

Senior Whole Health (HMO D-SNP)

Senior Whole Health NHC (HMO D-SNP)

2022 List of Covered Drugs (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Senior Whole Health. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Senior Whole Health.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Note to existing members: This formulary has changed since last year. Please review this drug list to make sure it still contains the drugs you take.

This formulary includes a list of the drugs covered by our plan which is current as of 10/15/2021, formulary version 7. For an updated formulary please contact us. Our phone number and the date we last updated the formulary are on the front and back cover.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ).....	3
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	3
B2. Does the Drug List ever change?.....	4
B3. What happens when there is a change to the Drug List?.....	5
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	6



If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	6
B6. What happens if Senior Whole Health changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	7
B7. How can I find a drug on the Drug List?	7
B8. What if the drug I want to take is not on the Drug List?	7
B9. What if I am a new Senior Whole Health member and can't find my drug on the Drug List or have a problem getting my drug?	8
B10. Can I ask for an exception to cover my drug?	8
B11. How can I ask for an exception?	9
B12. How long does it take to get an exception?	9
B13. What are generic drugs?	9
B14. What are OTC drugs?	9
B15. Does Senior Whole Health cover non-drug OTC products?	9
B16. Does Senior Whole Health cover long-term supplies of prescriptions?	10
B17. Can I get prescriptions delivered to my home from my local pharmacy?	10
B18. What is my copay?	10
C. Overview of the <i>List of Covered Drugs</i>	10
C1. List of Drugs by Medical Condition	11
D. Index of Covered Drugs	80



A. Disclaimers

This is a list of drugs that members can get in *Senior Whole Health*.

- ❖ Senior Whole Health (HMO D-SNP) and Senior Whole Health NHC (HMO D-SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/EOHHS MassHealth program. Enrollment depends on annual contract renewal.
- ❖ You can always check Senior Whole Health's up-to-date *List of Covered Drugs* online at www.SWHMA.com or by calling (800) 665-3086 (TTY:711).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (800) 665-3086 (TTY:711).
- ❖ Senior Whole Health will maintain a record of our members' preferred language and keep this information as a standing request for future mailing and communications. This will ensure that our members will not have to make a separate request each time.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Senior Whole Health (HMO SNP) and Senior Whole Health NHC (HMO SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Senior Whole Health will cover all medically necessary drugs on the Drug List if:

If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.



- your doctor or other prescriber says you need them to get better or stay healthy,
- Senior Whole Health agrees that the drug is medically necessary for you **and**
- you fill the prescription at a Senior Whole Health network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.SWHMA.com or call Member Services at the numbers in the footer of this document.

This document is a partial Drug List and includes only some of the drugs covered by Senior Whole Health. For a complete listing of all prescription drugs covered by Senior Whole Health, please visit our website or call us. Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages.

B2. Does the Drug List ever change?

Yes, and Senior Whole Health must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Senior Whole Health before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.



If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Senior Whole Health's up-to-date Drug List online at www.SWHMA.com.
 - You can also call Member Services at the numbers in the footer of this document to check the current Drug List.
-

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. After you receive notice of the change, you should be working with your prescriber to switch to a different drug that we cover.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.



- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead or
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Senior Whole Health before you fill your prescription. Prior authorization is different from a referral. Senior Whole Health may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Senior Whole Health limits the amount of a drug you can get.
- **Step therapy:** Sometimes Senior Whole Health requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 12. You can also get more information by visiting our website at www.seniorwholehealth.com. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead of whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.



The table in the List of Drugs by Medical Condition on page 11 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Senior Whole Health changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 80.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 11. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category Beta-blockers. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don’t find your drug on the Drug List, call Member Services at the numbers in the footer of this document and ask about it. If you learn that Senior Whole Health will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
 - You can ask the health plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.
-

If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.



B9. What if I am a new Senior Whole Health member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Senior Whole Health. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medication.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Senior Whole Health, **or**
- you are taking a drug that is part of a step therapy restriction

If you are taking a drug that Senior Whole Health does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Senior Whole Health member.
- This is in addition to the temporary supply during the first 90 days you are a member of Senior Whole Health.

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Member Service Department and request a one-time override. This one-time override will be up to a 31-day supply (unless you have a prescription written for few days).

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Senior Whole Health (HMO SNP) and Senior Whole Health NHC (HMO SNP) to make an exception to cover a drug that is not on the Drug List.

If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.



You can also ask us to change the rules on your drug.

- For example, Senior Whole Health may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
 - Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.
-

B11. How can I ask for an exception?

To ask for an exception, call Member Services. Your SWH Nurse Care Manager will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can call Senior Whole Health or fax the supporting statement to (866) 290-1309.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Senior Whole Health covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". Senior Whole Health covers some OTC drugs when they are written as prescriptions by your provider.

B15. Does Senior Whole Health cover non-drug OTC products?

Senior Whole Health covers some non-drug OTC products when they are written as prescriptions by your provider.

If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.



Examples of non-drug OTC products include *non-aspirin tab 325mg, cough syp 100/5ml*.

You can read the Senior Whole Health Over the counter (OTC) and additional coverage drug list to find out what non-drug OTC products are covered.

B16. Does Senior Whole Health cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
 - **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.
-

B17. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B18. What is my copay?

Senior Whole Health members have no copays for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic and brand name drugs have \$0 copay.
- Covered OTCs have a \$0 copay.

If you have questions, call Member Services at the numbers in the footer of this document.

C. Overview of the List of Covered Drugs

The *List of Covered Drugs* gives you information about the drugs covered by Senior Whole Health. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 80. The index alphabetically lists all drugs covered by Senior Whole Health.



If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.

Note: The _ next to a drug means the drug is not a “Part D drug.” These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
 - For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or MassHealth.
 - If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
 - You can also read Chapter 9 of the *Evidence of Coverage* to learn how to appeal a decision.
-

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

LA = Limited Access Drug: this drug may be available only at certain pharmacies.

NDS = Non-Extended Days’ Supply



If you have questions, please call Senior Whole Health at (800) 665-3086 (TTY:711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit www.SWHMA.com.

MOLINA_CY22_1T_SNP eff 01/01/2022**Drug Name****Drug Tier****Requirements/Limits****ANALGESICS****GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	

NSAIDS

<i>celecoxib</i> CAPS 50mg	1	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>MORPHINE SULFATE</i> SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i>	1	NDS
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>atovaquone SUSP 750mg/5ml</i>	1	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
<i>EMVERM CHEW 100mg</i>	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>ivermectin TABS 3mg</i>	1	
<i>linezolid SOLN 600mg/300ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid</i> SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>paromomycin sulfate</i> CAPS 250mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>praziquantel</i> TABS 600mg	1	
SIVEXTRO SOLR 200mg; TABS 200mg	1	NDS
<i>streptomycin sulfate</i> SOLR 1gm	1	
SULFADIAZINE TABS 500mg	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	1	NDS
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
AMBISOME SUSR 50mg	1	NDS, B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

