



Arkansas Blue Medicare

2024 Formulary

(List of Covered Drugs)

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

BlueMedicare Value Rx (PDP)

Formulary 00024095, Version 9

This Formulary was updated on February 21, 2024. For more recent information or other questions, please contact Arkansas Blue Medicare Customer Service at **1-844-280-5833** (TTY users should call **711**), 24 hours a day, seven days a week, or visit www.arkbluemedicare.com.

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

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

This document includes a list of the drugs (Formulary) for our plan, which is current as of February 21, 2024. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

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

What is the Arkansas Blue Medicare Formulary?

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

Can the Formulary (Drug List) change?

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

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

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

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

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

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

The enclosed Formulary is current as of February 21, 2024. To get updated information about the drugs covered by Arkansas Blue Medicare, please contact us. Our contact information appears on the front and back cover pages. The Formulary is updated monthly with changes as described above and is posted on our website, which can be found on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 72. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Arkansas Blue Medicare Formulary

The Formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

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

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

Requirements/Limits Column Abbreviations

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

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

Tier	Standard Retail In-Network Cost Sharing (up to a 30-day supply)	Mail-Order Cost Sharing (up to a 30-day supply)	Long-Term Care (LTC) Cost Sharing (up to a 31-day supply)
1 (Preferred Generic)	\$6 copay	\$6 copay	\$6 copay
2 (Generic)	\$10 copay	\$10 copay	\$10 copay
3 (Preferred Brand)	\$45 copay (\$35 copay for covered insulin products)	\$45 copay (\$35 copay for covered insulin products)	\$45 copay (\$35 copay for covered insulin products)
4 (Non-Preferred Drug)	45% of the total cost (\$35 copay for covered insulin products)	45% of the total cost (\$35 copay for covered insulin products)	45% of the total cost (\$35 copay for covered insulin products)
5 (Specialty Tier)	25% of the total cost (\$35 copay for covered insulin products)	25% of the total cost (\$35 copay for covered insulin products)	25% of the total cost (\$35 copay for covered insulin products)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	2	
<i>colchicine</i> TABS .6mg	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>MITIGARE</i> CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>etodolac</i> TABS 400mg, 500mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	2	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	3	QL (180 tabs / 30 days)
<i>endocet</i> tab 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet</i> tab 5-325mg	3	QL (360 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	3	QL (180 tabs / 30 days)
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 20mg/ml</i>	3	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	3	QL (180 tabs / 30 days)
<i>MORPHINE SULFATE/SODIUM C SOLN 1mg/ml</i>	4	B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	4	
<i>oxycodone hcl SOLN 5mg/5ml</i>	4	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	3	B/D
---	---	-----

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	5	QL (672 tabs / year), PA
-------------------------------	---	--------------------------

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

Drug Name	Drug Tier	Requirements/Limits
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
<i>CAYSTON</i> SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg	2	
<i>clindamycin hcl</i> CAPS 300mg	3	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
<i>DAPTOMYCIN</i> SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
<i>EMVERM</i> CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	4	
<i>ivermectin</i> TABS 3mg	3	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	2	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
<i>streptomycin sulfate</i> SOLR 1gm	4	
<i>sulfadiazine</i> TABS 500mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800- 160 mg	2	
tobramycin NEBU 300mg/5ml	5	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
trimethoprim TABS 100mg	3	
vancomycin hcl CAPS 125mg	4	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	4	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole TABS 50mg</i>	4	QL (480 tabs / 30 days), PA
<i>voriconazole TABS 200mg</i>	4	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	4	
<i>COARTEM TAB 20-120MG</i>	4	
<i>mefloquine hcl TABS 250mg</i>	3	
<i>primaquine phosphate TABS 26.3mg</i>	3	
<i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>	3	
<i>quinine sulfate CAPS 324mg</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	4	NM
<i>APTVUS CAPS 250mg</i>	5	NM
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	4	NM
<i>darunavir TABS 600mg</i>	5	QL (60 tabs / 30 days), NM
<i>darunavir TABS 800mg</i>	5	QL (30 tabs / 30 days), NM
<i>EDURANT TABS 25mg</i>	5	NM
<i>efavirenz CAPS 50mg, 200mg; TABS 600mg</i>	4	NM
<i>emtricitabine CAPS 200mg</i>	3	NM
<i>EMTRIVA SOLN 10mg/ml</i>	4	NM
<i>etravirine TABS 100mg, 200mg</i>	5	NM
<i>fosamprenavir calcium TABS 700mg</i>	5	NM
<i>FUZEON SOLR 90mg</i>	5	NM, LA
<i>INTELENCE TABS 25mg</i>	4	NM
<i>ISENTRESS CHEW 25mg</i>	4	NM
<i>ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg</i>	5	NM
<i>ISENTRESS HD TABS 600mg</i>	5	NM
<i>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</i>	3	NM
<i>LEXIVA SUSP 50mg/ml</i>	4	NM
<i>maraviroc TABS 150mg, 300mg</i>	5	NM
<i>nevirapine SUSP 50mg/5ml; TB24 400mg</i>	4	NM
<i>nevirapine TABS 200mg</i>	3	NM
<i>NORVIR PACK 100mg</i>	4	NM
<i>PIFELTRO TABS 100mg</i>	5	NM

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	NM
<i>zidovudine</i> TABS 300mg	3	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	NM
<i>BIKTARVY TAB 30-120-15 MG</i>	5	NM
<i>BIKTARVY TAB 50-200-25 MG</i>	5	NM
<i>CIMDUO TAB 300-300</i>	5	NM
<i>COMPLERA TAB</i>	5	NM
<i>DELSTRIGO TAB</i>	5	NM
<i>DESCOVY TAB 120-15MG</i>	5	QL (30 tabs / 30 days), NM
<i>DESCOVY TAB 200/25MG</i>	5	QL (30 tabs / 30 days), NM
<i>DOVATO TAB 50-300MG</i>	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	5
<i>ethambutol hcl TABS 100mg, 400mg</i>	3
<i>isoniazid TABS 100mg, 300mg</i>	2
<i>PRIFTIN TABS 150mg</i>	4
<i>pyrazinamide TABS 500mg</i>	4
<i>rifabutin CAPS 150mg</i>	4
<i>rifampin CAPS 150mg, 300mg</i>	3
<i>rifampin SOLR 600mg</i>	4
<i>SIRTURO TABS 20mg, 100mg</i>	5
<i>TRECATOR TABS 250mg</i>	4
	NM, LA, PA

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2
<i>acyclovir sodium SOLN 50mg/ml</i>	4
<i>adefovir dipivoxil TABS 10mg</i>	4
<i>BARACLUDE SOLN .05mg/ml</i>	5
<i>entecavir TABS .5mg, 1mg</i>	4
<i>EPCLUSA PAK 150-37.5</i>	5
<i>EPCLUSA PAK 200-50MG</i>	5
<i>EPCLUSA TAB 200-50MG</i>	5
<i>EPCLUSA TAB 400-100</i>	5
<i>ganciclovir sodium SOLR 500mg</i>	4
<i>HARVONI PAK 33.75-150MG</i>	5
<i>HARVONI PAK 45-200MG</i>	5
<i>HARVONI TAB 45-200MG</i>	5
	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	4	NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	NM
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

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

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

Drug Name	Drug Tier Requirements/Limits
<i>ERYTHROMYCINS/MACROLIDES</i>	
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	2
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4
<i>clarithromycin</i> TABS 250mg, 500mg	3
DIFICID SUSR 40mg/ml; TABS 200mg	5
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4
ERYTHROCIN LACTOBIONATE SOLR 500mg	4
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4
<i>erythromycin lactobionate</i> SOLR 500mg	4
<i>FLUOROQUINOLONES</i>	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	2
<i>levofloxacin</i> SOLN 25mg/ml	4
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	2
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	3
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	3
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	3
<i>moxifloxacin hcl</i> TABS 400mg	4
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	4
<i>PENICILLINS</i>	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	2
<i>amoxicillin & k clavulanate chew tab</i> 200- 28.5 mg	4
<i>amoxicillin & k clavulanate chew tab</i> 400- 57 mg	4
<i>amoxicillin & k clavulanate for susp</i> 200- 28.5 mg/5ml	3
<i>amoxicillin & k clavulanate for susp</i> 250- 62.5 mg/5ml	4
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	3
<i>amoxicillin & k clavulanate for susp</i> 600- 42.9 mg/5ml	3

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

Drug Name	Drug Tier Requirements/Limits
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2
<i>ampicillin CAPS 500mg</i>	2
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4
<i>nafcillin sodium SOLR 10gm</i>	5
<i>PEN GK/DEXTR INJ 40000/ML</i>	4
<i>PEN GK/DEXTR INJ 60000/ML</i>	4
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4
<i>penicillin g sodium SOLR 5000000unit</i>	4
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	2
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4
TETRACYCLINES	
<i>doxy 100 SOLR 100mg</i>	4
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2
<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	3

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

Drug Name		Drug Tier	Requirements/Limits
<i>doxycycline hydiate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg		3	
<i>doxycycline hydiate</i> SOLR 100mg		4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg		3	
<i>tetracycline hcl</i> CAPS 250mg, 500mg		4	PA
<i>tigecycline</i> SOLR 50mg		5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>cyclophosphamide</i> CAPS 25mg	3	B/D
<i>cyclophosphamide</i> CAPS 50mg	4	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	

ANTIMETABOLITES

INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, LA, PA
PURIXAN SUSP 2000mg/100ml	5	NM, LA
TABLOID TABS 40mg	4	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	5	
exemestane TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM, LA
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	4	
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, LA, PA
bexarotene CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
hydroxyurea CAPS 500mg	2	
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, LA, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	QL (30 tabs / 30 days), NM, PA
GILOTTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFIA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA

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

Drug Name		Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CPPK 4mg		5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg		5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg		5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg		5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG		5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG		5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG		5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg		5	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg		5	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg		5	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg		5	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg		5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg		5	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg		5	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg		5	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml		5	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg		5	QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg		5	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg		5	QL (180 tabs / 30 days), NM, LA, PA
NERLYNX TABS 40mg		5	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg		5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg		5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg		5	QL (30 caps / 30 days), NM, LA, PA
OGSIVEO TABS 50mg		5	QL (180 tabs / 30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	5	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	5	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR TBSO 10mg	5	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, LA, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, LA, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, LA, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, LA, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3
MESNEX TABS 400mg	5

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	QL (30 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	3	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	3	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	3	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	3	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	2	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	2	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	3	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	2	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	2	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	

ALPHA BLOCKERS

<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan tab 5-160 mg	3	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	3	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	3	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	3	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	2	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	2	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	2	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	2	
losartan potassium & hydrochlorothiazide tab 100-25 mg	2	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	3	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	3	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	3	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	3	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	3	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	3	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	3	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	3	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	4	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	4	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	2	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	2	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	2	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	3	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	3	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	3	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

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

ANTILIPEMICS, FIBRATES

<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	2	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	2	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
--	---	--

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
<i>REPATHA SOSY</i> 140mg/ml	3	NM, PA
<i>REPATHA PUSHTRONEX SYSTEM SOCT</i> 420mg/3.5ml	3	NM, PA
<i>REPATHA SURECLICK SOAJ</i> 140mg/ml	3	NM, PA
<i>VASCEPA CAPS .5gm, 1gm</i>	3	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	2
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	3
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	2
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	3
<i>nebivolol hcl</i> TABS 20mg	3
<i>pindolol</i> TABS 5mg, 10mg	3
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3

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

Drug Name	Drug Tier Requirements/Limits
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	3
<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	4
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	3
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	2
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>	2
<i>diltiazem hcl coated beads CP24 360mg</i>	4
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	3
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	3
<i>nimodipine CAPS 30mg</i>	4
<i>NYMALIZE SOLN 6mg/ml</i>	5
<i>taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	3
<i>tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3
<i>verapamil hcl SOLN 2.5mg/ml</i>	4
<i>verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg</i>	2
DIURETICS	
<i>acetazolamide CP12 500mg</i>	4
<i>acetazolamide TABS 125mg, 250mg</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2
<i>amiloride hcl TABS 5mg</i>	2
<i>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</i>	3
<i>chlorthalidone TABS 25mg, 50mg</i>	2
<i>furosemide SOLN 10mg/ml, 40mg/5ml</i>	2
<i>furosemide TABS 20mg, 40mg, 80mg</i>	1
<i>furosemide inj SOLN 10mg/ml</i>	3
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1
<i>indapamide TABS 1.25mg, 2.5mg</i>	2
<i>methazolamide TABS 25mg, 50mg</i>	4
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	3

