYNJARDY TAB 12.5-1000MG	47
SPIRIVA RESPIMAT.....	70	SYNJARDY TAB 12.5-500.....	47
<i>spironolactone</i>	26	SYNJARDY TAB 5-1000MG.....	47
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	31	SYNJARDY TAB 5-500MG.....	47
<i>sprintec 28</i>	52	SYNJARDY XR TAB 10-1000.....	47
SPRITAM	40	SYNJARDY XR TAB 12.5-1000MG	47

SYNJARDY XR TAB 25-1000	47
SYNJARDY XR TAB 5-1000MG	47
SYNTHROID	56
T	
TABLOID	14
TABRECTA	22
<i>tacrolimus</i>	64
<i>tacrolimus (topical)</i>	76
<i>tadalafil</i>	59
<i>tadalafil (pulmonary hypertension)</i> ...	33
TAFINLAR	22
TAGRISSO	22
TALZENNA	22
<i>tamoxifen citrate</i>	15
<i>tamsulosin hcl</i>	59
<i>tarina 24 fe</i>	52
<i>tarina fe 1/20 eq</i>	52
TASIGNA	22
<i>tasimelteon</i>	42
TAVNEOS	61
<i>tazarotene</i>	74
<i>tazicef</i>	11
TAZORAC	74
TAZVERIK	22
TECENTRIQ	22
TEFLARO	11
<i>telmisartan</i>	28
<i>telmisartan-amlodipine tab 40-10 mg</i>	27
<i>telmisartan-amlodipine tab 40-5 mg</i> .	27
<i>telmisartan-amlodipine tab 80-10 mg</i>	27
<i>telmisartan-amlodipine tab 80-5 mg</i> .	27
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	27
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	27
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	27
<i>temazepam</i>	42
TENIVAC INJ 5-2LF	65
<i>tenofovir disoproxil fumarate</i>	8
TEPMETKO	22
<i>terazosin hcl</i>	26
<i>terbinafine hcl</i>	6
<i>terbutaline sulfate</i>	71
<i>terconazole vaginal</i>	60

<i>teriflunomide</i>	44
TERIPARATIDE	49
<i>testosterone</i>	46
<i>testosterone cypionate</i>	46
<i>testosterone enanthate</i>	46
<i>tetrabenazine</i>	43
<i>tetracycline hcl</i>	13
THALOMID	15
<i>theophylline</i>	72
<i>thioridazine hcl</i>	38
<i>thiothixene</i>	38
<i>tiadylt er</i>	30
<i>tiagabine hcl</i>	40
TIBSOVO	22
<i>ticagrelor</i>	61
TICOVAC	65
<i>tigecycline</i>	13
<i>tilia fe</i>	52
<i>timolol maleate</i>	30
<i>timolol maleate (ophth)</i>	69
<i>tinidazole</i>	5
<i>tiotropium bromide monohydrate</i>	70
TIVICAY	8
TIVICAY PD	8
<i>tizanidine hcl</i>	44
TOBI PODHALER	5
<i>tobramycin</i>	5
<i>tobramycin (ophth)</i>	68
<i>tobramycin sulfate</i>	5
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	68
<i>tolterodine tartrate</i>	60
<i>topiramate</i>	40
<i>toremifene citrate</i>	15
<i>torpenz</i>	22
<i>torseamide</i>	31
TOUJEO MAX SOLOSTAR	48
TOUJEO SOLOSTAR	48
TRADJENTA	47
<i>tramadol hcl</i>	2, 3
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3
<i>trandolapril</i>	25
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	25
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	25

<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	25	TRINTELLIX	35
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	25	<i>tri-nymyo</i>	53
<i>tranexamic acid</i>	61	<i>tri-sprintec</i>	53
<i>tranylcypromine sulfate</i>	35	TRIUMEQ PD TAB	9
TRAVASOL INJ 10%	67	TRIUMEQ TAB	9
<i>travoprost</i>	69	<i>trivora-28</i>	53
TRAZIMERA	22	<i>tri-vylibra</i>	53
<i>trazodone hcl</i>	35	<i>tri-vylibra lo</i>	53
TRECTOR	9	TROPHAMINE INJ 10%	68
TRELEGY AER 100MCG	70	<i>tropium chloride</i>	60
TRELEGY AER 200MCG	70	TRULICITY	47
TRELSTAR MIXJECT	15	TRUMENBA	65
TRESIBA	48	TRUQAP	22
TRESIBA FLEXTOUCH	48	TRUXIMA	22
<i>tretinoin</i>	74	TUKYSA	22
<i>tretinoin (chemotherapy)</i>	16	TURALIO	23
<i>triamcinolone acetonide (mouth)</i>	77	<i>turqoz</i>	53
<i>triamcinolone acetonide (topical)</i>	75	TWINRIX INJ	65
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	31	TYBOST	8
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	31	TYPHIM VI	65
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	31	TYVASO	33
<i>tridacaine ii</i>	76	U	
<i>tridacaine iii</i>	76	UBRELVY	43
<i>triderm</i>	75	<i>unithroid</i>	56
<i>trientine hcl</i>	49	<i>ursodiol</i>	58
<i>tri-estarylla</i>	53	V	
<i>trifluoperazine hcl</i>	38	<i>valacyclovir hcl</i>	10
<i>trifluridine</i>	68	VALCHLOR	76
TRIJARDY XR TAB 10-5-1000MG	47	<i>valganciclovir hcl</i>	10, 11
TRIJARDY XR TAB 12.5-2.5-1000MG	47	<i>valproate sodium</i>	40
TRIJARDY XR TAB 25-5-1000MG	47	<i>valproic acid</i>	41
TRIJARDY XR TAB 5-2.5-1000MG	47	<i>valsartan</i>	28
TRIKAFTA PAK 59.5MG	72	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	27
TRIKAFTA PAK 75MG	72	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	27
TRIKAFTA TAB	72	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	27
<i>tri-legest fe</i>	53	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	27
<i>tri-lo-estarylla</i>	53	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	27
<i>tri-lo-sprintec</i>	53	VALTOCO 10 MG DOSE	41
<i>trimethoprim</i>	5	VALTOCO 15 MG DOSE	41
<i>tri-mili</i>	53	VALTOCO 20 MG DOSE	41
<i>trimipramine maleate</i>	35	VALTOCO 5 MG DOSE	41
TRINATAL RX TAB 1	67	<i>valtya 1/50</i>	53