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

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	
APTIVUS CAPS 250mg	1	NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	
EDURANT TABS 25mg	1	NDS
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	1	
<i>emtricitabine</i> CAPS 200mg	1	
EMTRIVA SOLN 10mg/ml	1	
<i>etravirine</i> TABS 100mg, 200mg	1	NDS
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS
FUZEON SOLR 90mg	1	NDS
INTELENCE TABS 25mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
INVIRASE TABS 500mg	1	NDS
ISENTRESS CHEW 25mg; PACK 100mg	1	
ISENTRESS CHEW 100mg; TABS 400mg	1	NDS
ISENTRESS HD TABS 600mg	1	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	
LEXIVA SUSP 50mg/ml	1	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	
NORVIR PACK 100mg; SOLN 80mg/ml	1	
PIFELTRO TABS 100mg	1	NDS
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days)
PREZISTA TABS 600mg	1	NDS, QL (60 tabs / 30 days)
PREZISTA TABS 800mg	1	NDS, QL (30 tabs / 30 days)
REYATAZ PACK 50mg	1	NDS
<i>ritonavir</i> TABS 100mg	1	
RUKOBIA TB12 600mg	1	NDS
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	1	NDS
SELZENTRY TABS 25mg	1	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	
TIVICAY TABS 10mg	1	
TIVICAY TABS 25mg, 50mg	1	NDS
TIVICAY PD TBSO 5mg	1	
TROGARZO SOLN 200mg/1.33ml	1	NDS, LA
TYBOST TABS 150mg	1	
VIRACEPT TABS 250mg, 625mg	1	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	
ANTI-RETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	NDS
BIKTARVY TAB	1	NDS
CIMDUO TAB 300-300	1	NDS
COMPLERA TAB	1	NDS
DELSTRIGO TAB	1	NDS
DESCOVY TAB 200/25MG	1	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	1	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	1	NDS
GENVOYA TAB	1	NDS
JULUCA TAB 50-25MG	1	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NDS
ODEFSEY TAB	1	NDS
PREZCOBIX TAB 800-150	1	NDS
STRIBILD TAB	1	NDS
SYMTUZA TAB	1	NDS
TEMIKYS TAB 300-300	1	NDS
TRIUMEQ TAB	1	NDS
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PASER PACK 4gm	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	1	NDS, LA, PA
TRECTOR TABS 250mg	1	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN .05mg/ml	1	NDS
<i>entecavir</i> TABS .5mg, 1mg	1	
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	1	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VEMLIDY TABS 25mg	1	NDS, PA
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPB 40mg	1	QL (2 tabs / 180 days)
XOFLUZA TBPB 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	1	
CEFTAZIDIME/ SOL D5W 2GM	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
<i>ERYTHROMYCINS/MACROLIDES</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	NDS
<i>erythrocine stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>FLUOROQUINOLONES</i>		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>PENICILLINS</i>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>PEN GK/DEXTR INJ 40000/ML</i>	1	
<i>PEN GK/DEXTR INJ 60000/ML</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>mondoxylene nl CAPS 100mg</i>	1	
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	PA
<i>tigecycline SOLR 50mg</i>	1	
<i>TIGECYCLINE SOLR 50mg</i>	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	1	NDS, B/D
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	1	B/D, NM
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml</i>	1	NDS, B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	1	NDS, B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	1	B/D
<i>LEUKERAN TABS 2mg</i>	1	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml</i>	1	B/D
<i>oxaliplatin SOLR 50mg, 100mg</i>	1	NDS, B/D
<i>paraplatin SOLN 1000mg/100ml</i>	1	B/D
ANTIBIOTICS		
<i>adriamycin SOLN 2mg/ml</i>	1	B/D
<i>doxorubicin hcl SOLN 2mg/ml</i>	1	B/D
<i>doxorubicin hcl liposomal INJ 2mg/ml</i>	1	NDS, B/D
<i>epirubicin hcl SOLN 50mg/25ml, 200mg/100ml</i>	1	B/D
ANTIMETABOLITES		
<i>ALIMTA SOLR 100mg, 500mg</i>	1	NDS, B/D
<i>azacitidine SUSR 100mg</i>	1	NDS, B/D
<i>cytarabine SOLN 20mg/ml</i>	1	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, NM, LA, PA
LONSURF TAB 15-6.14	1	NDS, NM, PA
LONSURF TAB 20-8.19	1	NDS, NM, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, NM, LA, PA
PURIXAN SUSP 2000mg/100ml	1	NDS
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	1	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
EMCYT CAPS 140mg	1	NDS
ERLEADA TABS 60mg	1	NDS, NM, LA, PA
<i>exemestane</i> TABS 25mg	1	
<i>flutamide</i> CAPS 125mg	1	
<i>fulvestrant</i> SOLN 250mg/5ml	1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, PA
LYSODREN TABS 500mg	1	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, NM, LA, PA
ORGOVYX TABS 120mg	1	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	1	NDS, PA
XTANDI CAPS 40mg	1	NDS, NM, LA, PA
XTANDI TABS 40mg, 80mg	1	NDS, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	1	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	1	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
<i>bexarotene</i> CAPS 75mg	1	NDS, NM, PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM, LA
SYNRIBO SOLR 3.5mg	1	NDS, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	1	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	1	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	1	NDS, NM, LA, PA
ALUNBRIG PAK	1	NDS, NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	1	NDS, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT TABS 25mg, 50mg	1	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	1	NDS, NM, LA, PA
BORTEZOMIB SOLR 3.5mg	1	NDS, PA
BOSULIF TABS 100mg, 400mg, 500mg	1	NDS, NM, PA
BRAFTOVI CAPS 75mg	1	NDS, LA, PA
BRUKINSA CAPS 80mg	1	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	1	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, NM, LA, PA
COMETRIQ KIT 100MG	1	NDS, NM, LA, PA
COMETRIQ KIT 140MG	1	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, NM, LA, PA
COTELLIC TABS 20mg	1	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	1	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	1	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	1	NDS, QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 15mg, 20mg	1	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NDS, NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NDS, PA
HERCEPTIN SOLR 150mg	1	NDS, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	1	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TABS 15mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 30mg	1	NDS, QL (30 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	1	NDS, 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 page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NDS, NM, LA, PA
IRESSA TABS 250mg	1	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D
KANJINTI SOLR 150mg, 420mg	1	NDS, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	1	NDS, NM, LA, PA
LUMAKRAS TABS 120mg	1	NDS, NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	1	NDS, NM, LA, PA
MEKTOVI TABS 15mg	1	NDS, LA, PA
MONJUVI SOLR 200mg	1	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	1	NDS, LA, PA
NERLYNX TABS 40mg	1	NDS, NM, LA, PA
NEXAVAR TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, NM, LA, PA
OGIVRI SOLR 150mg	1	NDS, PA
OGIVRI INJ 420MG	1	NDS, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, NM, LA, PA
PHESGO SOL	1	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	1	NDS, NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	1	NDS, NM, PA
QINLOCK TABS 50mg	1	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	1	NDS, NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, LA, PA
RITUXAN INJ HYCELA	1	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	1	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
RYDAPT CAPS 25mg	1	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, NM, PA
STIVARGA TABS 40mg	1	NDS, NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS 1mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	1	NDS, NM, PA
TAZVERIK TABS 200mg	1	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
TEPMETKO TABS 225mg	1	NDS, NM, LA, PA
TIBSOVO TABS 250mg	1	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	1	NDS, NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	1	NDS, NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	1	NDS, NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	1	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, NM, LA, PA
TURALIO CAPS 200mg	1	NDS, NM, LA, PA
UKONIQ TABS 200mg	1	NDS, NM, LA, PA
VELCADE SOLR 3.5mg	1	NDS, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	1	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, NM, LA, PA
VOTRIENT TABS 200mg	1	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	1	NDS, NM, LA, PA
XOSPATA TABS 40mg	1	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 20mg	1	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	1	NDS, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 20mg	1	NDS, NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	1	NDS, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 20mg	1	NDS, NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	1	NDS, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	1	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 20mg	1	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	1	NDS, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	1	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 20mg	1	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	1	NDS, LA, PA
ZEJULA CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	1	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, PA
ZOLINZA CAPS 100mg	1	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, NM, LA, PA
ZYKADIA TABS 150mg	1	NDS, NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab</i> 5-160-12.5 mg	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab</i> 5-160-25 mg	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab</i> 10-160-12.5 mg	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab</i> 10-160-25 mg	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab</i> 10-320-25 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	1	
ENTRESTO TAB 49-51MG	1	
ENTRESTO TAB 97-103MG	1	
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	
NORPACE CR CP12 100mg, 150mg	1	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
<i>VASCEPA</i> CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	1	QL (60 tabs / 30 days)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	1	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

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

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTI-CONVULSANTS		
APTiom TABS 200mg, 400mg, 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA if 65 years and older