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

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	4	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	4	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	4	QL (450 mL / 30 days)
<i>CORLANOR TABS 5mg, 7.5mg</i>	4	QL (60 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	4	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>metyrosine CAPS 250mg</i>	5	PA
<i>midodrine hcl TABS 2.5mg, 5mg</i>	3	
<i>midodrine hcl TABS 10mg</i>	4	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	4	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	3	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	2	
<i>NITRO-BID OINT 2%</i>	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	3	
PULMONARY ARTERIAL HYPERTENSION		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	5	QL (90 tabs / 30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>OPSUMIT</i> TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>VENTAVIS</i> SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	2	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
<i>memantine hcl</i> TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg	2
--	---

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

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl</i> TABS 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	3	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 150mg	3	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
<i>TRINTELLIX</i> TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
<i>ZURZUVAE</i> CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, LA, PA
<i>ZURZUVAE</i> CAPS 30mg	5	QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
<i>INBRIJA CAPS 42mg</i>	5	QL (300 caps / 30 days), NM, LA, PA
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	PA; PA if 70 years and older

ANTIPSYCHOTICS

<i>ABILIFY MAINTENA PRSY 300mg, 400mg</i>	4	QL (1 syringe / 28 days)
<i>ABILIFY MAINTENA SRER 300mg, 400mg</i>	4	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	4	QL (60 tabs / 30 days)
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml</i>	4	QL (1 syringe / 28 days)
<i>ARISTADA PRSY 1064mg/3.9ml</i>	4	QL (1 syringe / 56 days)
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	4	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	4	QL (60 tabs / 30 days)
<i>CAPLYTA CAPS 10.5mg, 21mg, 42mg</i>	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	4	
<i>clozapine TABS 25mg, 50mg</i>	3	
<i>clozapine TABS 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine TABS 200mg</i>	4	QL (120 tabs / 30 days)
<i>clozapine TBDP 12.5mg, 25mg</i>	4	PA
<i>clozapine TBDP 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine TBDP 150mg</i>	4	QL (180 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS 20mg	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	4	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	4	QL (1 syringe / 90 days)
<i>loxpipamine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	4	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 200mg		2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 150mg		3	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg		2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg		4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg		4	QL (30 tabs / 30 days), PA
<i>REXULTI</i> TABS 3mg, 4mg		4	QL (30 tabs / 30 days)
<i>REXULTI</i> TABS .25mg, .5mg, 1mg, 2mg		4	QL (60 tabs / 30 days)
<i>RISPERDAL CONSTA</i> SRER 12.5mg, 25mg, 37.5mg, 50mg		4	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml		3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg		2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg		4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg		4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg		4	QL (90 tabs / 30 days)
<i>SECUADO</i> PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr		4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg		3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg		4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg		3	
<i>VERSACLOZ</i> SUSP 50mg/ml		4	QL (600 mL / 30 days), PA
<i>VRAYLAR</i> CAPS 1.5mg		4	QL (60 caps / 30 days)
<i>VRAYLAR</i> CAPS 3mg, 4.5mg, 6mg		4	QL (30 caps / 30 days)
<i>VRAYLAR</i> CAP 1.5-3MG		4	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg		4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg		4	QL (6 injections / 3 days)
<i>ZYPREXA RELPREVV</i> SUSR 210mg, 300mg		4	QL (2 vials / 28 days), NM, PA
<i>ZYPREXA RELPREVV</i> SUSR 405mg		4	QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

<i>APTIOM</i> TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
<i>APTIOM</i> TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
<i>BRIVIACT</i> SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
<i>BRIVIACT</i> SOLN 50mg/5ml	4	PA
<i>BRIVIACT</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA

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

Drug Name		Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 100mg; TABS 200mg		3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg		4	
<i>clobazam</i> SUSP 2.5mg/ml		4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg		4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg		2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg		2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg		3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg		3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg		4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIACOMIT</i> CAPS 250mg		4	QL (360 caps / 30 days), NM, LA, PA
<i>DIACOMIT</i> CAPS 500mg		4	QL (180 caps / 30 days), NM, LA, PA
<i>DIACOMIT</i> PACK 250mg		4	QL (360 packets / 30 days), NM, LA, PA
<i>DIACOMIT</i> PACK 500mg		4	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml		3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg		2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg		4	
<i>diazepam inj</i> SOLN 5mg/ml		4	
<i>diazepam intensol</i> CONC 5mg/ml		3	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>DILANTIN</i> CAPS 30mg, 100mg		4	
<i>DILANTIN INFATABS</i> CHEW 50mg		4	
<i>DILANTIN-125</i> SUSP 125mg/5ml		4	
<i>divalproex sodium</i> CSDR 125mg		4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	4	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	4	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	2	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	4	QL (240 tabs / 30 days), PA
<i>SPRITAM</i> TB3D 250mg	4	QL (360 tabs / 30 days)
<i>SPRITAM</i> TB3D 500mg	4	QL (180 tabs / 30 days)
<i>SPRITAM</i> TB3D 750mg	4	QL (120 tabs / 30 days)
<i>SPRITAM</i> TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	2	
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg	4	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
<i>VALTOCO</i> 5 MG DOSE LIQD 5mg/0.1ml	4	
<i>VALTOCO</i> 10 MG DOSE LIQD 10mg/0.1ml	4	

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

Drug Name		Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml		4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml		4	
vigabatrin PACK 500mg		5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg		5	QL (180 tabs / 30 days), NM, LA, PA
vigadrone PACK 500mg		5	QL (180 packets / 30 days), NM, LA, PA
vigadrone TABS 500mg		5	QL (180 tabs / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg		4	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg		4	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25		4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG		4	QL (28 tabs / 28 days)
XCOPRI PAK 100-150		4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)		4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)		4	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml		4	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg		3	
ZTALMY SUSP 50mg/ml		4	QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg		4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg		4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg		4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg		4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg		4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg		4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg		3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg		3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg		3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg		3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg		3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg		3	QL (90 tabs / 30 days), PA

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

Drug Name		Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i>		3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>		4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>		4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>		4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>		3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>		3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>		3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>		3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>		4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>		4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>		3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg</i>		3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i>		4	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>DAYVIGO TABS 5mg, 10mg</i>		3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>		3	QL (30 tabs / 30 days)
<i>tasimelteon CAPS 20mg</i>		5	QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg</i>		4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam CAPS 15mg</i>		2	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>temazepam CAPS 30mg</i>		2	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon CAPS 5mg</i>		2	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>NURTEC</i> TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<i>UBRELVY</i> TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

MISCELLANEOUS

<i>AUSTEDO</i> TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>AUSTEDO</i> TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>AUSTEDO XR</i> TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 24mg	5	QL (60 tabs / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i> glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i> glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i> glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i> glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
OCREVUS SOLN 300mg/10ml	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	3	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

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

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol</i> TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	3	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
<i>NICOTROL INHALER</i> INHA 10mg	4	
<i>NICOTROL NS</i> SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate</i> tab 11 x 0.5 mg & 42 x 1 mg start pack	4	QL (2 packs / year)
<i>VIVITROL</i> SUSR 380mg	5	NM

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

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>methyltestosterone</i> CAPS 10mg	5	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
<i>BYDUREON BCISE</i> AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
<i>BYETTA</i> SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
<i>FARXIGA</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	2	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	2	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	3	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	3	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 5-500 mg	3	QL (120 tabs / 30 days)
<i>GLYXAMBI</i> TAB 10-5 MG	4	QL (30 tabs / 30 days)
<i>GLYXAMBI</i> TAB 25-5 MG	4	QL (30 tabs / 30 days)
<i>JANUMET</i> TAB 50-500MG	3	QL (60 tabs / 30 days)
<i>JANUMET</i> TAB 50-1000	3	QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 50-500MG	3	QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 50-1000	3	QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 100-1000	3	QL (30 tabs / 30 days)
<i>JANUVIA</i> TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>JARDIANCE</i> TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-500	3	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-850	3	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-1000	3	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB XR 5-1000MG	3	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	3	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	2	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	4	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	4	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ANTIDIABETICS, INSULINS</i>		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (30 devices / 30 days), PA
V-GO 30 KIT	4	QL (30 devices / 30 days), PA
V-GO 40 KIT	4	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM

CHELATING AGENTS

<i>CHEMET</i> CAPS 100mg	5	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>aubra eq</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>briellyn</i>	3	
<i>camila TABS .35mg</i>	3	
<i>chateal</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane TABS .35mg</i>	3	
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	4	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>errin TABS .35mg</i>	3	
<i>estarylla</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	3	

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

Drug Name	Drug Tier Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4
<i>falmina</i>	3
<i>hailey 1.5/30</i>	3
<i>haloette</i>	4
<i>heather TABS .35mg</i>	3
<i>iclevia</i>	3
<i>incassia TABS .35mg</i>	3
<i>introvale</i>	3
<i>isibloom</i>	3
<i>jasmiel</i>	3
<i>jolessa</i>	3
<i>juleber</i>	3
<i>junel 1.5/30</i>	3
<i>junel 1/20</i>	3
<i>junel fe 1.5/30</i>	3
<i>junel fe 1/20</i>	3
<i>kariva</i>	3
<i>kelnor 1/35</i>	3
<i>kelnor 1/50</i>	3
<i>kurvelo</i>	3
<i>larin 1.5/30</i>	3
<i>larin 1/20</i>	3
<i>larin fe 1.5/30</i>	3
<i>larin fe 1/20</i>	3
<i>leena</i>	3
<i>lessina</i>	3
<i>levonest</i>	3
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3
<i>levora 0.15/30-28</i>	3
<i>loestrin 1.5/30-21</i>	3
<i>loestrin 1/20-21</i>	3
<i>loestrin fe 1.5/30</i>	3
<i>loestrin fe 1/20</i>	3
<i>loryna</i>	3
<i>low-ogestrel</i>	3
<i>lutera</i>	3

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

Drug Name	Drug Tier Requirements/Limits
<i>lyeq TABS .35mg</i>	3
<i>lyza TABS .35mg</i>	3
<i>marlissa</i>	3
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3
<i>microgestin 1.5/30</i>	3
<i>microgestin 1/20</i>	3
<i>microgestin fe 1.5/30</i>	3
<i>microgestin fe 1/20</i>	3
<i>milii</i>	3
<i>mono-linyah</i>	3
<i>necon 0.5/35-28</i>	3
<i>nikki</i>	3
<i>nora-be TABS .35mg</i>	3
<i>norelgestromin-ethynodiol dihydrogennediacetate tab 1- 150-35 mcg/24hr</i>	4
<i>norethindrone (contraceptive) TABS .35mg</i>	3
<i>norethindrone ac-ethynodiol dihydrogennediacetate tab 1- 20/1-30/1-35 mg-mcg</i>	3
<i>norethindrone ace & ethynodiol dihydrogennediacetate tab 1- mg-20 mcg</i>	3
<i>norethindrone ace & ethynodiol dihydrogennediacetate tab 1- 1.5 mg-30 mcg</i>	3
<i>norethindrone ace & ethynodiol dihydrogennediacetate tab 1- tab 1 mg-20 mcg</i>	3
<i>norgestimate & ethynodiol dihydrogennediacetate tab 0.25- mg-35 mcg</i>	3
<i>norgestimate-ethynodiol dihydrogennediacetate tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	3
<i>norgestimate-ethynodiol dihydrogennediacetate tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	3
<i>norlyroc TABS .35mg</i>	3
<i>nortrel 0.5/35 (28)</i>	3
<i>nortrel 1/35 (21)</i>	3
<i>nortrel 1/35 (28)</i>	3
<i>nortrel 7/7/7</i>	3
<i>nylia 1/35</i>	3
<i>nylia 7/7/7</i>	3
<i>nymyo</i>	3
<i>ocella</i>	3
<i>philith</i>	3
<i>pimtrea</i>	3
<i>portia-28</i>	3
<i>reclipsen</i>	3