<i>vancomycin hcl</i>	5
VANCOMYCIN HYDROCHLORIDE.....	5
VANCOMYCIN INJ 1 GM.....	5
VANCOMYCIN INJ 500MG	5
VANCOMYCIN INJ 750MG	5
VANFLYTA	23
VAQTA.....	65
<i>varenicline tartrate</i>	45
<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	45
VARIVAX	65
VASCEPA.....	29
VAXCHORA SUS	66
<i>velivet</i>	53
VENCLEXTA	23
VENCLEXTA TAB START PK.....	23
<i>venlafaxine hcl</i>	35
VENTOLIN HFA.....	71
VEOZAH.....	55
<i>verapamil hcl</i>	31
VERQUVO.....	32
VERSACLOZ.....	38
VERZENIO	23
<i>vestura</i>	53
<i>vienva</i>	53
<i>vigabatrin</i>	41
<i>vigadrone</i>	41
VIGAFYDE	41
<i>vigpoder</i>	41
<i>vilazodone hcl</i>	35
VIMKUNYA.....	66
VIRACEPT.....	8
VIREAD.....	8
VITRAKVI	23
VIVOTIF CAP EC.....	66
VIZIMPRO	23
VONJO	23
VORANIGO	23
<i>voriconazole</i>	6
VORICONAZOLE	6
VOSEVI TAB	11
VOWST CAP.....	59
VRAYLAR.....	38
VUMERITY	44
<i>vyfemla</i>	53
<i>vylibra</i>	53
VYZULTA	69

W	
<i>warfarin sodium</i>	60
<i>water for irrigation, sterile irrigation</i> <i>soln</i>	77
WELIREG	16
X	
XALKORI	23
<i>xarah fe</i>	53
XARELTO.....	60
XARELTO STAR TAB 15/20MG.....	60
XCOPRI.....	41
XCOPRI PAK 100-150	41
XCOPRI PAK 12.5-25	41
XCOPRI PAK 150-200	41
XCOPRI PAK 50-100MG.....	41
XDEMVY.....	68
XELJANZ	63
XELJANZ XR	63
XERMELO	59
XGEVA.....	49
XHANCE.....	73
XIFAXAN	59
XIGDUO XR TAB 10-1000.....	47
XIGDUO XR TAB 10-500MG	47
XIGDUO XR TAB 2.5-1000.....	47
XIGDUO XR TAB 5-1000MG	47
XIGDUO XR TAB 5-500MG.....	47
XIIDRA	69
XOLAIR.....	72
XOSPATA	23
XPOVIO PAK (100 MG ONCE WEEKLY)	24
XPOVIO PAK (40 MG ONCE WEEKLY)	23
XPOVIO PAK (40 MG TWICE WEEKLY)	23
XPOVIO PAK (60 MG ONCE WEEKLY)	23
XPOVIO PAK (60 MG TWICE WEEKLY)	23
XPOVIO PAK (80 MG ONCE WEEKLY)	23
XPOVIO PAK (80 MG TWICE WEEKLY)	24
XTANDI.....	15
<i>xulane</i>	53
XYWAV SOL 0.5GM/ML.....	45
Y	
YF-VAX INJ.....	66
<i>yuvafem</i>	54

Z	
<i>zafemy</i>	53
<i>zafirlukast</i>	71
<i>zaleplon</i>	42
ZARXIO.....	60
ZEGALOGUE	54
ZEJULA	24
ZELBORAF	24
ZEMAIRA.....	72
<i>zenatane</i>	74
ZENPEP CAP 10000UNT.....	59
ZENPEP CAP 15000UNT.....	59
ZENPEP CAP 20000UNT.....	59
ZENPEP CAP 25000UNT.....	59
ZENPEP CAP 3000UNIT	59
ZENPEP CAP 40000UNT.....	59
ZENPEP CAP 5000UNIT	59
ZENPEP CAP 60000UNT.....	59
<i>zidovudine</i>	8
<i>ziprasidone hcl</i>	38
<i>ziprasidone mesylate</i>	38
ZIRGAN	68
<i>zoledronic acid</i>	49
ZOLINZA.....	24
<i>zolpidem tartrate</i>	42
ZONISADE	41
<i>zonisamide</i>	41
<i>zovia 1/35</i>	53
ZTALMY	41
ZURZUVAE	35
ZYDELIG	24
ZYKADIA.....	24

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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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-831-2583, 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. سيفهم 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.

Português: 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 06/01/2025.

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



of Tennessee