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	NDS
<i>felbamate</i> TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	1	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
NAYZILAM SOLN 5mg/0.1ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	1	NDS, QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	1	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), LA, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), LA, PA
VIMPAT SOLN 10mg/ml	1	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	1	NDS
VIMPAT TABS 50mg	1	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	1	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA if < 30 yrs
<i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	1	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	1	QL (60 caps / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
PAXIL SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate</i> CAPS 25mg	1	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	1	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	1	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	1	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	1	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS 1mg	1	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	1	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	1	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	1	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
LATUDA TABS 80mg	1	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	1	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
<i>HYPNOTICS</i>		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>HETLIOZ CAPS 20mg</i>	1	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>temazepam CAPS 7.5mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam CAPS 15mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 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 page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> CAPS 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg, 10mg	1	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	1	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	1	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
<i>UBRELVY</i> TABS 50mg, 100mg	1	NDS, QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 30 days)

MISCELLANEOUS

<i>AUSTEDO</i> TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>AUSTEDO</i> TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>INGREZZA</i> CAPS 40mg, 80mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>INGREZZA</i> CAPS 60mg	1	NDS, QL (30 caps / 30 days), LA, PA
<i>INGREZZA</i> CAP 40-80MG	1	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>LITHIUM</i> SOLN 8meq/5ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	1	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	NM, PA
GILENYA CAPS .5mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg, 750mg	1	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
<i>vanadom</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	
CHANTIX TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
CHANTIX CONTINUING MONTH TABS 1mg	1	QL (56 tabs / 28 days), PA
CHANTIX PAK 0.5& 1MG	1	QL (106 tabs / year), PA
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NARCAN LIQD 4mg/0.1ml	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
VIVITROL SUSR 380mg	1	NDS
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr	1	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	1	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	1	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	1	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	1	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP FLEX INJ TOUCH	1	
FIASP INJ 100/ML	1	
FIASP PENFIL INJ U-100	1	
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	1	
LEVEMIR SOLN 100unit/ml	1	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD KIT STARTER	1	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	1	QL (10 pods / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	1	
SOLIQUA INJ 100/33	1	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
V-GO 20 KIT	1	QL (1 kit / 30 days), PA
V-GO 30 KIT	1	QL (1 kit / 30 days), PA
V-GO 40 KIT	1	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
FORTEO SOPN 620mcg/2.48ml	1	NDS, NM, PA
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	1	NDS, PA
<i>LOKELMA</i> PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, PA
<i>VELTASSA</i> PACK 8.4gm, 16.8gm, 25.2gm	1	PA
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>brielllyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>ELLA TABS 30mg</i>	1	
<i>eluryng</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zarah</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	1	
<i>SYNAREL SOLN 2mg/ml</i>	1	NDS, NM
ESTROGENS		
<i>amabelz</i>	1	
<i>DELESTROGEN OIL 10mg/ml</i>	1	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
<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; TABS .5mg, 1mg, 2mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	1	
<i>estradiol valerate OIL 20mg/ml, 40mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBP 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBP 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, LA, PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TABS 200mg	1	NDS, NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	1	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 60mg	1	NDS, B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days)
CYSTADANE POW	1	NDS, NM, LA
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, LA, PA
KORLYM TABS 300mg	1	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, PA
<i>miglustat</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	1	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
<i>RAYALDEE</i> CPCR 30mcg	1	NDS
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro SUPP 25mg</i>	1	
<i>dronabinol CAPS 2.5mg, 5mg, 10mg</i>	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>	1	
<i>granisetron hcl TABS 1mg</i>	1	B/D
<i>meclizine hcl TABS 12.5mg, 25mg</i>	1	
<i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg</i>	1	
<i>ondansetron TBDP 4mg, 8mg</i>	1	B/D
<i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml</i>	1	
<i>ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg</i>	1	B/D
<i>prochlorperazine SUPP 25mg</i>	1	
<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	1	
<i>prochlorperazine maleate TABS 5mg, 10mg</i>	1	
<i>promethazine hcl SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>scopolamine PT72 1mg/3days</i>	1	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg</i>	1	
<i>glycopyrrolate TABS 1mg, 2mg</i>	1	

H2-RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium CAPS 750mg</i>	1	
<i>budesonide CPEP 3mg</i>	1	PA
<i>budesonide TB24 9mg</i>	1	NDS, PA
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	1	
<i>mesalamine CP24 .375gm</i>	1	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	1	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	1	
<i>mesalamine TBEC 1.2gm</i>	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	1	
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
NULYTELY SOL LMN/LIME	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
SUPREP BOWEL SOL PREP KIT	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg	1	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
XERMELO TABS 250mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	1	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNIT	1	
CREON CAP 24000UNIT	1	
CREON CAP 36000UNIT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000	1	
ZENPEP CAP 40000	1	
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	1	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride TABS 5mg	1	
tamsulosin hcl CAPS .4mg	1	
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	1	
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
trospium chloride TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	1	
metronidazole vaginal GEL .75%	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
vandazole GEL .75%	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	1	
<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%	1	
<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%	1	
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL SOLN 25mg/0.5ml; SOLR 25mg	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	1	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	1	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	1	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	1	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	1	NDS, NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, LA, PA
RINVOQ TB24 15mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	1	NDS, QL (7 kits / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	1	NDS, B/D, NM
INTRON A SOLR 10mu, 18mu	1	B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg	1	NDS, B/D
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D
NULOJIX SOLR 250mg	1	NDS, B/D
PROGRAF PACK .2mg, 1mg	1	B/D
REZUROCK TABS 200mg	1	NDS, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D
ZORTRESS TABS 1mg	1	NDS, B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ACTHIB INJ	1	
ADACEL INJ	1	
BCG VACCINE INJ	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 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%	1	
D5W/LYTES INJ #48	1	
D10W/NACL INJ 0.2%	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
PRENATAL VIT TAB LOW IRON	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	1	
<i>IV NUTRITION</i>		
AMINOSYN-PF INJ 7%	1	B/D
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf</i> 15%	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
FREAMINE HBC INJ 6.9%	1	B/D
FREAMINE III INJ 10%	1	B/D
<i>hepatamine</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROCALAMINE INJ 3%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentak OINT .3%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
NATACYN SUSP 5%	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	
BROMSITE SOLN .075%	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
DUREZOL EMUL .05%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
ILEVRO SUSP .3%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> SOLN 1.5%	1	
BEPREVE SOLN 1.5%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
LASTACFT SOLN .25%	1	
<i>olopatadine hcl</i> SOLN .1%	1	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	1	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
CYSTADROPS SOLN .37%	1	NDS, NM, LA, PA
CYSTARAN SOLN .44%	1	NDS, NM, LA, PA
ISOPTO ATROPINE SOLN 1%	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	

ANTI HISTAMINES

<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
ESBRIET CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
ESBRIET TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	1	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	1	NDS, QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	1	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	1	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	1	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 50mcg/blist	1	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	1	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	1	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	1	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	1	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	1	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	1	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	1	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	1	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	1	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	1	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>procto-pak</i> CREA 1%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	1	QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
TARGRETIN GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