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

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	3	
<i>simliya</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tilia fe</i>	3	
<i>tri-estarrylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	3	
<i>tri-lo-estarrylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienna</i>	3	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	3	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	4	
<i>SYNAREL SOLN 2mg/ml</i>	5	PA
ESTROGENS		
<i>amabelz tab 0.5-0.1mg</i>	3	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol TABS .5mg, 1mg, 2mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal CREA .1mg/gm</i>	3	
<i>estradiol vaginal TABS 10mcg</i>	4	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>PREMARIN CREA .625mg/gm</i>	3	
<i>yuvafem TABS 10mcg</i>	4	

GLUCOCORTICOIDS

<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	3	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	3	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	3	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	3	B/D
<i>methylprednisolone TBPK 4mg</i>	2	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	3	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	3	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisone SOLN 5mg/5ml</i>	4	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	2	B/D
<i>prednisone TBPK 5mg, 10mg</i>	3	
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>GLUCOSE ELEVATING AGENTS</i>		
diazoxide SUSP 50mg/ml	5	
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
<i>MISCELLANEOUS</i>		
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline TABS .5mg</i>	3	
<i>carglumic acid TBSO 200mg</i>	5	NM, LA, PA
<i>CERDELGA CAPS 84mg</i>	5	NM, LA, PA
<i>cinacalcet hcl TABS 30mg, 60mg</i>	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl TABS 90mg</i>	5	B/D, QL (120 tabs / 30 days), NM
<i>CYSTAGON CAPS 50mg, 150mg</i>	4	NM, LA, PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	5	
<i>desmopressin acetate TABS .1mg, .2mg</i>	3	
<i>desmopressin acetate spray SOLN .01%</i>	4	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	4	
<i>GENOTROPIN CART 5mg, 12mg</i>	5	NM, PA
<i>GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg</i>	5	NM, PA
<i>INCRELEX SOLN 40mg/4ml</i>	5	NM, LA, PA
<i>javygtor PACK 100mg, 500mg; TABS 100mg</i>	5	NM, LA, PA
<i>KORLYM TABS 300mg</i>	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg</i>	4	B/D
<i>nitisinone CAPS 2mg, 5mg, 10mg, 20mg</i>	5	NM, PA
<i>octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml</i>	4	NM, PA
<i>octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml</i>	5	NM, PA
<i>raloxifene hcl TABS 60mg</i>	3	
<i>sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg</i>	5	NM, PA
<i>SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml</i>	5	NM, LA, PA
<i>sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg</i>	5	NM, PA
<i>SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml</i>	5	NM, LA, PA

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

Drug Name		Drug Tier	Requirements/Limits
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg		5	NM, LA, PA
PHOSPHATE BINDER AGENTS			
calcium acetate (phosphate binder) CAPS 667mg		3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg		3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm		4	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm		4	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg		4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg		5	QL (180 tabs / 30 days)
PROGESTINS			
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg		2	
megestrol acetate SUSP 40mg/ml		3	
norethindrone acetate TABS 5mg		3	
progesterone CAPS 100mg		3	
progesterone CAPS 200mg		4	
THYROID AGENTS			
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		2	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		2	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		2	
levoxyt TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		2	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg		3	
methimazole TABS 5mg, 10mg		2	
propylthiouracil TABS 50mg		3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		2	

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

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
<i>RAYALDEE</i> CPCR 30mcg	5	
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	2	
<i>ondansetron</i> TBDP 4mg	2	B/D
<i>ondansetron</i> TBDP 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> TABS 4mg	3	B/D
<i>ondansetron hcl</i> TABS 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> TABS 20mg	2	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	2	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg	4	QL (90 caps / 30 days), PA
budesonide TB24 9mg	5	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPDR 400mg	4	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	4	
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	4	
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	3	
enulose SOLN 10gm/15ml	3	
gavilyte-c	2	
gavilyte-g	2	
generlac SOLN 10gm/15ml	3	
lactulose SOLN 10gm/15ml	3	
lactulose (encephalopathy) SOLN 10gm/15ml	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENUV SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	3	
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	2	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	2	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	2	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
<i>GEMTESA</i> TABS 75mg	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	4	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacina succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

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

HEMATOPOIETIC GROWTH FACTORS

<i>PROCRI</i> SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
--	---	--------

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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

hydroxychloroquine sulfate TABS 200mg	3	
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	5	NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	4	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOP INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBIRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTAVERSE SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	

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

Drug Name	Drug Tier Requirements/Limits
TWINRIX INJ	1
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1
VARIVAX INJ 1350pfu/0.5ml	1
YF-VAX INJ	1

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D5W/LYTES INJ #48	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3
<i>dextrose 5% in lactated ringers</i>	3
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ	4
ISOLYTE-S INJ PH 7.4	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3
KCL/D5W/NACL INJ 0.3/0.9%	4
<i>lactated ringer's solution</i>	3
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3

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

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%</i>	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	3	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq</i>	3	
<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	2	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clenisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%, 70%</i>	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3
<i>neo-polycin hc ophth oint 1%</i>	3
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2
TOBRADEX OIN 0.3-0.1%	3
TOBRADEX ST SUS 0.3-0.05	3
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4
ZYLET SUS 0.5-0.3%	3

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3
<i>bacitracin-polymyxin b ophth oint</i>	2
BESIVANCE SUSP .6%	3
CILOXAN OINT .3%	3
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2
<i>erythromycin (ophth) OINT 5mg/gm</i>	2
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3
NATACYN SUSP 5%	4
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3

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

Drug Name	Drug Tier Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3
<i>ofloxacin (ophth) SOLN .3%</i>	2
<i>polycin ophth oint</i>	2
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3
<i>tobramycin (ophth) SOLN .3%</i>	1
<i>trifluridine SOLN 1%</i>	4
<i>ZIRGAN GEL .15%</i>	4
ANTI-INFLAMMATORIES	
<i>ALREX SUSP .2%</i>	3
<i>bromfenac sodium (ophth) SOLN .07%</i>	3
<i>BROMSITE SOLN .075%</i>	4
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3
<i>diclofenac sodium (ophth) SOLN .1%</i>	2
<i>EYSUVIS SUSP .25%</i>	4
<i>FLAREX SUSP .1%</i>	4
<i>fluorometholone (ophth) SUSP .1%</i>	3
<i>flurbiprofen sodium SOLN .03%</i>	3
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2
<i>LOTEMAX OINT .5%</i>	3
<i>prednisolone acetate (ophth) SUSP 1%</i>	3
<i>PROLENSA SOLN .07%</i>	3
ANTIALLERGICS	
<i>azelastine hcl (ophth) SOLN .05%</i>	3
<i>cromolyn sodium (ophth) SOLN 4%</i>	2
<i>ZERVIATE SOLN .24%</i>	4
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth) SOLN .5%</i>	3
<i>BETOPTIC-S SUSP .25%</i>	4
<i>brimonidine tartrate SOLN .2%</i>	1
<i>brimonidine tartrate SOLN .15%</i>	4
<i>brinzolamide SUSP 1%</i>	4
<i>carteolol hcl (ophth) SOLN 1%</i>	2
<i>COMBIGAN SOL 0.2/0.5%</i>	3
<i>dorzolamide hcl SOLN 2%</i>	2

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

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	2	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	3	
<i>RHOPRESSA SOLN .02%</i>	4	
<i>ROCKLATAN DRO</i>	4	
<i>SIMBRINZA SUS 1-0.2%</i>	4	
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	4	
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	1	
<i>travoprost SOLN .004%</i>	4	
<i>VYZULTA SOLN .024%</i>	4	

MISCELLANEOUS

<i>ATROPINE SULFATE SOLN 1%</i>	3	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	3	
<i>CYSTADROPS SOLN .37%</i>	5	NM, LA, PA
<i>CYSTARAN SOLN .44%</i>	5	NM, LA, PA
<i>proparacaine hcl SOLN .5%</i>	3	
<i>RESTASIS EMUL .05%</i>	3	
<i>RESTASIS MULTIDOSE EMUL .05%</i>	3	
<i>TYRVAYA SOLN .03mg/act</i>	4	
<i>XIIDRA SOLN 5%</i>	3	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

<i>ANORO ELLIPT AER 62.5-25</i>	3	QL (60 blisters / 30 days)
<i>BEVESPI AER 9-4.8MCG</i>	3	QL (1 inhaler / 30 days)
<i>BREZTRI AERO AER SPHERE</i>	3	QL (1 inhaler / 30 days)
<i>BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)</i>	3	QL (4 inhalers / 28 days)
<i>COMBIVENT AER 20-100</i>	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D

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

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; TABS 10mg	2	
montelukast sodium PACK 4mg	4	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, LA, PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
pirfenidone CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
roflumilast TABS 250mcg	3	QL (56 tabs / year)

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

Drug Name	Drug Tier	Requirements/Limits
roflumilast TABS 500mcg	3	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	4	QL (1 inhaler / 30 days)
DULERA AER 100-5MCG	4	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	4	QL (1 inhaler / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	3	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene SOLN .005%	4	QL (120 mL / 30 days), PA
tazarotene CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	2	
ala-cort CREA 2.5%	3	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	4	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	3	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	4	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
fluocinolone acetonide CREA .01%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%	4	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	3	QL (118.28 mL / 30 days)
fluocinolone acetonide OINT .025%	3	QL (120 gm / 30 days)
fluocinolone acetonide SOLN .01%	4	QL (90 mL / 30 days)
fluocinonide CREA .05%	3	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
fluocinonide SOLN .05%	3	QL (60 mL / 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base</i>	CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i>	CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i>	CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i>	CREA 1%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i>	CREA 2.5%	3	
<i>mometasone furoate</i>	CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i>	CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i>	LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i>	OINT .025%, .1%, .5%	2	

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i>	GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i>	GEL 1%	3	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i>	CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i>	SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i>	CREA 1%, 2.5%	3	
<i>imiquimod</i>	CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i>	CREA 12%	2	
<i>lactic acid (ammonium lactate)</i>	LOTN 12%	3	
<i>metronidazole (topical)</i>	CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i>	GEL .75%	3	QL (45 gm / 30 days)
<i>PANRETIN</i>	GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i>	SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i>	CREA 2.5%	3	
<i>procosol hc</i>	CREA 2.5%	3	
<i>protozone-hc</i>	CREA 2.5%	3	

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

Drug Name	Drug Tier	Requirements/Limits
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical) OINT .03%, .1%</i>	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion LOTN .5%</i>	4	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	3	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>chlorhexidine gluconate (mouth-throat)</i>	2	
<i>SOLN .12%</i>		
<i>clotrimazole TROC 10mg</i>	3	QL (150 lozenges / 30 days)
<i>kourzeq PSTE .1%</i>	3	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	2	
<i>nystatin (mouth-throat) SUSP</i>	3	
<i>100000unit/ml</i>		
<i>periogard SOLN .12%</i>	2	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	3	
<i>triamcinolone acetonide (mouth) PSTE</i>	3	
<i>.1%</i>		

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

Index

A	
abacavir sulfate	5
abacavir sulfate-lamivudine tab 600-300 mg.....	6
ABELCET	4
ABILIFY MAINTENA	29
abiraterone acetate	11
ABRYSVO	58
acamprosate calcium	39
acarbose	40
accutane	68
acebutolol hcl	23
acetaminophen w/ codeine soln 120-12 mg/5ml	1
acetaminophen w/ codeine tab 300-15 mg	1
acetaminophen w/ codeine tab 300-30 mg	1
acetaminophen w/ codeine tab 300-60 mg	1
acetazolamide	24
acetic acid.....	53
acetic acid (otic)	64
acetylcysteine.....	66
acitretin	69
ACTHIB INJ	58
ACTIMMUNE	58
acyclovir	7
acyclovir sodium	7
ADACEL INJ.....	58
ADALIMUMAB-AACF (2 PEN)	55
adefovir dipivoxil	7
ADEMPAS.....	25
ADMELOG	42
ADMELOG SOLOSTAR	42
ADVAIR HFA AER 115/21	67
ADVAIR HFA AER 230/21	67
ADVAIR HFA AER 45/21	67
afirmelle	44
AIMOVIG	37
AKEEGA TAB 100/500.....	11
AKEEGA TAB 50/500MG	11
ala-cort	69
albendazole	2
albuterol sulfate.....	65
alclometasone dipropionate	69
ALECENSA	13
alendronate sodium.....	43
alfuzosin hcl	53
aliskiren fumarate	25
allopurinol	1
alosetron hcl	52
alprazolam	26
ALREX	63
altavera	44
ALUNBRIG.....	13
ALUNBRIG PAK	13
alyacen 1/35	44
alyacen 7/7/7	44
amabelz tab 0.5-0.1mg.....	47
amantadine hcl	28
ambrisentan	26
amikacin sulfate	3
amiloride & hydrochlorothiazide tab 5-50 mg.....	24
amiloride hcl	24
amiodarone hcl	22
amitriptyline hcl	26, 27
amlodipine besylate.....	24
amlodipine besylate-benazepril hcl cap 10-20 mg	20
amlodipine besylate-benazepril hcl cap 10-40 mg	20
amlodipine besylate-benazepril hcl cap 2.5-10 mg	19
amlodipine besylate-benazepril hcl cap 5-10 mg	19
amlodipine besylate-benazepril hcl cap 5-20 mg	19
amlodipine besylate-benazepril hcl cap 5-40 mg	20
amlodipine besylate-valsartan tab 10-160 mg	21
amlodipine besylate-valsartan tab 10-320 mg	21
amlodipine besylate-valsartan tab 5-160 mg	21
amlodipine besylate-valsartan tab 5-320 mg	21
amnesteem	68
amoxapine	27
amoxicillin	9

<i>amoxicillin & k clavulanate chew tab</i>	
200-28.5 mg	9
<i>amoxicillin & k clavulanate chew tab</i>	
400-57 mg	9
<i>amoxicillin & k clavulanate for susp</i>	
200-28.5 mg/5ml.....	9
<i>amoxicillin & k clavulanate for susp</i>	
250-62.5 mg/5ml.....	9
<i>amoxicillin & k clavulanate for susp</i>	
400-57 mg/5ml	9
<i>amoxicillin & k clavulanate for susp</i>	
600-42.9 mg/5ml.....	9
<i>amoxicillin & k clavulanate tab 250-125</i>	
mg	10
<i>amoxicillin & k clavulanate tab 500-125</i>	
mg	10
<i>amoxicillin & k clavulanate tab 875-125</i>	
mg	10
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	35
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	35
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	35
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	35
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	35
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	35
<i>amphetamine-dextroamphetamine tab 10 mg</i>	35
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	35
<i>amphetamine-dextroamphetamine tab 15 mg</i>	35
<i>amphetamine-dextroamphetamine tab 20 mg</i>	35
<i>amphetamine-dextroamphetamine tab 30 mg</i>	36
<i>amphetamine-dextroamphetamine tab 5 mg</i>	35
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	35
<i>amphotericin b</i>	4
<i>amphotericin b liposome</i>	4
<i>ampicillin</i>	10
<i>ampicillin & sulbactam sodium for inj</i>	
1.5 (1-0.5) gm.....	10
<i>ampicillin & sulbactam sodium for inj</i>	
(2-1) gm.....	10
<i>ampicillin & sulbactam sodium for iv</i>	
soln 1.5 (1-0.5) gm	10
<i>ampicillin & sulbactam sodium for iv</i>	
soln 15 (10-5) gm	10
<i>ampicillin & sulbactam sodium for iv</i>	
soln 3 (2-1) gm	10
<i>ampicillin sodium</i>	10
<i>anagrelide hcl</i>	55
<i>anastrozole</i>	11
<i>ANORO ELLIPT AER 62.5-25</i>	64
<i>aprepitant</i>	51
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	51
<i>apri</i>	44
<i>APTIOM</i>	31
<i>APTIVUS</i>	5
<i>ARALAST NP</i>	66
<i>aranelle</i>	44
<i>ARCALYST</i>	58
<i>AREXVY</i>	58
<i>ariPIPRAZOLE</i>	29
<i>ARISTADA</i>	29
<i>ARISTADA INITIO</i>	29
<i>armodafinil</i>	39
<i>ARNURITY ELLIPTA</i>	67
<i>asenapine maleate</i>	29
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	55
<i>ASTAGRAF XL</i>	58
<i>atazanavir sulfate</i>	5
<i>atenolol</i>	23
<i>atenolol & chlorthalidone tab 100-25 mg</i>	23
<i>atomoxetine hcl</i>	36
<i>atorvastatin calcium</i>	22
<i>atovaquone</i>	3
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	5
<i>ATROPINE SULFATE</i>	64

<i>atropine sulfate (ophthalmic)</i>	64
ATROVENT HFA.....	65
<i>aubra eq</i>	44
AUGTYRO.....	13
<i>aurovela 1/20</i>	44
<i>aurovela fe 1/20</i>	44
<i>aurovela fe 1.5/30</i>	44
AUSTEDO.....	37
AUSTEDO XR	37
AUSTEDO XR TAB TITR KIT	38
AUVELITY TAB 45-105MG.....	27
<i>aviane</i>	44
<i>ayuna</i>	44
AYVAKIT	13
<i>azathioprine</i>	58
<i>azelastine hcl</i>	65
<i>azelastine hcl (ophth)</i>	63
<i>azithromycin</i>	9
<i>aztreonam</i>	3
<i>azurette</i>	44
B	
<i>bacitracin (ophthalmic)</i>	62
<i>bacitracin-polymyxin b ophth oint</i>	62
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	62
<i>baclofen</i>	38
BAFIERTAM	38
<i>balsalazide disodium</i>	52
BALVERSA.....	13
<i>balziva</i>	44
BARACLUDE	7
BASAGLAR KWIKPEN	42
BCG VACCINE.....	59
BD ALCOHOL SWABS.....	42
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	20
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	20
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	20
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	20
<i>benazepril hcl</i>	20
BENLYSTA.....	58
<i>benztropine mesylate</i>	28
BERINERT	55
BESIVANCE	62
BESREMI	13
<i>betaine powder for oral solution</i>	49
<i>betamethasone dipropionate (topical)</i>	69
<i>betamethasone dipropionate augmented</i>	69
<i>betamethasone valerate</i>	69
BETASERON	38
<i>betaxolol hcl (ophth)</i>	63
<i>bethanechol chloride</i>	53
BETOPTIC-S	63
BEVESPI AER 9-4.8MCG	64
<i>bexarotene</i>	13
<i>bexarotene (topical)</i>	70
BEXSERO INJ	59
<i>bicalutamide</i>	11
BICILLIN L-A	10
BIKTARVY TAB 30-120-15 MG	6
BIKTARVY TAB 50-200-25 MG	6
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	23
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	23
<i>bisoprolol & hydrochlorothiazide tab 5- 6.25 mg</i>	23
<i>bisoprolol fumarate</i>	23
BIVIGAM.....	57
<i>blisovi fe 1.5/30</i>	44
BOOSTRIX INJ	59
<i>bosentan</i>	26
BOSULIF	13
BRAFTOVI	13
BREO ELLIPTA INH 100-25	67
BREO ELLIPTA INH 200-25	67
BREO ELLIPTA INH 50-25MCG	67
BREZTRI AERO AER SPHERE	64
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	64
<i>brielllyn</i>	44
BRILINTA	55
<i>brimonidine tartrate</i>	63
<i>brinzolamide</i>	63
BRIVIACT	31
<i>bromfenac sodium (ophth)</i>	63
<i>bromocriptine mesylate</i>	28
BROMSITE	63
BRONCHITOL.....	66

BRUKINSA	13
budesonide	52
budesonide (inhalation)	67
bumetanide.....	24
buprenorphine hcl	39
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	39
bupropion hcl	27
bupropion hcl (smoking deterrent) ...	39
buspirone hcl.....	26
BYDUREON BCISE	40
BYETTA.....	40
C	
cabergoline	49
CABOMETYX	13
calcipotriene.....	69
calcitonin (salmon) spray	43
calcitriol.....	51
calcitriol (oral)	51
calcium acetate (phosphate binder) ..	50
CALQUENCE.....	13, 14
camila	44
candesartan cilexetil.....	21
CAPLYTA.....	29
CAPRELSA.....	14
carb/levo orally disintegrating tab 10- 100mg	28
carb/levo orally disintegrating tab 25- 100mg	28
carb/levo orally disintegrating tab 25- 250mg	28
carbamazepine	32
carbidopa & levodopa tab 10-100 mg	28
carbidopa & levodopa tab 25-100 mg	28
carbidopa & levodopa tab 25-250 mg	28
carbidopa & levodopa tab er 25-100 mg	28

carbidopa & levodopa tab er 50-200 mg	28
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	28
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	28
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	28
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	28
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	29
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	29
carglumic acid	49
carteolol hcl (ophth)	63
cartia xt.....	24
carvedilol	23
caspofungin acetate	4
CAYSTON.....	3
cefaclor	8
cefadroxil	8
CEFAZOLIN	8
CEFAZOLIN INJ 1GM/50ML.....	8
cefazolin sodium	8
CEFAZOLIN SOLN 2GM/100ML-4%	8
cefdinir.....	8
cefepime hcl.....	8
cefixime	8
cefoxitin sodium	8
cefpodoxime proxetil	8
cefprozil	8
ceftazidime	8
ceftriaxone sodium.....	8
cefuroxime axetil	8
cefuroxime sodium	8
celecoxib	1
cephalexin	8
CERDELGA	49
cetirizine hcl.....	65
chateal	44
CHEMET.....	43
chlorhexidine gluconate (mouth-throat)	71
chloroquine phosphate	5
chlorpromazine hcl	29
chlorthalidone.....	24

<i>cholestyramine</i>	22
<i>cholestyramine light</i>	23
<i>ciclopirox olamine</i>	68
<i>cilostazol</i>	55
<i>CILOXAN</i>	62
<i>CIMDUO TAB 300-300</i>	6
<i>cinacalcet hcl</i>	49
<i>ciprofloxacin 200 mg/100ml in d5w</i>	9
<i>ciprofloxacin 400 mg/200ml in d5w</i>	9
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	64
<i>ciprofloxacin hcl</i>	9
<i>ciprofloxacin hcl (ophth)</i>	62
<i>citalopram hydrobromide</i>	27
<i>claravis</i>	68
<i>clarithromycin</i>	9
<i>clindamycin hcl</i>	3
<i>clindamycin phosphate</i>	3
<i>clindamycin phosphate (topical)</i>	68
<i>clindamycin phosphate vaginal</i>	54
<i>CLINIMIX INJ 4.25/D10</i>	61
<i>CLINIMIX INJ 4.25/D5W</i>	61
<i>CLINIMIX INJ 5%/D15W</i>	62
<i>CLINIMIX INJ 5%/D20W</i>	62
<i>CLINIMIX INJ 6/5</i>	62
<i>CLINIMIX INJ 8/10</i>	62
<i>CLINIMIX INJ 8/14</i>	62
<i>clinisol sf 15%</i>	62
<i>CLINOLIPID EMU 20%</i>	62
<i>clobazam</i>	32
<i>clobetasol propionate</i>	69
<i>clobetasol propionate e</i>	69
<i>clomipramine hcl</i>	27
<i>clonazepam</i>	32
<i>clonidine</i>	25
<i>clonidine hcl</i>	25
<i>clopidogrel bisulfate</i>	55
<i>clorazepate dipotassium</i>	32
<i>clotrimazole</i>	71
<i>clotrimazole (topical)</i>	68
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	68
<i>clozapine</i>	29, 30
<i>COARTEM TAB 20-120MG</i>	5
<i>colchicine</i>	1
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>colesevelam hcl</i>	23
<i>colestipol hcl</i>	23
<i>colistimethate sodium</i>	3
<i>COMBIGAN SOL 0.2/0.5%</i>	63
<i>COMBIVENT AER 20-100</i>	64
<i>COMETRIQ (60MG DOSE)</i>	14
<i>COMETRIQ KIT 100MG</i>	14
<i>COMETRIQ KIT 140MG</i>	14
<i>COMPLERA TAB</i>	6
<i>compro</i>	51
<i>constulose</i>	52
<i>COPIKTRA</i>	14
<i>CORLANOR</i>	25
<i>COTELLIC</i>	14
<i>CREON CAP 12000UNT</i>	53
<i>CREON CAP 24000UNT</i>	53
<i>CREON CAP 3000UNIT</i>	53
<i>CREON CAP 36000UNT</i>	53
<i>CREON CAP 6000UNIT</i>	53
<i>cromolyn sodium</i>	66
<i>cromolyn sodium (mastocytosis)</i>	52
<i>cromolyn sodium (ophth)</i>	63
<i>cryselle-28</i>	44
<i>cyclobenzaprine hcl</i>	38
<i>cyclophosphamide</i>	11
<i>CYCLOPHOSPHAMIDE</i>	11
<i>cycloserine</i>	7
<i>cyclosporine</i>	58
<i>cyclosporine modified (for microemulsion)</i>	58
<i>cyproheptadine hcl</i>	65
<i>cyred eq</i>	44
<i>CYSTADROPS</i>	64
<i>CYSTAGON</i>	49
<i>CYSTARAN</i>	64
D	
<i>D10W/NACL INJ 0.2%</i>	60
<i>D2.5W/NACL INJ 0.45%</i>	60
<i>D5W/LYTES INJ #48</i>	60
<i>dabigatran etexilate mesylate</i>	54
<i>dalfampridine</i>	38
<i>danazol</i>	47
<i>dapsone</i>	3
<i>DAPTACEL INJ</i>	59
<i>daptomycin</i>	3
<i>DAPTO MYCIN</i>	3
<i>darunavir</i>	5