10/15/2021

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX STRIPS	0	

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

A

<i>abacavir sulfate</i>	16	ADVAIR HFA AER 115/21.....	75
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	17	ADVAIR HFA AER 230/21.....	75
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	17	ADVAIR HFA AER 45/21.....	75
ABELCET	15	AFINITOR	24
ABILIFY MAINTENA	42	AFINITOR DISPERZ.....	24
<i>abiraterone acetate</i>	23	<i>afirmelle</i>	52
ABRAXANE INJ 100MG	24	AIMOVIG	46
<i>acamprosate calcium</i>	47	<i>ala-cort</i>	76
<i>acarbose</i>	48	<i>albendazole</i>	14
<i>accutane</i>	75	<i>albuterol sulfate</i>	72, 73
<i>acebutolol hcl</i>	33	<i>alclometasone dipropionate</i>	76
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	13	ALDURAZYME.....	57
<i>acetaminophen w/ codeine tab 300-15 mg</i>	13	ALECENSA	24
<i>acetaminophen w/ codeine tab 300-30 mg</i>	13	<i>alendronate sodium</i>	51
<i>acetaminophen w/ codeine tab 300-60 mg</i>	13	<i>alfuzosin hcl</i>	62
<i>acetazolamide</i>	34	ALIMTA	23
<i>acetic acid</i>	62	<i>aliskiren fumarate</i>	34
<i>acetic acid (otic)</i>	71	<i>allopurinol</i>	12
<i>acetylcysteine</i>	73	<i>alosetron hcl</i>	61
<i>acitretin</i>	76	ALPHAGAN P	71
ACTHIB INJ.....	66	<i>alprazolam</i>	36
ACTIMMUNE.....	66	ALREX.....	70
<i>acyclovir</i>	19	<i>altavera</i>	52
<i>acyclovir sodium</i>	19	ALUNBRIG	25
ADACEL INJ	66	ALUNBRIG PAK.....	25
<i>adefovir dipivoxil</i>	19	<i>alyacen 1/35</i>	52
ADEMPAS	35	<i>alyacen 7/7/7</i>	52
ADRENALIN	34	<i>amabelz</i>	56
<i>adriamycin</i>	22	<i>amantadine hcl</i>	41
ADVAIR DISKU AER 100/50	75	AMBISOME	15
ADVAIR DISKU AER 250/50	75	<i>ambrisentan</i>	35
ADVAIR DISKU AER 500/50	75	<i>amethia</i>	52
		<i>amikacin sulfate</i>	14
		<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	34
		<i>amiloride hcl</i>	34
		AMINOSYN-PF INJ 7%.....	69
		<i>amiodarone hcl</i>	32
		<i>amitriptyline hcl</i>	40

<i>amlodipine besylate</i>	33	<i>amoxicillin</i>	21
<i>amlodipine besylate-benazepril hcl</i> <i>cap 10-20 mg</i>	29	<i>amoxicillin & k clavulanate chew tab</i> <i>200-28.5 mg</i>	21
<i>amlodipine besylate-benazepril hcl</i> <i>cap 10-40 mg</i>	29	<i>amoxicillin & k clavulanate chew tab</i> <i>400-57 mg</i>	21
<i>amlodipine besylate-benazepril hcl</i> <i>cap 2.5-10 mg</i>	29	<i>amoxicillin & k clavulanate for susp</i> <i>200-28.5 mg/5ml</i>	21
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-10 mg</i>	29	<i>amoxicillin & k clavulanate for susp</i> <i>250-62.5 mg/5ml</i>	21
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-20 mg</i>	29	<i>amoxicillin & k clavulanate for susp</i> <i>400-57 mg/5ml</i>	21
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-40 mg</i>	29	<i>amoxicillin & k clavulanate for susp</i> <i>600-42.9 mg/5ml</i>	21
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	30	<i>amoxicillin & k clavulanate tab 250-</i> <i>125 mg</i>	21
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	30	<i>amoxicillin & k clavulanate tab 500-</i> <i>125 mg</i>	21
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	30	<i>amoxicillin & k clavulanate tab 875-</i> <i>125 mg</i>	21
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	30	<i>amoxicillin & k clavulanate tab er</i> <i>12hr 1000-62.5 mg</i>	21
<i>amlodipine besylate-valsartan tab</i> <i>10-160 mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i>	44
<i>amlodipine besylate-valsartan tab</i> <i>10-320 mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i>	44
<i>amlodipine besylate-valsartan tab 5-</i> <i>160 mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i>	44
<i>amlodipine besylate-valsartan tab 5-</i> <i>320 mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 25 mg</i>	44
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-160-</i> <i>12.5 mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 30 mg</i>	44
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-160-25</i> <i>mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 5 mg</i>	44
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-320-25</i> <i>mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>tab 10 mg</i>	44
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 5-160-12.5</i> <i>mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>tab 12.5 mg</i>	44
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 5-160-25</i> <i>mg</i>	30	<i>amphetamine-dextroamphetamine</i> <i>tab 15 mg</i>	44
<i>amnestem</i>	75	<i>amphetamine-dextroamphetamine</i> <i>tab 20 mg</i>	45
<i>amoxapine</i>	40	<i>amphetamine-dextroamphetamine</i> <i>tab 30 mg</i>	45
		<i>amphetamine-dextroamphetamine</i> <i>tab 5 mg</i>	44

<i>amphetamine-dextroamphetamine</i>		<i>atovaquone-proguanil hcl tab 250-</i>	
<i>tab 7.5 mg</i>	44	<i>100 mg</i>	16
<i>amphotericin b</i>	15	<i>atovaquone-proguanil hcl tab 62.5-</i>	
<i>ampicillin</i>	21	<i>25 mg</i>	16
<i>ampicillin & sulbactam sodium for inj</i>		ATROPINE SULFATE	71
<i>1.5 (1-0.5) gm</i>	21	ATROVENT HFA	72
<i>ampicillin & sulbactam sodium for inj</i>		<i>aubra eq</i>	52
<i>3 (2-1) gm</i>	21	<i>aurovela 1/20</i>	52
<i>ampicillin & sulbactam sodium for iv</i>		<i>aurovela 24 fe</i>	52
<i>soln 1.5 (1-0.5) gm</i>	21	<i>aurovela fe 1.5/30</i>	52
<i>ampicillin & sulbactam sodium for iv</i>		<i>aurovela fe 1/20</i>	52
<i>soln 15 (10-5) gm</i>	21	AUSTEDO	46
<i>ampicillin & sulbactam sodium for iv</i>		AVASTIN	25
<i>soln 3 (2-1) gm</i>	21	<i>aviane</i>	52
<i>ampicillin sodium</i>	21	<i>avita</i>	75
<i>anagrelide hcl</i>	63	<i>ayuna</i>	52
<i>anastrozole</i>	23	AYVAKIT	25
ANDRODERM	48	<i>azacitidine</i>	23
ANORO ELLIPT AER 62.5-25.....	72	<i>azathioprine</i>	66
<i>aprepitant</i>	59	<i>azelastine hcl</i>	72
<i>aprepitant capsule therapy pack 80 &</i>		<i>azelastine hcl (ophth)</i>	71
<i>125 mg</i>	59	<i>azithromycin</i>	20
<i>apri</i>	52	<i>aztreonam</i>	14
APTIOM	36	<i>azurette</i>	52
APTIVUS.....	16	B	
ARALAST NP	73	<i>bacitracin (ophthalmic)</i>	70
<i>aranelle</i>	52	<i>bacitracin-polymyxin b ophth oint</i> .	70
ARCALYST	66	<i>bacitracin-polymyxin-neomycin-hc</i>	
<i>aripiprazole</i>	42	<i>ophth oint 1%</i>	69
ARISTADA	42	<i>baclofen</i>	47
ARISTADA INITIO	42	<i>balsalazide disodium</i>	60
<i>armodafinil</i>	47	BALVERSA	25
ARNUITY ELLIPTA	74	<i>balziva</i>	52
<i>asenapine maleate</i>	42	BARACLUDE.....	19
<i>ashlyna</i>	52	BASAGLAR KWIKPEN.....	50
<i>aspirin-dipyridamole cap er 12hr 25-</i>		BCG VACCINE INJ.....	66
<i>200 mg</i>	64	BD ALCOHOL SWABS	50
<i>atazanavir sulfate</i>	16	<i>bekyree</i>	52
<i>atenolol</i>	33	BELSOMRA	45
<i>atenolol & chlorthalidone tab 100-25</i>		<i>benazepril & hydrochlorothiazide tab</i>	
<i>mg</i>	33	<i>10-12.5 mg</i>	29
<i>atenolol & chlorthalidone tab 50-25</i>		<i>benazepril & hydrochlorothiazide tab</i>	
<i>mg</i>	33	<i>20-12.5 mg</i>	29
<i>atomoxetine hcl</i>	45	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atorvastatin calcium</i>	32	<i>20-25 mg</i>	29
<i>atovaquone</i>	14		