<i>dasetta</i> 1/35	44
<i>dasetta</i> 7/7/7	44
DAURISMO.....	14
DAYVIGO	36
<i>deblitane</i>	44
<i>deferasirox</i>	43
DELSTRIGO TAB	6
DENGVAXIA SUS.....	59
DEPO-SUBQ PROVERA 104	44
<i>depo-testosterone</i>	40
DESCOVY TAB 120-15MG.....	6
DESCOVY TAB 200/25MG.....	6
<i>desipramine hcl</i>	27
<i>desmopressin acetate</i>	49
<i>desmopressin acetate spray</i>	49
<i>refrigerated</i>	49
<i>desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5).....	44
<i>desogestrel & ethynodiol dihydrogesterone tab</i> 0.15 mg-30 mcg	44
desvenlafaxine succinate.....	27
dexamethasone	48
<i>dexamethasone sodium phosphate</i> ...48	
<i>dexamethasone sodium phosphate</i> (ophth)	63
<i>dexamethylphenidate hcl</i>	36
<i>dextrose</i>	62
<i>dextrose 10% w/ sodium chloride</i> 0.45%	60
<i>dextrose 2.5% w/ sodium chloride</i> 0.45%	60
<i>dextrose 5% in lactated ringers</i>	60
<i>dextrose 5% w/ sodium chloride 0.2%</i>	60
<i>dextrose 5% w/ sodium chloride</i> 0.225%	60
<i>dextrose 5% w/ sodium chloride 0.3%</i>	60
<i>dextrose 5% w/ sodium chloride 0.45%</i>	60
<i>dextrose 5% w/ sodium chloride 0.9%</i>	60
DIACOMIT.....	32
<i>diazepam</i>	32
<i>diazepam (anticonvulsant)</i>	32
<i>diazepam inj</i>	32
<i>diazepam intensol</i>	32
<i>diazoxide</i>	49
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium (ophth)</i>	63
<i>diclofenac sodium (topical)</i>	70
<i>dicloxacillin sodium</i>	10
<i>dicyclomine hcl</i>	51
DIFICID.....	9
<i>digoxin</i>	25
<i>dihydroergotamine mesylate</i>	37
DILANTIN	32
DILANTIN-125	32
DILANTIN INFATABS	32
<i>diltiazem hcl</i>	24
<i>diltiazem hcl coated beads</i>	24
<i>diltiazem hcl extended release beads</i> 24	
<i>dilt-xr</i>	24
DIP/TET PED INJ 25-5LFU	59
<i>diphenhydramine hcl</i>	65
<i>diphenoxylate w/ atropine tab</i> 2.5- 0.025 mg	52
<i>dipyridamole</i>	55
<i>disopyramide phosphate</i>	22
<i>disulfiram</i>	39
<i>divalproex sodium</i>	32, 33
<i>dofetilide</i>	22
<i>donepezil hydrochloride</i>	26
DOPTELET	55
<i>dorzolamide hcl</i>	63
<i>dorzolamide hcl-timolol maleate ophth</i> soln 2-0.5%	64
<i>dotti</i>	47
DOVATO TAB 50-300MG	6
<i>doxazosin mesylate</i>	20
<i>doxepin hcl</i>	27
<i>doxepin hcl (sleep)</i>	36
<i>doxy 100</i>	10
<i>doxycycline (monohydrate)</i>	10
<i>doxycycline hyclate</i>	11
<i>dronabinol</i>	51
<i>drospirenone-ethynodiol dihydrogesterone tab</i> 3- 0.02 mg	44
<i>drospirenone-ethynodiol dihydrogesterone tab</i> 3- 0.03 mg	44
DROXIA	55
<i>droxidopa</i>	25

DULERA AER 100-5MCG	67
DULERA AER 200-5MCG	67
DULERA AER 50-5MCG.....	67
<i>duloxetine hcl</i>	27
DUPIXENT.....	55
<i>dutasteride</i>	53
E	
EDURANT	5
<i>efavirenz</i>	5
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	6
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	6
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	6
ELIGARD.....	11
<i>elinet</i>	44
ELIQUIS	54
ELIQUIS STARTER PACK	54
<i>eluryng</i>	44
EMCYT.....	11
EMSAM	27
<i>emtricitabine</i>	5
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	7
EMTRIVA	5
EMVERM	3
<i>enalapril maleate</i>	20
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	20
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	20
ENBREL	56
ENBREL MINI.....	56
ENBREL SURECLICK	56
ENDARI	55
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 2.5-325mg</i>	1
<i>endocet tab 5-325mg</i>	1
<i>endocet tab 7.5-325mg</i>	2
ENGERIX-B	59

<i>enilloring</i>	44
<i>exoxaparin sodium</i>	54
<i>empresse-28</i>	44
<i>enskyce</i>	44
ENSTILAR AER.....	69
<i>entacapone</i>	29
<i>entecavir</i>	7
ENTRESTO TAB 24-26MG	21
ENTRESTO TAB 49-51MG	21
ENTRESTO TAB 97-103MG	21
<i>enulose</i>	52
EPCLUSA PAK 150-37.5	7
EPCLUSA PAK 200-50MG	7
EPCLUSA TAB 200-50MG	7
EPCLUSA TAB 400-100	7
EPIDIOLEX	33
<i>epinephrine (anaphylaxis)</i>	25, 66
<i>epitol</i>	33
<i>eplerenone</i>	20
EPRONTIA.....	33
<i>ergotamine w/ caffeine tab 1-100 mg</i>	37
ERIVEDGE.....	14
ERLEADA.....	11, 12
<i>erlotinib hcl</i>	14
<i>errin</i>	44
<i>ertapenem sodium</i>	3
<i>ery-tab</i>	9
ERYTHROCIN LACTOBIONATE.....	9
<i>erythromycin (acne aid)</i>	68
<i>erythromycin (ophth)</i>	62
<i>erythromycin base</i>	9
<i>erythromycin lactobionate</i>	9
<i>escitalopram oxalate</i>	27
<i>estarrylla</i>	44
<i>estradiol</i>	47, 48
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	48
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	48
<i>estradiol vaginal</i>	48
<i>estradiol valerate</i>	48
<i>ethambutol hcl</i>	7
<i>ethosuximide</i>	33
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	44

ethynodiol diacetate & ethinyl estradiol	
tab 1 mg-50 mcg	45
etodolac	1
etonogestrel-ethinyl estradiol va ring	
0.120-0.015 mg/24hr	45
etrvirine.....	5
EULEXIN	12
euthyrox.....	50
everolimus	14
everolimus (immunosuppressant)....	58
EVOTAZ TAB 300-150	7
exemestane	12
EXKIVITY	14
EYSUVIS	63
ezetimibe	23
F	
falmina	45
famotidine	51
famotidine in nacl 0.9% iv soln 20 mg/50ml.....	52
FANAPT	30
FANAPT PAK	30
FARXIGA.....	40
FASENRA	66
FASENRA PEN.....	66
felbamate	33
felodipine	24
fenofibrate	22
fenofibrate micronized	22
fentanyl.....	1
fentanyl citrate	2
FETZIMA	27
FETZIMA CAP TITRATIO	27
FIASP	42
FIASP FLEXTOUCH	42
FIASP PENFILL.....	42
FIASP PUMPCART	42
finasteride.....	53
fingolimod hcl	38
FINTEPLA.....	33
FIRMAGON	12
flac	64
FLAREX.....	63
FLEBOGAMMA DIF.....	57
flecainide acetate	22
fluconazole	4

fluconazole in nacl 0.9% inj 200 mg/100ml.....	4
fluconazole in nacl 0.9% inj 400 mg/200ml.....	4
flucytosine	4
fludrocortisone acetate	48
flunisolide (nasal).....	67
fluocinolone acetonide	69
fluocinolone acetonide (otic)	64
fluocinonide.....	69
fluocinonide emulsified base	70
fluorometholone (ophth)	63
fluorouracil (topical)	70
fluoxetine hcl.....	27
fluphenazine decanoate	30
fluphenazine hcl.....	30
flurbiprofen	1
flurbiprofen sodium	63
fluticasone propionate	70
fluticasone propionate (nasal).....	67
fluticasone-salmeterol aer powder ba 100-50 mcg/act	68
fluticasone-salmeterol aer powder ba 250-50 mcg/act	68
fluticasone-salmeterol aer powder ba 500-50 mcg/act	68
fluvoxamine maleate	26
fondaparinux sodium	54
fosamprenavir calcium.....	5
fosinopril sodium.....	20
FOTIVDA.....	14
FRUZAQLA	14
furosemide.....	24
furosemide inj	24
FUZEON	5
fyavolv tab 0.5mg-2.5mcg	48
fyavolv tab 1mg-5mcg	48
FYCOMPA	33
G	
gabapentin	33
galantamine hydrobromide	26
GAMASTAN INJ	57
GAMMAGARD LIQUID	57
GAMMAGARD S/D IGA LESS TH	57
GAMMAKED	57
GAMMAPLEX	57
GAMUNEX-C	58

<i>ganciclovir sodium</i>	7	<i>haloette</i>	45
GARDASIL 9 INJ	59	<i>haloperidol</i>	30
GATTEX	52	<i>haloperidol decanoate</i>	30
GAUZE PADS 2	42	<i>haloperidol lactate</i>	30
<i>gavilyte-c</i>	52	HARVONI PAK 33.75-150MG	7
<i>gavilyte-g</i>	52	HARVONI PAK 45-200MG	7
GAVRETO	14	HARVONI TAB 45-200MG	7
<i>gefitinib</i>	14	HARVONI TAB 90-400MG	8
<i>gemfibrozil</i>	22	HAVRIX	59
GEMTESA	53	<i>heather</i>	45
<i>generlac</i>	52	HEPARIN/NACL INJ 25000UNT	54
<i>genograf</i>	58	<i>heparin sodium (porcine)</i>	54
GENOTROPIN	49	HEPLISAV-B	59
GENOTROPIN MINIQUICK	49	HEP SOD/D5W INJ 20000UNT	54
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	HEP SOD/D5W INJ 25000UNT	54
<i>gentamicin in saline inj 2 mg/ml</i>	3	HEP SOD/NACL INJ 12500UNT	54
<i>gentamicin sulfate</i>	3	HEP SOD/NACL INJ 25000UNT	54
<i>gentamicin sulfate (ophth)</i>	62	HIBERIX	59
<i>gentamicin sulfate (topical)</i>	68	HUMIRA	56
GENVOYA TAB	7	HUMIRA PEDIA INJ CROHNS	56
GILOTRIF	14	HUMIRA PEDIATRIC CROHNS D	56
<i>glatiramer acetate</i>	38	HUMIRA PEN	56
<i>glatopa</i>	38	HUMIRA PEN-CD/UC/HS START	56
GLEOSTINE	11	HUMIRA PEN KIT PS/UV	56
<i>glimepiride</i>	40	HUMIRA PEN-PEDIATRIC UC S	56
<i>glipizide</i>	40	HUMIRA PEN-PS/UV STARTER	56
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	40	HUMULIN R U-500 (CONCENTR	42
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	40	HUMULIN R U-500 KWIKPEN	42
<i>glipizide-metformin hcl tab 5-500 mg</i>	40	<i>hydralazine hcl</i>	25
<i>glipizide xl</i>	40	<i>hydrochlorothiazide</i>	24
<i>glycopyrrolate</i>	51	<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>glydo</i>	70	<i>325 mg/15ml</i>	2
GLYXAMBI TAB 10-5 MG	40	<i>hydrocodone-acetaminophen tab 10-</i>	
GLYXAMBI TAB 25-5 MG	40	<i>325 mg</i>	2
<i>griseofulvin microsize</i>	4	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>griseofulvin ultramicrosize</i>	4	<i>mg</i>	2
<i>guanfacine hcl</i>	25	<i>hydrocodone-acetaminophen tab 7.5-</i>	
<i>guanfacine hcl (adhd)</i>	36	<i>325 mg</i>	2
GVOKE HYPOOPEN 2-PACK	49	<i>hydrocodone bitartrate</i>	1
GVOKE KIT	49	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
GVOKE PFS	49	<i>hydrocortisone</i>	48
H		<i>hydrocortisone (intrarectal)</i>	52
HAEGARDA	55	<i>hydrocortisone (rectal)</i>	70
<i>hailey 1.5/30</i>	45	<i>hydrocortisone (topical)</i>	70
<i>halobetasol propionate</i>	70	<i>hydromorphone hcl</i>	2
		<i>hydroxychloroquine sulfate</i>	57

<i>hydroxyurea</i>	13
<i>hydroxyzine hcl</i>	65
<i>hydroxyzine pamoate</i>	65
HYSINGLA ER	1
I	
<i>ibandronate sodium</i>	43
IBRANCE	15
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	55
<i>iclevia</i>	45
ICLUSIG	15
IDACIO (2 PEN)	56
IDACIO (2 SYRINGE)	56
IDACIO CROHN INJ DISEASE	56
IDACIO PLAQU INJ PSORIASIS	56
IDHIFA	15
<i>imatinib mesylate</i>	15
IMBRUVICA	15
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3
<i>imipramine hcl</i>	27
<i>imiquimod</i>	70
IMOVAZ RABIES (H.D.C.V.)	59
INBRIJA	29
<i>incassia</i>	45
INCRELEX	49
INCRUSE ELLIPTA	65
<i>indapamide</i>	24
INFANRIX INJ	59
INLYTA	15
INQOVI TAB 35-100MG	11
INREBIC	15
INSULIN PEN NEEDLES: BD/NOVO	42
INSULIN SAFETY NEEDLES	42
INSULIN SYRINGES: BD	42
INTELENCE	5
INTRALIPID	62
<i>introvale</i>	45
INVEGA HAFYERA	30
INVEGA SUSTENNA	30
INVEGA TRINZA	30
IPOL INJ INACTIVE	59
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	64

<i>ipratropium bromide</i>	65
<i>ipratropium bromide (nasal)</i>	65
<i>irbesartan</i>	21
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	21
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	21
ISENTRESS	5
ISENTRESS HD	5
<i>isibloom</i>	45
ISOLYTE-P INJ /D5W	60
ISOLYTE-S INJ	60
ISOLYTE-S INJ PH 7.4	60
<i>isoniazid</i>	7
<i>isosorbide dinitrate</i>	25
<i>isosorbide mononitrate</i>	25
<i>isotretinoin</i>	68
<i>itraconazole</i>	4
<i>ivermectin</i>	3
IXIARO INJ	59
J	
JAKAFI	15
<i>jantoven</i>	54
JANUMET TAB 50-1000	40
JANUMET TAB 50-500MG	40
JANUMET XR TAB 100-1000	40
JANUMET XR TAB 50-1000	40
JANUMET XR TAB 50-500MG	40
JANUVIA	40
JARDIANC	40
<i>jasmiel</i>	45
<i>javygtor</i>	49
JAYPIRCA	15
JENTADUETO TAB 2.5-1000	40
JENTADUETO TAB 2.5-500	40
JENTADUETO TAB 2.5-850	40
JENTADUETO TAB XR 2.5-1000MG	40
JENTADUETO TAB XR 5-1000MG	40
<i>jintel</i>	48
<i>jolessa</i>	45
<i>juleber</i>	45
JULUCA TAB 50-25MG	7
<i>junel 1/20</i>	45
<i>junel 1.5/30</i>	45
<i>junel fe 1/20</i>	45
<i>junel fe 1.5/30</i>	45
JYNNEOS	59

K	
KALYDECO	66
kariva.....	45
KCL/D5W/NACL INJ 0.3/0.9%.....	60
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	60
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	60
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	60
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	60
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	60
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	60
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	60
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	60
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	60
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	60
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	60
<i>kelnor 1/35</i>	45
<i>kelnor 1/50</i>	45
KERENDIA.....	20
ketoconazole	4
<i>ketoconazole (topical)</i>	68, 69
<i>ketorolac tromethamine (ophth)</i>	63
KEVZARA	56
KINRIX INJ.....	59
KISQALI 200 DOSE	15
KISQALI 200 PAK FEMARA.....	13
KISQALI 400 DOSE	15
KISQALI 400 PAK FEMARA.....	13
KISQALI 600 DOSE	15
KISQALI 600 PAK FEMARA.....	13
klayesta.....	68
<i>klor-con 10</i>	61
<i>klor-con 8</i>	61
<i>klor-con m10</i>	61
<i>klor-con m15</i>	61
<i>klor-con m20</i>	61
KORLYM.....	49
KOSELUGO.....	15
kourzeq	71
KRAZATI	15
kurvelo	45
L	
<i>labetalol hcl</i>	23
<i>lacosamide</i>	33
<i>lacosamide oral</i>	33
<i>lactated ringer's solution</i>	60
<i>lactic acid (ammonium lactate)</i>	70
<i>lactulose</i>	52
<i>lactulose (encephalopathy)</i>	52
<i>lamivudine</i>	5
<i>lamivudine (hbv)</i>	8
<i>lamivudine-zidovudine tab 150-300 mg</i>	7
<i>lamotrigine</i>	33
<i>lansoprazole</i>	53
<i>lapatinib ditosylate</i>	15
<i>larin 1/20</i>	45
<i>larin 1.5/30</i>	45
<i>larin fe 1/20</i>	45
<i>larin fe 1.5/30</i>	45
<i>latanoprost</i>	64
<i>leena</i>	45
<i>leflunomide</i>	57
<i>lenalidomide</i>	12
<i>LENVIMA 10 MG DAILY DOSE</i>	16
<i>LENVIMA 12MG DAILY DOSE</i>	16
<i>LENVIMA 20 MG DAILY DOSE</i>	16
<i>LENVIMA 4 MG DAILY DOSE</i>	15
<i>LENVIMA 8 MG DAILY DOSE</i>	16
<i>LENVIMA CAP 14 MG</i>	16
<i>LENVIMA CAP 18 MG</i>	16
<i>LENVIMA CAP 24 MG</i>	16
<i>lessina</i>	45
<i>letrozole</i>	12
<i>leucovorin calcium</i>	19
<i>LEUKERAN</i>	11
<i>leuprolide acetate</i>	12
<i>levalbuterol tartrate</i>	65
<i>levetiracetam</i>	33
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	33
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	33
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	33

<i>levobunolol hcl</i>	64	LONSURF TAB 15-6.14	11
<i>levocarnitine (metabolic modifiers)</i>	49	LONSURF TAB 20-8.19	11
<i>levocetirizine dihydrochloride</i>	65	<i>loperamide hcl</i>	52
<i>levofloxacin</i>	9	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	7
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	9	<i>lopinavir-ritonavir tab 100-25 mg</i>	7
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	9	<i>lopinavir-ritonavir tab 200-50 mg</i>	7
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	9	<i>lorazepam</i>	26
<i>levonest</i>	45	<i>lorazepam intensol</i>	26
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	45	LORBRENA	16
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	45	<i>loryna</i>	45
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	45	<i>losartan potassium</i>	21
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	45	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	21
<i>levora 0.15/30-28</i>	45	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	21
<i>levo-t</i>	50	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	21
<i>levothyroxine sodium</i>	50	LOTEMAX	63
<i>levoxyl</i>	50	<i>lovastatin</i>	22
LEXIVA	5	<i>low-ogestrel</i>	45
<i>lidocaine</i>	70	<i>loxapine succinate</i>	30
<i>lidocaine hcl</i>	70	LUMAKRAS	16
<i>lidocaine hcl (local anesth.)</i>	2	LUPRON DEPOT (1-MONTH)	12
<i>lidocaine hcl (mouth-throat)</i>	71	LUPRON DEPOT (3-MONTH)	12
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	70	<i>lurasidone hcl</i>	30
<i>linezolid</i>	3	<i>lutera</i>	45
LINEZOLID INJ 2MG/ML	3	<i>lyeq</i>	46
LINZESS	52	<i>lyllana</i>	48
<i>liothyronine sodium</i>	50	LYNPARZA	16
<i>lisinopril</i>	20	LYSODREN	12
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	20	LYTGOBI (12 MG DAILY DOSE)	16
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	20	LYTGOBI (16 MG DAILY DOSE)	16
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	20	LYTGOBI (20 MG DAILY DOSE)	16
<i>LITHIUM</i>	38	<i>lyza</i>	46
<i>lithium carbonate</i>	38	M	
<i>loestrin 1/20-21</i>	45	<i>magnesium sulfate</i>	61
<i>loestrin 1.5/30-21</i>	45	MAGNESIUM SULFATE	60
<i>loestrin fe 1/20</i>	45	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	61
<i>loestrin fe 1.5/30</i>	45	<i>malathion</i>	71
LOKELMA	43	<i>maraviroc</i>	5
		<i>marlissa</i>	46
		MARPLAN	27
		MATULANE	13

MAVYRET PAK 50-20MG.....	8
MAVYRET TAB 100-40MG.....	8
meclizine hcl	51
medroxyprogesterone acetate.....	50
medroxyprogesterone acetate (contraceptive)	46
mefloquine hcl.....	5
megestrol acetate.....	12, 50
MEKINIST	16
MEKTOVI	16
meloxicam	1
memantine hcl.....	26
MENACTRA INJ	59
MENQUADFI INJ.....	59
MENVEO INJ.....	59
MENVEO SOL.....	59
mercaptopurine	11
meropenem	3
mesalamine.....	52
mesalamine w/ cleanser.....	52
MESNEX.....	19
metformin hcl	41
methadone hcl	1
methazolamide	24
methenamine hippurate.....	3
methimazole	50
methocarbamol	38, 39
methotrexate sodium	11, 57
methsuximide.....	33
methylphenidate hcl	36
methylprednisolone	48
methylprednisolone acetate.....	48
methylprednisolone sod succ	48
methyltestosterone	40
metoclopramide hcl	51
metolazone	24
metoprolol succinate	23
metoprolol tartrate.....	23
metronidazole	3
metronidazole (topical)	70
metronidazole vaginal.....	54
metyrosine.....	25
MG SO4/D5W INJ 10MG/ML.....	61
micafungin sodium	4
microgestin 1/20.....	46
microgestin 1.5/30.....	46
microgestin fe 1/20	46
microgestin fe 1.5/30	46
midodrine hcl	25
milii	46
mimvey	48
minocycline hcl	11
minoxidil.....	25
mirtazapine	27
misoprostol	52
MITIGARE	1
M-M-R II INJ	59
M-NATAL PLUS TAB	61
modafinil	39
molindone hcl	30
mometasone furoate	70
mono-linyah	46
montelukast sodium	66
morphine sulfate	1, 2
MORPHINE SULFATE.....	2
MORPHINE SULFATE/SODIUM C.....	2
MOUNJARO	41
MOVANTIK	52
moxifloxacin hcl	9
moxifloxacin hcl (ophth)	62
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	9
MULTAQ.....	22
multiple electrolytes ph 5.5	61
multiple electrolytes ph 7.4	61
mupirocin	68
mycophenolate mofetil.....	58
mycophenolate sodium	58
MYRBETRIQ.....	53
N	
nabumetone.....	1
nafcillin sodium	10
nalbuphine hcl.....	2
naloxone hcl.....	39
naltrexone hcl.....	39
NAMZARIC CAP 14-10MG	26
NAMZARIC CAP 21-10MG	26
NAMZARIC CAP 28-10MG	26
NAMZARIC CAP 7-10MG.....	26
NAMZARIC CAP PACK	26
naproxen	1
NATACYN	62
nateglinide	41
NATPARA	43