<i>benazepril & hydrochlorothiazide tab</i>	BREZTRI AERO AER SPHERE	72
5-6.25 mg	BREZTRI AERO AER SPHERE	
<i>benazepril hcl</i>	(INSTITUTIONAL PACK)	72
BENDEKA	<i>briellyn</i>	52
BENLYSTA	BRILINTA.....	64
<i>benzoyl peroxide-erythromycin gel</i>	<i>brimonidine tartrate</i>	71
5-3%	<i>brinzolamide</i>	71
<i>benztropine mesylate</i>	BRIVIACT	36
<i>bepotastine besilate</i>	<i>bromfenac sodium (ophth)</i>	70
BEPREVE	<i>bromocriptine mesylate</i>	41
BERINERT.....	BROMSITE	70
BESIVANCE.....	BRUKINSA	25
<i>betamethasone dipropionate</i>	<i>budesonide</i>	60
(topical)	<i>budesonide (inhalation)</i>	74
<i>betamethasone dipropionate</i>	<i>bumetanide</i>	34
augmented	<i>buprenorphine</i>	12
<i>betamethasone valerate</i>	<i>buprenorphine hcl</i>	48
BETASERON.....	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>betaxolol hcl</i>	film 12-3 mg (base equiv)	48
<i>betaxolol hcl (ophth)</i>	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bethanechol chloride</i>	film 2-0.5 mg (base equiv)	48
BETOPTIC-S.....	<i>buprenorphine hcl-naloxone hcl sl</i>	
BEVESPI AER 9-4.8MCG	film 4-1 mg (base equiv)	48
<i>bexarotene</i>	<i>buprenorphine hcl-naloxone hcl sl</i>	
BEXSERO INJ	film 8-2 mg (base equiv)	48
<i>bicalutamide</i>	<i>buprenorphine hcl-naloxone hcl sl</i>	
BICILLIN L-A.....	tab 2-0.5 mg (base equiv)	48
BIKTARVY TAB	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>	tab 8-2 mg (base equiv)	48
10-6.25 mg.....	<i>bupropion hcl</i>	40
<i>bisoprolol & hydrochlorothiazide tab</i>	<i>bupropion hcl (smoking deterrent)</i>	48
2.5-6.25 mg.....	<i>buspirone hcl</i>	36
<i>bisoprolol & hydrochlorothiazide tab</i>	<i>butorphanol tartrate</i>	13
5-6.25 mg	BYDUREON BCISE.....	48
<i>bisoprolol fumarate</i>	BYETTA	48
BIVIGAM	BYSTOLIC.....	33
BLEPHAMIDE OIN S.O.P.	C	
<i>blisovi 24 fe</i>	<i>cabergoline</i>	57
<i>blisovi fe 1.5/30</i>	CABOMETYX.....	25
BOOSTRIX INJ	<i>calcipotriene</i>	76
BORTEZOMIB.....	<i>calcitonin (salmon) spray</i>	51
<i>bosentan</i>	<i>calcitrene</i>	76
BOSULIF.....	<i>calcitriol</i>	59
BRAFTOVI.....	<i>calcium acetate (phosphate binder)</i>	
BREO ELLIPTA INH 100-25		58
BREO ELLIPTA INH 200-25	CALQUENCE.....	25

<i>camila</i>	52	<i>carboplatin</i>	22
<i>camrese</i>	52	<i>carisoprodol</i>	47
<i>camrese lo</i>	52	<i>carteolol hcl (ophth)</i>	71
<i>candesartan cilexetil</i>	31	<i>cartia xt</i>	33
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5</i> <i>mg</i>	30	<i>carvedilol</i>	33
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5</i> <i>mg</i>	30	<i>caspofungin acetate</i>	16
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i>	30	CAYSTON	14
CAPLYTA	42	<i>caziant</i>	52
CAPRELSA	25	<i>cefaclor</i>	19
<i>captopril</i>	29	CEFACTOR ER	19
CARBAGLU	57	<i>cefadroxil</i>	19
<i>carbamazepine</i>	36	CEFAZOLIN INJ 1GM/50ML	19
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	41	<i>cefazolin sodium</i>	19
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	41	CEFAZOLIN SOLN 2GM/100ML-4%	19
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	41	<i>cefdinir</i>	19
<i>carbidopa & levodopa tab 10-100 mg</i>	41	<i>cefepime hcl</i>	19
<i>carbidopa & levodopa tab 25-100 mg</i>	41	<i>cefixime</i>	20
<i>carbidopa & levodopa tab 25-250 mg</i>	41	<i>cefoxitin sodium</i>	20
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	41	<i>cefpodoxime proxetil</i>	20
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	41	<i>cefprozil</i>	20
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	41	<i>ceftazidime</i>	20
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	41	CEFTAZIDIME/ SOL D5W 1GM	20
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	41	CEFTAZIDIME/ SOL D5W 2GM	20
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	41	<i>ceftriaxone sodium</i>	20
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	41	<i>cefuroxime axetil</i>	20
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	41	<i>cefuroxime sodium</i>	20
		<i>celecoxib</i>	12
		CELONTIN	36
		<i>cephalexin</i>	20
		CERDELGA	57
		CEREZYME	57
		<i>cetirizine hcl</i>	72
		<i>cevimeline hcl</i>	78
		CHANTIX	48
		CHANTIX CONTINUING MONTH	48
		CHANTIX PAK 0.5& 1MG	48
		<i>chateal</i>	52
		CHEMET	51
		<i>chlorhexidine gluconate (mouth-</i> <i>throat)</i>	78
		<i>chloroquine phosphate</i>	16
		<i>chlorpromazine hcl</i>	42
		<i>chlorthalidone</i>	34
		<i>cholestyramine</i>	32
		<i>cholestyramine light</i>	32
		<i>ciclopirox olamine</i>	75

<i>cilostazol</i>	63	<i>clonidine</i>	34
CILOXAN	70	<i>clonidine hcl</i>	35
CIMDUO TAB 300-300	17	<i>clopidogrel bisulfate</i>	64
<i>cinacalcet hcl</i>	57, 58	<i>clorazepate dipotassium</i>	36
CIPRO	20	<i>clotrimazole</i>	78
<i>ciprofloxacin 200 mg/100ml in d5w</i>	20	<i>clotrimazole (topical)</i>	76
<i>ciprofloxacin 400 mg/200ml in d5w</i>	20	<i>clotrimazole w/ betamethasone</i> cream 1-0.05%	76
<i>ciprofloxacin hcl</i>	20	<i>clozapine</i>	42
<i>ciprofloxacin hcl (ophth)</i>	70	COARTEM TAB 20-120MG	16
<i>ciprofloxacin-dexamethasone otic</i> susp 0.3-0.1%	71	<i>colchicine</i>	12
<i>cisplatin</i>	22	<i>colchicine w/ probenecid tab 0.5-500</i> mg	12
<i>citalopram hydrobromide</i>	40	<i>colesevelam hcl</i>	32
<i>claravis</i>	75	<i>colestipol hcl</i>	32
<i>clarithromycin</i>	20	<i>colistimethate sodium</i>	14
<i>clindamycin hcl</i>	14	COMBIGAN SOL 0.2/0.5%	71
<i>clindamycin palmitate hydrochloride</i>	14	COMBIVENT AER 20-100	72
<i>clindamycin phosphate</i>	14	COMETRIQ (60MG DOSE)	25
<i>clindamycin phosphate (topical)</i> ...	75	COMETRIQ KIT 100MG	25
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	14	COMETRIQ KIT 140MG	25
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	14	COMPLERA TAB	17
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	14	<i>compro</i>	59
<i>clindamycin phosphate vaginal</i>	62	<i>constulose</i>	60
CLINDMYC/NAC INJ 300/50ML	14	COPIKTRA	25
CLINDMYC/NAC INJ 600/50ML	14	CORLANOR	35
CLINDMYC/NAC INJ 900/50ML	14	COTELLIC	25
CLINIMIX INJ 4.25/D10	69	CREON CAP 12000UNT	61
CLINIMIX INJ 4.25/D5W	69	CREON CAP 24000UNT	61
CLINIMIX INJ 5%/D15W	69	CREON CAP 3000UNIT	61
CLINIMIX INJ 5%/D20W	69	CREON CAP 36000UNT	61
CLINIMIX INJ 6/5	69	CREON CAP 6000UNIT	61
CLINIMIX INJ 8/10	69	<i>cromolyn sodium</i>	73
CLINIMIX INJ 8/14	69	<i>cromolyn sodium (mastocytosis)</i> ..	61
<i>clinisol sf 15%</i>	69	<i>cromolyn sodium (ophth)</i>	71
CLINOLIPID EMU 20%	69	<i>cryselle-28</i>	52
<i>clobazam</i>	36	<i>cyclafem 1/35</i>	52
<i>clobetasol propionate</i>	76	<i>cyclafem 7/7/7</i>	52
<i>clobetasol propionate e</i>	76	<i>cyclobenzaprine hcl</i>	47
<i>clomipramine hcl</i>	40	<i>cyclophosphamide</i>	22
<i>clonazepam</i>	36	CYCLOPHOSPHAMIDE	22
		<i>cycloserine</i>	18
		<i>cyclosporine</i>	66
		<i>cyclosporine modified (for</i> <i>microemulsion)</i>	66
		<i>cypiroheptadine hcl</i>	72

<i>cyred eq</i>	52	<i>dextrose 10% w/ sodium chloride</i>	
CYSTADANE POW	58	0.45%.....	67
CYSTADROPS.....	71	<i>dextrose 2.5% w/ sodium chloride</i>	
CYSTAGON	58	0.45%.....	67
CYSTARAN.....	71	<i>dextrose 5% in lactated ringers</i>	67
<i>cytarabine</i>	23	<i>dextrose 5% w/ sodium chloride</i>	
D		0.2%.....	67
D10W/NACL INJ 0.2%.....	67	<i>dextrose 5% w/ sodium chloride</i>	
D2.5W/NACL INJ 0.45%	67	0.45%.....	67
D5W/LYTES INJ #48	67	<i>dextrose 5% w/ sodium chloride</i>	
<i>dalfampridine</i>	47	0.9%.....	67
DALIRESP	73	DIACOMIT	36
<i>danazol</i>	56	<i>diazepam</i>	36, 37
<i>dantrolene sodium</i>	47	<i>diazepam (anticonvulsant)</i>	37
<i>dapsone</i>	14	<i>diazepam inj</i>	37
DAPTACEL INJ.....	66	<i>diazoxide</i>	57
<i>daptomycin</i>	14	<i>diclofenac potassium</i>	12
DAPTOMYCIN	14	<i>diclofenac sodium</i>	12
<i>dasetta 1/35</i>	52	<i>diclofenac sodium (ophth)</i>	70
<i>dasetta 7/7/7</i>	52	<i>diclofenac sodium (topical)</i>	77
DAURISMO	25	<i>dicloxacillin sodium</i>	21
<i>daysee</i>	52	<i>dicyclomine hcl</i>	60
<i>deblitane</i>	52	DIFICID.....	20
<i>deferasirox</i>	51	<i>diflunisal</i>	12
DELESTROGEN	56	<i>digitek</i>	35
DELSTRIGO TAB.....	17	<i>digox</i>	35
DESCOVY TAB 200/25MG	18	<i>digoxin</i>	35
<i>desipramine hcl</i>	40	<i>dihydroergotamine mesylate</i>	46
<i>desmopressin acetate</i>	58	DILANTIN	37
<i>desmopressin acetate spray</i>	58	DILANTIN INFATABS	37
<i>desmopressin acetate spray</i>		DILANTIN-125.....	37
<i>refrigerated</i>	58	<i>diltiazem hcl</i>	33
<i>desogest-eth estrad & eth estrad tab</i>		<i>diltiazem hcl coated beads</i>	33
0.15-0.02/0.01 mg(21/5)	52	<i>diltiazem hcl extended release beads</i>	
<i>desogestrel & ethinyl estradiol tab</i>			34
0.15 mg-30 mcg.....	52	<i>dilt-xr</i>	33
<i>desvenlafaxine succinate</i>	40	DIP/TET PED INJ 25-5LFU.....	66
<i>dexamethasone</i>	57	<i>diphenhydramine hcl</i>	72
DEXAMETHASONE INTENSOL	57	<i>diphenoxylate w/ atropine liq 2.5-</i>	
<i>dexamethasone sodium phosphate</i>		0.025 mg/5ml	61
<i>dexamethasone sodium phosphate</i>		<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>(ophth)</i>	70	0.025 mg.....	61
DEXILANT.....	62	<i>dipyridamole</i>	64
<i>dexmethylphenidate hcl</i>	45	<i>disopyramide phosphate</i>	32
<i>dextrose</i>	69	<i>disulfiram</i>	48
		<i>divalproex sodium</i>	37

<i>docetaxel</i>	24	ELIQUIS STARTER PACK	62
DOCETAXEL	24	ELLA	53
<i>dofetilide</i>	32	<i>eluryng</i>	53
<i>donepezil hydrochloride</i>	39	EMCYT	23
DOPTelet	63	<i>emoquette</i>	53
<i>dorzolamide hcl</i>	71	EMSAM.....	40
<i>dorzolamide hcl-timolol maleate</i> <i>ophth soln 22.3-6.8 mg/ml</i>	71	<i>emtricitabine</i>	16
<i>dotti</i>	56	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	18
DOVATO TAB 50-300MG	18	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	18
<i>doxazosin mesylate</i>	30	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	18
<i>doxepin hcl</i>	40	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	18
<i>doxepin hcl (sleep)</i>	45	EMTRIVA	16
<i>doxorubicin hcl</i>	22	EMVERM	14
<i>doxorubicin hcl liposomal</i>	22	<i>enalapril maleate</i>	29
<i>doxy 100</i>	22	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab 10-25 mg</i>	29
<i>doxycycline (monohydrate)</i>	22	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab 5-12.5 mg</i>	29
<i>doxycycline hyclate</i>	22	ENBREL	64
DRIZALMA SPRINKLE	40	ENBREL MINI	64
<i>dronabinol</i>	59	ENBREL SURECLICK.....	64
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	53	ENDARI	63
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	53	<i>endocet tab 10-325mg</i>	13
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i>	52	<i>endocet tab 2.5-325mg</i>	13
DROXIA.....	63	<i>endocet tab 5-325mg</i>	13
<i>droxidopa</i>	35	<i>endocet tab 7.5-325mg</i>	13
<i>duloxetine hcl</i>	40	ENGERIX-B	67
DUREZOL	70	<i>enoxaparin sodium</i>	63
<i>dutasteride</i>	62	<i>enpresse-28</i>	53
<i>dutasteride-tamsulosin hcl cap 0.5-</i> <i>0.4 mg</i>	62	<i>enskyce</i>	53
E		ENSTILAR AER	76
<i>ec-naproxen</i>	12	<i>entacapone</i>	41
EDURANT	16	<i>entecavir</i>	19
<i>efavirenz</i>	16	ENTRESTO TAB 24-26MG.....	30
<i>efavirenz-emtricitabine-tenofovir df</i> <i>tab 600-200-300 mg</i>	18	ENTRESTO TAB 49-51MG.....	30
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	18	ENTRESTO TAB 97-103MG.....	31
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	18	<i>enulose</i>	60
<i>elinest</i>	53	EPCLUSA TAB 200-50MG	19
ELIQUIS	62	EPCLUSA TAB 400-100	19
		EPIDIOLEX.....	37