NAYZILAM.....	33
nebivolol hcl	23
necon 0.5/35-28	46
nefazodone hcl	27
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	63
neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml ..	63
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	62
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	62
neomycin-polymyxin-hc otic soln 1%	64
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	64
neomycin sulfate	3
neo-polycin 5(3.5)mg-400unt- 10000unt op oin.....	62
neo-polycin hc ophth oint 1%	62
NERLYNX	16
NEUPRO.....	29
nevirapine	5
NEXAVAR	16
niacin (antihyperlipidemic)	23
NICOTROL INHALER	39
NICOTROL NS.....	39
nifedipine	24
nikki.....	46
nilutamide.....	12
nimodipine	24
NINLARO	16
nitazoxanide	3
nitisinone	49
NITRO-BID.....	25
nitrofurantoin macrocrystal	3
nitrofurantoin monohyd macro.....	3
nitroglycerin	25
nizatidine	52
nora-be	46
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	46
norethindrone (contraceptive).....	46
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	46
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	46
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	46
norethindrone acetate.....	50
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	48
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	48
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	46
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	46
norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg	46
norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg	46
norlyroc	46
nortrel 0.5/35 (28).....	46
nortrel 1/35 (21)	46
nortrel 1/35 (28)	46
nortrel 7/7/7	46
nortriptyline hcl	27
NORVIR.....	5
NOVOLIN INJ 70/30	42
NOVOLIN INJ 70/30 FP	42
NOVOLIN N	42
NOVOLIN N FLEXPEN	42
NOVOLIN R	42
NOVOLIN R FLEXPEN	42
NOVOLOG MIX INJ 70/30	42
NOVOLOG MIX INJ FLEXPEN	42
NUBEQA	12
NUEDEXTA CAP 20-10MG	38
NUPLAZID	30
NURTEC.....	37
NUTRILIPID.....	62
nyamyc	68
nylia 1/35	46
nylia 7/7/7	46
NYMALIZE	24
nymyo	46
nystatin	4
nystatin (mouth-throat)	71
nystatin (topical)	68
nystop	68
O	
ocella	46
OCREVUS.....	38

OCTAGAM	58
octreotide acetate	49
ODEFSEY TAB.....	7
ODOMZO	16
OFEV.....	66
ofloxacin (ophth)	63
ofloxacin (otic)	64
OGSIVEO	16
OJJAARA	17
olanzapine	30
olmesartan medoxomil	21, 22
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	21
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	21
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg .21	
omega-3-acid ethyl esters cap 1 gm .23	
omeprazole	53
OMNIPOD 5 G6 KIT INTRO	42
OMNIPOD 5 G6 MIS PODS.....	42
OMNIPOD DASH KIT INTRO	42
OMNIPOD DASH MIS PODS	42
OMNIPOD GO KIT 10UNT/DY	42
OMNIPOD GO KIT 15UNT/DY	42
OMNIPOD GO KIT 20UNT/DY	42
OMNIPOD GO KIT 25UNT/DY	42
OMNIPOD GO KIT 30UNT/DY	43
OMNIPOD GO KIT 35UNT/DY	43
OMNIPOD GO KIT 40UNT/DY	43
OMNIPOD MIS CLASSIC	43
ondansetron	51
ondansetron hcl	51
ONUREG	11
OPSUMIT	26
ORGOVYX	12
ORKAMBI GRA 100-125	66
ORKAMBI GRA 150-188	66
ORKAMBI GRA 75-94MG	66
ORKAMBI TAB 100-125.....	66
ORKAMBI TAB 200-125.....	66
ORSERDU	12
oseltamivir phosphate	8
OTEZLA	56
OTEZLA TAB 10/20/30	56
oxcarbazepine	33
oxybutynin chloride	53, 54
oxycodone hcl	2
oxycodone w/ acetaminophen tab 10- 325 mg.....	2
oxycodone w/ acetaminophen tab 2.5- 325 mg.....	2
oxycodone w/ acetaminophen tab 5- 325 mg.....	2
oxycodone w/ acetaminophen tab 7.5- 325 mg.....	2
OZEMPIC (0.25 OR 0.5MG/DOSE)41	
OZEMPIC (0.25 OR 0.5 MG/DOSE)....41	
OZEMPIC (1MG/DOSE)	41
OZEMPIC (2MG/DOSE)	41
P	
pacerone	22
paliperidone	30
pamidronate disodium	43
PAMIDRONATE DISODIUM.....	43
PANRETIN	70
pantoprazole sodium	53
PANZYGA	58
paricalcitol	51
paromomycin sulfate	3
paroxetine hcl	27, 28
pazopanib hcl	17
PEDIARIX INJ 0.5ML.....	59
PEDVAX HIB	59
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	52
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	52
PEGASYS	8
PEMAZYRE	17
PENBRAYA INJ	59
PEN GK/DEXTR INJ 40000/ML.....	10
PEN GK/DEXTR INJ 60000/ML.....	10
penicillamine	43
penicillin g potassium	10
penicillin g sodium	10
penicillin v potassium	10
PENTACEL INJ	59
pentamidine isethionate inh	3
pentamidine isethionate inj	3
pentoxifylline.....	55
perindopril erbumine	20

<i>periogard</i>	71
<i>permethrin</i>	71
<i>perphenazine</i>	30
PERSERIS	30
<i>pfiberpen</i>	10
<i>phenelzine sulfate</i>	28
<i>phenobarbital</i>	34
<i>phenobarbital sodium</i>	34
<i>phenytek</i>	34
<i>phenytoin</i>	34
<i>phenytoin sodium</i>	34
<i>phenytoin sodium extended</i>	34
<i>philith</i>	46
PIFELTRO	5
<i>pilocarpine hcl</i>	64
<i>pilocarpine hcl (oral)</i>	71
<i>pimozide</i>	30
<i>pimtrea</i>	46
<i>pindolol</i>	23
<i>pioglitazone hcl</i>	41
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	10
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm).....	10
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm).....	10
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	10
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm).....	10
PIQRAY 200MG DAILY DOSE.....	17
PIQRAY 250MG TAB DOSE.....	17
PIQRAY 300MG DAILY DOSE.....	17
<i>pirfenidone</i>	66
PLASMA-LYTE INJ -148	61
PLASMA-LYTE INJ -A.....	61
<i>plenamine</i>	62
PLENU SOL.....	52
<i>podofilox</i>	70
<i>polycin ophth oint</i>	63
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	63
POMALYST	12
<i>portia-28</i>	46
<i>posaconazole</i>	4
<i>potassium chloride</i>	61
POTASSIUM CHLORIDE	61
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	61
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	61
<i>potassium citrate (alkalinizer)</i>	53
POT CHL 20MEQ/L IN NACL 0.45% INJ	61
POT CHL 20MEQ/L IN NACL 0.9% INJ	61
POT CHL 40MEQ/L IN NACL 0.9% INJ	61
PRADAXA	54
<i>pramipexole dihydrochloride</i>	29
<i>prasugrel hcl</i>	55
<i>pravastatin sodium</i>	22
<i>praziquantel</i>	3
<i>prazosin hcl</i>	20
<i>prednisolone</i>	48
<i>prednisolone acetate (ophth)</i>	63
<i>prednisolone sodium phosphate</i>	48
<i>prednisone</i>	48
<i>pregabalin</i>	34
PREHEVBARIO	59
PREMARIN	48
PREMASOL SOL 10%	62
PRENATAL TAB 27-1MG	61
PRENATAL TAB PLUS	61
<i>prevalite</i>	23
PREVYMIS.....	8
PREZCOBIX TAB 800-150.....	7
PREZISTA	6
PRIFTIN.....	7
<i>primaquine phosphate</i>	5
PRIMAQUINE PHOSPHATE	5
<i>primidone</i>	34
PRIORIX INJ.....	59
PRIVIGEN	58
<i>probenecid</i>	1
<i>prochlorperazine</i>	51
<i>prochlorperazine edisylate</i>	51
<i>prochlorperazine maleate</i>	51
PROCRT	54, 55
<i>procto-med hc</i>	70
<i>proctosol hc</i>	70
<i>protozone-hc</i>	70
<i>progesterone</i>	50
PROGRAF	58

PROLASTIN-C	66
PROLENSA	63
PROLIA	43
PROMACTA.....	55
<i>promethazine hcl</i>	51
<i>propafenone hcl</i>	22
<i>proparacaine hcl</i>	64
<i>propranolol hcl</i>	23
<i>propylthiouracil</i>	50
PROQUAD INJ.....	59
PROSOL INJ 20%	62
<i>protriptyline hcl</i>	28
PULMOZYME.....	66
PURIXAN.....	11
<i>pyrazinamide</i>	7
<i>pyridostigmine bromide</i>	38
Q	
QINLOCK	17
QUADRACEL INJ.....	59
QUADRACEL INJ 0.5ML	59
<i>quetiapine fumarate</i>	30, 31
<i>quinapril hcl</i>	20
<i>quinidine sulfate</i>	22
<i>quinine sulfate</i>	5
QULIPTA	37
R	
RABAVERT INJ	59
<i>raloxifene hcl</i>	49
<i>ramipril</i>	20
<i>ranolazine</i>	25
<i>rasagiline mesylate</i>	29
RAYALDEE.....	51
<i>reclipsen</i>	46
RECOMBIVAX HB	59
RECTIV	71
REGRANEX	71
RELENZA DISKHALER	8
RELISTOR	53
<i>repaglinide</i>	41
REPATHA	23
REPATHA PUSHTRONEX SYSTEM	23
REPATHA SURECLICK	23
RESTASIS	64
RESTASIS MULTIDOSE.....	64
RETEVMO.....	17
REVLIMID	12
REXULTI	31

REYATAZ	6
REZLIDHIA.....	17
REZUROCK.....	58
RHOPRESSA	64
<i>ribavirin (hepatitis c)</i>	8
<i>rifabutin</i>	7
<i>rifampin</i>	7
<i>riluzole</i>	38
<i>rimantadine hydrochloride</i>	8
RINVOQ	57
RISPERDAL CONSTA.....	31
<i>risperidone</i>	31
<i>ritonavir</i>	6
<i>rivastigmine</i>	26
<i>rivastigmine tartrate</i>	26
<i>rizatriptan benzoate</i>	37
ROCKLATAN DRO	64
<i>roflumilast</i>	66, 67
<i>ropinirole hydrochloride</i>	29
<i>rosuvastatin calcium</i>	22
ROTARIX SUS	59
ROTATEQ SOL	59
<i>roweepra</i>	34
ROZLYTREK	17
RUBRACA	17
<i>rufinamide</i>	34
RUKOBIA	6
RYBELSUS	41
RYDAPT	17
S	
<i>sajazir</i>	55
SANDIMMUNE.....	58
SANTYL	71
<i>sapropterin dihydrochloride</i>	49
SCEMBLIX	17
<i>scopolamine</i>	51
SECUADO	31
<i>selegiline hcl</i>	29
<i>selenium sulfide</i>	69
SELZENTRY	6
SEREVENT DISKUS	65
<i>sertraline hcl</i>	28
<i>setlakin</i>	47
<i>sevelamer carbonate</i>	50
<i>sharobel</i>	47
SHINGRIX	59
SIGNIFOR	49