<i>epinephrine (anaphylaxis)</i>	73	EVOTAZ TAB 300-150	18
<i>epirubicin hcl</i>	22	<i>exemestane</i>	23
<i>epitol</i>	37	<i>ezetimibe</i>	32
EPIVIR HBV	19	<i>ezetimibe-simvastatin tab 10-10 mg</i>	32
<i>eplerenone</i>	30	<i>ezetimibe-simvastatin tab 10-20 mg</i>	32
<i>ergotamine w/ caffeine tab 1-100 mg</i>	46	<i>ezetimibe-simvastatin tab 10-40 mg</i>	32
ERIVEDGE	25	<i>ezetimibe-simvastatin tab 10-80 mg</i>	32
ERLEADA	23	F	
<i>erlotinib hcl</i>	25	FABRAZYME	58
<i>errin</i>	53	<i>falmina</i>	53
<i>ertapenem sodium</i>	14	<i>famciclovir</i>	19
<i>ery</i>	75	<i>famotidine</i>	60
<i>ery-tab</i>	20	<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	60
ERYTHROCIN LACTOBIONATE	20	FANAPT	42
<i>erythrocine stearate</i>	20	FANAPT PAK.....	42
<i>erythromycin (acne aid)</i>	75	FARXIGA	48
<i>erythromycin (ophth)</i>	70	FARYDAK.....	25
<i>erythromycin base</i>	20	FASENRA	73
<i>erythromycin ethylsuccinate</i>	20	FASENRA PEN	73
ESBRIET.....	73	<i>fayosim</i>	53
<i>escitalopram oxalate</i>	40	<i>felbamate</i>	37
<i>esomeprazole magnesium</i>	62	<i>felodipine</i>	34
<i>estarylla</i>	53	<i>femynor</i>	53
<i>estradiol</i>	56	<i>fenofibrate</i>	32
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	56	<i>fenofibrate micronized</i>	32
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	56	<i>fentanyl</i>	12
<i>estradiol vaginal</i>	56	<i>fentanyl citrate</i>	13
<i>estradiol valerate</i>	56	FETZIMA.....	40
<i>eszopiclone</i>	45	FETZIMA CAP TITRATIO.....	40
<i>ethambutol hcl</i>	18	FIASP FLEX INJ TOUCH	50
<i>ethosuximide</i>	37	FIASP INJ 100/ML.....	50
<i>ethynodiol diacetate & ethinyl</i> <i>estradiol tab 1 mg-35 mcg</i>	53	FIASP PENFIL INJ U-100.....	50
<i>ethynodiol diacetate & ethinyl</i> <i>estradiol tab 1 mg-50 mcg</i>	53	<i>finasteride</i>	62
<i>etodolac</i>	12	FINTEPLA	37
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	53	<i>flac</i>	71
<i>etoposide</i>	24	FLAREX	70
<i>etravirine</i>	16	FLEBOGAMMA DIF	65
<i>euthyrox</i>	59	<i>flecainide acetate</i>	32
<i>everolimus</i>	25	FLOVENT DISKUS	74
<i>everolimus (immunosuppressant)</i> .	66	FLOVENT HFA.....	74
		<i>fluconazole</i>	16

<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	16	GAMASTAN INJ.....	65
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	16	GAMMAGARD LIQUID	65
<i>flucytosine</i>	16	GAMMAGARD S/D IGA LESS TH....	65
<i>fludrocortisone acetate</i>	57	GAMMAKED	65
<i>flunisolide (nasal)</i>	74	GAMMAPLEX	65
<i>fluocinolone acetonide</i>	76, 77	GAMUNEX-C.....	65
<i>fluocinolone acetonide (otic)</i>	72	<i>ganciclovir sodium</i>	19
<i>fluocinonide</i>	77	GARDASIL 9 INJ	67
<i>fluocinonide emulsified base</i>	77	<i>gatifloxacin (ophth)</i>	70
<i>fluorometholone (ophth)</i>	70	GATTEX.....	61
<i>fluorouracil</i>	23	GAUZE PADS 2	50
<i>fluorouracil (topical)</i>	77	<i>gavilyte-c</i>	60
<i>fluoxetine hcl</i>	40	<i>gavilyte-g</i>	60
<i>fluphenazine decanoate</i>	42	<i>gavilyte-n/flavor pack</i>	60
<i>fluphenazine hcl</i>	42	GAVRETO	25
<i>flurbiprofen</i>	12	<i>gemcitabine hcl</i>	23
<i>flurbiprofen sodium</i>	70	<i>gemfibrozil</i>	32
<i>flutamide</i>	23	<i>generlac</i>	61
<i>fluticasone propionate</i>	77	<i>gengraf</i>	66
<i>fluticasone propionate (nasal)</i>	74	GENOTROPIN	58
<i>fluvoxamine maleate</i>	36	GENOTROPIN MINIQUEICK	58
<i>fondaparinux sodium</i>	63	<i>gentak</i>	70
FORTEO	51	<i>gentamicin in saline inj 0.8 mg/ml</i>	14
<i>fosamprenavir calcium</i>	16	<i>gentamicin in saline inj 1 mg/ml</i> ...	14
<i>fosinopril sodium</i>	29	<i>gentamicin in saline inj 1.2 mg/ml</i>	14
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	29	<i>gentamicin in saline inj 1.6 mg/ml</i>	14
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	29	<i>gentamicin in saline inj 2 mg/ml</i> ...	14
FOTIVDA	25	<i>gentamicin sulfate</i>	14
FREAMINE HBC INJ 6.9%	69	<i>gentamicin sulfate (ophth)</i>	70
FREAMINE III INJ 10%	69	<i>gentamicin sulfate (topical)</i>	75
<i>fulvestrant</i>	23	GENVOYA TAB.....	18
<i>furosemide</i>	34	GILENYA.....	47
<i>furosemide inj</i>	34	GILOTRIF	25
FUZEON	16	<i>glatiramer acetate</i>	47
<i>fyavolv tab 0.5mg-2.5mcg</i>	56	<i>glatopa</i>	47
<i>fyavolv tab 1mg-5mcg</i>	56	<i>glimepiride</i>	49
FYCOMPA	37	<i>glipizide</i>	49
G		<i>glipizide xl</i>	49
<i>gabapentin</i>	37	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49
<i>galantamine hydrobromide</i>	39	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49
		<i>glipizide-metformin hcl tab 5-500 mg</i>	49
		<i>glycopyrrolate</i>	60
		<i>glydo</i>	77

GLYXAMBI TAB 10-5 MG.....	49	HUMIRA PEN-PS/UV STARTER	64
GLYXAMBI TAB 25-5 MG.....	49	HUMULIN R U-500 (CONCENTR	50
GOLYTELY SOL.....	61	HUMULIN R U-500 KWIKPEN	50
<i>granisetron hcl</i>	59, 60	<i>hydralazine hcl</i>	35
<i>griseofulvin microsize</i>	16	<i>hydrochlorothiazide</i>	34
<i>griseofulvin ultramicrosize</i>	16	<i>hydrocodone bitartrate</i>	12
<i>guanfacine hcl</i>	35	<i>hydrocodone-acetaminophen soln</i>	
<i>guanfacine hcl (adhd)</i>	45	7.5-325 mg/15ml	13
GVOKE HYOPEN 2-PACK	57	<i>hydrocodone-acetaminophen tab 10-</i>	
GVOKE PFS	57	325 mg	13
H		<i>hydrocodone-acetaminophen tab 5-</i>	
HAEGARDA	63	325 mg	13
<i>hailey 1.5/30</i>	53	<i>hydrocodone-acetaminophen tab</i>	
<i>hailey 24 fe</i>	53	7.5-325 mg.....	13
<i>halobetasol propionate</i>	77	<i>hydrocodone-ibuprofen tab 7.5-200</i>	
<i>haloperidol</i>	42	mg.....	13
<i>haloperidol decanoate</i>	43	<i>hydrocortisone</i>	57
<i>haloperidol lactate</i>	43	<i>hydrocortisone (intrarectal)</i>	60
HARVONI PAK 33.75-150MG	19	<i>hydrocortisone (rectal)</i>	77
HARVONI PAK 45-200MG.....	19	<i>hydrocortisone (topical)</i>	77
HARVONI TAB 45-200MG.....	19	<i>hydromorphone hcl</i>	13
HARVONI TAB 90-400MG.....	19	<i>hydroxychloroquine sulfate</i>	65
HAVRIX	67	<i>hydroxyurea</i>	24
<i>heather</i>	53	<i>hydroxyzine hcl</i>	72
HEP SOD/NACL INJ 25000UNT	63	<i>hydroxyzine pamoate</i>	72
<i>heparin sodium (porcine)</i>	63	HYSINGLA ER.....	12
<i>heparin sodium (porcine) 100</i>		I	
<i>unit/ml in d5w</i>	63	<i>ibandronate sodium</i>	51
<i>heparin sodium (porcine)-dextrose iv</i>		IBRANCE	25
<i>sol 20000 unit/500ml-5%</i>	63	<i>ibu</i>	12
<i>heparin sodium (porcine)-dextrose iv</i>		<i>ibuprofen</i>	12
<i>sol 25000 unit/500ml-5%</i>	63	<i>icatibant acetate</i>	63
HEPARIN/NACL INJ 25000UNT	63	<i>iclevia</i>	53
<i>hepatamine</i>	69	ICLUSIG	25, 26
HERCEP HYLEC SOL 60-10000	25	IDHIFA.....	26
HERCEPTIN	25	ILEVRO	70
HERZUMA	25	<i>imatinib mesylate</i>	26
HETLIOZ	45	IMBRUVICA.....	26
HIBERIX	67	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA	64	<i>soln 250 mg</i>	14
HUMIRA PEDIA INJ CROHNS	64	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA PEDIATRIC CROHNS D	64	<i>soln 500 mg</i>	14
HUMIRA PEN	64	<i>imipramine hcl</i>	40
HUMIRA PEN KIT PS/UV	64	<i>imiquimod</i>	77
HUMIRA PEN-CD/UC/HS START	64	IMOVAX RABIES (H.D.C.V.)	67
HUMIRA PEN-PEDIATRIC UC S	64	<i>incassia</i>	53