<i>sildenafil citrate (pulmonary hypertension)</i>	26
<i>silver sulfadiazine</i>	68
SIMBRINZA SUS 1-0.2%	64
<i>simliya</i>	47
<i>simvastatin</i>	22
<i>sirolimus</i>	58
SIRTURO	7
SKYRIZI.....	57
SKYRIZI PEN	57
<i>sodium chloride</i>	61
<i>sodium chloride (gu irrigant)</i>	71
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	61
SODIUM OXYBATE.....	39
<i>sodium phenylbutyrate</i>	49
<i>sodium polystyrene sulfonate powder</i>	43
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	52
<i>solifenacin succinate</i>	54
SOLIQUA INJ 100/33	43
SOLTAMOX.....	12
SOLU-CORTEF	48
SOMATULINE DEPOT	49
SOMAVERT.....	50
<i>sorafenib tosylate</i>	17
<i>sorine</i>	22
<i>sotalol hcl</i>	22
<i>sotalol hcl (afib/afl)</i>	22
<i>spironolactone</i>	20
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	25
<i>sprintec 28</i>	47
SPRITAM.....	34
SPRYCEL.....	17
<i>sps</i>	43
<i>sronyx</i>	47
<i>ssd</i>	68
STELARA.....	57
STIVARGA.....	17
<i>streptomycin sulfate</i>	3
STRIBILD TAB	7
<i>subvenite</i>	34
<i>sucralfate</i>	53
<i>sulfacetamide sodium (acne)</i>	68
<i>sulfacetamide sodium (ophth)</i>	63

<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	62
<i>sulfadiazine</i>	3
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	4
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	4
<i>sulfasalazine</i>	52
<i>sulindac</i>	1
<i>sumatriptan</i>	37
<i>sumatriptan succinate</i>	37
<i>sunitinib malate</i>	17
SUNLENCA.....	6
<i>syeda</i>	47
SYMDEKO TAB 100-150	67
SYMDEKO TAB 50-75MG	67
SYMPAZAN	34
SYMTUZA TAB	7
SYNAREL	47
SYNJARDY TAB 12.5-1000MG	41
SYNJARDY TAB 12.5-500.....	41
SYNJARDY TAB 5-1000MG	41
SYNJARDY TAB 5-500MG.....	41
SYNJARDY XR TAB 10-1000.....	41
SYNJARDY XR TAB 12.5-1000	41
SYNJARDY XR TAB 25-1000.....	41
SYNJARDY XR TAB 5-1000MG	41
SYNTROID	50
T	
TABLOID.....	11
TABRECTA.....	17
<i>tacrolimus</i>	58
<i>tacrolimus (topical)</i>	71
TAFINLAR	17, 18
TAGRISSO	18
TALTZ	57
TALZENNA	18
<i>tamoxifen citrate</i>	12
<i>tamsulosin hcl</i>	53
<i>tarina fe 1/20 eq</i>	47
TASIGNA	18
<i>tasimelteon</i>	36
<i>tazarotene</i>	69

<i>tazicef</i>	8	TPN ELECTROL INJ	61
TAZORAC	69	TRADJENTA	41
<i>taztia xt</i>	24	<i>tramadol hcl</i>	2
TAZVERIK	18	<i>trandolapril</i>	20
TDVAX INJ 2-2 LF	59	<i>tranexamic acid</i>	55
TEFLARO	8	<i>tranylcypromine sulfate</i>	28
<i>telmisartan</i>	22	TRAVASOL INJ 10%	62
<i>temazepam</i>	36	<i>travoprost</i>	64
TENIVAC INJ 5-2LF	59	<i>trazodone hcl</i>	28
<i>tenofovir disoproxil fumarate</i>	6	TRECATOR	7
TEPMETKO	18	TRELEGY AER ELLIPTA 100-62.5-25	
<i>terazosin hcl</i>	21	MCG	65
<i>terbinafine hcl</i>	4	TRELEGY AER ELLIPTA 200-62.5-25	
<i>terbutaline sulfate</i>	65	MCG	65
<i>terconazole vaginal</i>	54	TRESIBA	43
TERIPARATIDE	43	TRESIBA FLEXTOUCH	43
<i>testosterone</i>	40	<i>tretinoin</i>	68
<i>testosterone cypionate</i>	40	<i>tretinoin (chemotherapy)</i>	13
<i>testosterone enanthate</i>	40	<i>triamcinolone acetonide (mouth)</i>	71
<i>tetrabenazine</i>	38	<i>triamcinolone acetonide (topical)</i>	70
<i>tetracycline hcl</i>	11	<i>triamterene & hydrochlorothiazide cap</i>	
THALOMID	12	37.5-25 mg	25
<i>theophylline</i>	67	<i>triamterene & hydrochlorothiazide tab</i>	
<i>thioridazine hcl</i>	31	37.5-25 mg	25
<i>thiothixene</i>	31	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tiadylt er</i>	24	75-50 mg	25
<i>tiagabine hcl</i>	34	trientine hcl	43
TIBSOVO	18	<i>tri-estarylla</i>	47
TICOVAC	59	<i>trifluoperazine hcl</i>	31
<i>tigecycline</i>	11	<i>trifluridine</i>	63
<i>tilia fe</i>	47	<i>trihexyphenidyl hcl</i>	29
<i>timolol maleate</i>	23	TRIJARDY XR TAB ER 24HR 10-5-	
<i>timolol maleate (ophth)</i>	64	1000MG	41
TIVICAY	6	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
TIVICAY PD	6	1000MG	41
<i>tizanidine hcl</i>	39	TRIJARDY XR TAB ER 24HR 25-5-	
TOBRADEX OIN 0.3-0.1%	62	1000MG	41
TOBRADEX ST SUS 0.3-0.05	62	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>tobramycin</i>	4	1000MG	41
<i>tobramycin (ophth)</i>	63	TRIKAFTA PAK 59.5MG	67
<i>tobramycin-dexamethasone ophth susp</i>		TRIKAFTA PAK 75MG	67
<i>0.3-0.1%</i>	62	TRIKAFTA TAB 100-50-75MG & 150MG	
<i>tobramycin sulfate</i>	4		67
<i>tolterodine tartrate</i>	54	TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>topiramate</i>	34		67
<i>toremifene citrate</i>	12	<i>tri-legest fe</i>	47
<i>torsemide</i>	25	<i>tri-linyah</i>	47

<i>tri-lo-estarrylla</i>	47
<i>tri-lo-marzia</i>	47
<i>tri-lo-mili</i>	47
<i>tri-lo-sprintec</i>	47
<i>trimethoprim</i>	4
<i>tri-mili</i>	47
<i>trimipramine maleate</i>	28
TRINTELLIX	28
<i>tri-nymyo</i>	47
<i>tri-sprintec</i>	47
TRIUMEQ PD TAB	7
TRIUMEQ TAB	7
<i>trivora-28</i>	47
<i>tri-vylibra</i>	47
<i>tri-vylibra lo</i>	47
TRIZIVIR TAB	7
TROPHAMINE INJ 10%	62
<i>trospium chloride</i>	54
TRULICITY	41
TRUMENBA INJ	59
TRUQAP	18
TUKYSA	18
TURALIO	18
<i>turqoz</i>	47
TWINRIX INJ	60
TYBOST	6
TYPHIM VI	60
TYRVAYA	64
U	
UBRELVY	37
<i>unithroid</i>	50
<i>ursodiol</i>	53
V	
<i>valacyclovir hcl</i>	8
VALCHLOR	71
<i>valganciclovir hcl</i>	8
<i>valproate sodium</i>	34
<i>valproic acid</i>	34
<i>valsartan</i>	22
<i>valsartan-hydrochlorothiazide tab 160-</i>	
<i> 12.5 mg</i>	21
<i>valsartan-hydrochlorothiazide tab 160-</i>	
<i> 25 mg</i>	21
<i>valsartan-hydrochlorothiazide tab 320-</i>	
<i> 12.5 mg</i>	21
<i>valsartan-hydrochlorothiazide tab 320-</i>	
<i> 25 mg</i>	21

<i>valsartan-hydrochlorothiazide tab 80-</i>	
<i> 12.5 mg</i>	21
VALTOCO 10 MG DOSE	34
VALTOCO 15 MG DOSE	35
VALTOCO 20 MG DOSE	35
VALTOCO 5 MG DOSE	34
<i>vancomycin hcl</i>	4
VANCOMYCIN INJ 1 GM	4
VANCOMYCIN INJ 500MG	4
VANCOMYCIN INJ 750MG	4
VANFLYTA	18
VAQTA	60
<i>varenicline tartrate</i>	39
<i>varenicline tartrate tab 11 x 0.5 mg &</i>	
<i> 42 x 1 mg start pack</i>	39
VARIVAX	60
VASCEPA	23
<i>velivet</i>	47
VELPHORO	50
VELTASSA	44
VEMLIDY	8
VENCLEXTA	18
VENCLEXTA TAB START PK	18
<i>venlafaxine hcl</i>	28
VENTAVIS	26
VENTOLIN HFA	66
VENTOLIN HFA (INSTITUTIONAL PACK)	66
<i>verapamil hcl</i>	24
VERQUVO	25
VERSACLOZ	31
VERZENIO	18
<i>vestura</i>	47
V-GO 20 KIT	43
V-GO 30 KIT	43
V-GO 40 KIT	43
<i>vienna</i>	47
<i>vigabatrin</i>	35
<i>vigadron</i>	35
<i>vilazodone hcl</i>	28
<i>viorele</i>	47
VIRACEPT	6
VIREAD	6
VITRAKVI	18
VIVITROL	39
VIZIMPRO	18
VONJO	18

<i>voriconazole</i>	4, 5
VOSEVI TAB	8
VOTRIENT	18
VRAYLAR	31
VRAYLAR CAP 1.5-3MG	31
<i>vyfemla</i>	47
<i>vylitra</i>	47
VYZULTA	64
W	
<i>warfarin sodium</i>	54
<i>water for irrigation, sterile irrigation soln</i>	71
WELIREG	13
<i>wera</i>	47
<i>wixela inhba</i>	68
X	
XALKORI	19
XARELTO	54
XARELTO STAR TAB 15/20MG	54
XATMEP	57
XCOPRI	35
XCOPRI PAK 100-150	35
XCOPRI PAK 12.5-25	35
XCOPRI PAK 150-200MG (MAINTENANCE)	35
XCOPRI PAK 150-200MG (TITRATION)	35
XCOPRI PAK 50-100MG	35
XELJANZ	57
XELJANZ XR	57
XERMELO	53
XGEVA	43
XHANCE	67
XIFAXAN	53
XIGDUO XR TAB 10-1000	41
XIGDUO XR TAB 10-500MG	41
XIGDUO XR TAB 2.5-1000	41
XIGDUO XR TAB 5-1000MG	41
XIGDUO XR TAB 5-500MG	41
XiIDRA	64
XOLAIR	67
XOSPATA	19
XPOVIO 100 MG ONCE WEEKLY	19
XPOVIO 40 MG ONCE WEEKLY	19
XPOVIO 40 MG TWICE WEEKLY	19

XPOVIO 60 MG ONCE WEEKLY	19
XPOVIO 60 MG TWICE WEEKLY	19
XPOVIO 80 MG ONCE WEEKLY	19
XPOVIO 80 MG TWICE WEEKLY	19
XTANDI	12
<i>xulane</i>	47
XULTOPHY INJ 100/3.6	43
Y	
YF-VAX INJ	60
<i>yuvafem</i>	48
Z	
<i>zafemy</i>	47
<i>zaflurkast</i>	66
<i>zaleplon</i>	36, 37
ZARXIO	55
ZEJULA	19
ZELBORA	19
ZEMAIRA	67
<i>zenatane</i>	68
ZENPEP CAP 10000UNT	53
ZENPEP CAP 15000UNT	53
ZENPEP CAP 20000UNT	53
ZENPEP CAP 25000UNT	53
ZENPEP CAP 3000UNIT	53
ZENPEP CAP 40000UNT	53
ZENPEP CAP 5000UNIT	53
ZERVIATE	63
<i>zidovudine</i>	6
<i>ziprasidone hcl</i>	31
<i>ziprasidone mesylate</i>	31
ZIRGAN	63
<i>zoledronic acid</i>	43
ZOLINZA	19
<i>zolpidem tartrate</i>	37
ZONISADE	35
<i>zonisamide</i>	35
<i>zovia 1/35</i>	47
ZTALMY	35
<i>zumandimine</i>	47
ZURZUVAE	28
ZYDELIG	19
ZYKADIA	19
ZYLET SUS 0.5-0.3%	62
ZYPREXA RELPREVV	31

This Formulary was updated on February 21, 2024. For more recent information or other questions, please contact Arkansas Blue Medicare Customer Service at **1-844-280-5833** (TTY users should call **711**), 24 hours a day, seven days a week, or visit www.arkbluemedicare.com.

Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. © 2023 Arkansas Blue Cross and Blue Shield. All rights reserved.