INCRELEX.....	58	IXIARO INJ	67
INCRUSE ELLIPTA.....	72	J	
<i>indapamide</i>	34	JAKAFI	26
INFANRIX INJ.....	67	<i>jantoven</i>	63
INGREZZA	46	JANUMET TAB 50-1000.....	49
INGREZZA CAP 40-80MG.....	46	JANUMET TAB 50-500MG.....	49
INLYTA.....	26	JANUMET XR TAB 100-1000	49
INQOVI TAB 35-100MG	23	JANUMET XR TAB 50-1000.....	49
INREBIC.....	26	JANUMET XR TAB 50-500MG.....	49
INSULIN SAFETY NEEDLES	50	JANUVIA.....	49
INSULIN SYRINGES:		JARDIANCE	49
BD/ULTIMED/ALLISON/TRIVIDIA/M		<i>jasmiel</i>	53
HC	50	JENTADUETO TAB 2.5-1000	49
INTELENCE	16, 17	JENTADUETO TAB 2.5-500.....	49
INTRALIPID	69	JENTADUETO TAB 2.5-850	49
INTRON A.....	66	JENTADUETO TAB XR 2.5-1000MG	49
<i>introvale</i>	53	JENTADUETO TAB XR 5-1000MG...	49
INVEGA SUSTENNA.....	43	<i>jinteli</i>	56
INVEGA TRINZA	43	<i>jolessa</i>	53
INVIRASE	17	<i>juleber</i>	53
IPOL INJ INACTIVE	67	JULUCA TAB 50-25MG.....	18
<i>ipratropium bromide</i>	72	<i>june1 1.5/30</i>	53
<i>ipratropium bromide (nasal)</i>	72	<i>june1 1/20</i>	53
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>june1 fe 1.5/30</i>	53
2.5(3) mg/3ml	72	<i>june1 fe 1/20</i>	53
<i>irbesartan</i>	31	<i>june1 fe 24</i>	53
<i>irbesartan-hydrochlorothiazide tab</i>		K	
150-12.5 mg.....	31	KADCYLA.....	26
<i>irbesartan-hydrochlorothiazide tab</i>		<i>kaitlib fe</i>	53
300-12.5 mg.....	31	KALETRA TAB 100-25MG	18
IRESSA	26	KALETRA TAB 200-50MG	18
<i>irinotecan hcl</i>	24	KALYDECO.....	73
ISENTRESS.....	17	KANJINTI.....	26
ISENTRESS HD.....	17	<i>kariva</i>	53
<i>isibloom</i>	53	<i>kcl 10 meq/l (0.075%) in dextrose</i>	
ISOLYTE-P INJ /D5W.....	67	5% & nacl 0.45% inj	68
ISOLYTE-S INJ	67	<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>	
ISOLYTE-S INJ PH 7.4	68	& nacl 0.2% inj.....	68
<i>isoniazid</i>	18	<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>	
ISOPTO ATROPINE.....	71	& nacl 0.45% inj.....	68
<i>isosorbide dinitrate</i>	35	<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>	
<i>isosorbide mononitrate</i>	35	& nacl 0.9% inj.....	68
<i>isotretinoin</i>	75	<i>kcl 20 meq/l (0.15%) in nacl 0.45%</i>	
<i>isradipine</i>	34	inj.....	68
<i>itraconazole</i>	16	KCL 20 MEQ/L (0.15%) IN NACL	
<i>ivermectin</i>	14	0.45% INJ	68

<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	68	<i>larin 24 fe</i>	53
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	68	<i>larin fe 1.5/30</i>	53
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	68	<i>larin fe 1/20</i>	53
<i>KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ</i>	68	<i>larissia</i>	53
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	68	<i>LASTACAF</i> T	71
<i>kelnor 1/35</i>	53	<i>latanoprost</i>	71
<i>kelnor 1/50</i>	53	<i>LATUDA</i>	43
<i>ketoconazole</i>	16	<i>layolis fe</i>	53
<i>ketoconazole (topical)</i>	76	<i>leena</i>	54
<i>ketorolac tromethamine (ophth)</i> ...	70	<i>leflunomide</i>	65
<i>KEYTRUDA</i>	26	<i>LENVIMA 10 MG DAILY DOSE</i>	26
<i>KINRIX INJ</i>	67	<i>LENVIMA 12MG DAILY DOSE</i>	26
<i>KISQALI 200 DOSE</i>	26	<i>LENVIMA 20 MG DAILY DOSE</i>	26
<i>KISQALI 200 PAK FEMARA</i>	24	<i>LENVIMA 4 MG DAILY DOSE</i>	26
<i>KISQALI 400 DOSE</i>	26	<i>LENVIMA 8 MG DAILY DOSE</i>	26
<i>KISQALI 400 PAK FEMARA</i>	24	<i>LENVIMA CAP 14 MG</i>	26
<i>KISQALI 600 DOSE</i>	26	<i>LENVIMA CAP 18 MG</i>	26
<i>KISQALI 600 PAK FEMARA</i>	24	<i>LENVIMA CAP 24 MG</i>	26
<i>klor-con</i>	68	<i>lessina</i>	54
<i>klor-con 10</i>	68	<i>letrozole</i>	23
<i>klor-con 8</i>	68	<i>leucovorin calcium</i>	29
<i>klor-con m10</i>	68	<i>LEUKERAN</i>	22
<i>klor-con m15</i>	68	<i>leuprolide acetate</i>	23
<i>klor-con m20</i>	68	<i>levalbuterol hcl</i>	73
<i>KORLYM</i>	58	<i>levalbuterol tartrate</i>	73
<i>kurvelo</i>	53	<i>LEVEMIR</i>	50
<i>KYNMOBI</i>	41	<i>LEVEMIR FLEXTOUCH</i>	50
L		<i>levetiracetam</i>	37
<i>labetalol hcl</i>	33	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	37
<i>lactated ringer's solution</i>	68	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	37
<i>lactic acid (ammonium lactate)</i> ...	77	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	37
<i>lactulose</i>	61	<i>levobunolol hcl</i>	71
<i>lactulose (encephalopathy)</i>	61	<i>levocarnitine (metabolic modifiers)</i> 58	
<i>lamivudine</i>	17	<i>levocetirizine dihydrochloride</i>	72
<i>lamivudine (hbv)</i>	19	<i>levofloxacin</i>	20
<i>lamivudine-zidovudine tab 150-300 mg</i>	18	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	20
<i>lamotrigine</i>	37	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	20
<i>lansoprazole</i>	62	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	20
<i>lapatinib ditosylate</i>	26	<i>levonest</i>	54
<i>larin 1.5/30</i>	53		
<i>larin 1/20</i>	53		

<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	54	LOKELMA.....	51
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	54	LONSURF TAB 15-6.14	23
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	54	LONSURF TAB 20-8.19	23
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	54	<i>loperamide hcl</i>	61
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.</i> ..	54	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	18
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	54	<i>lopinavir-ritonavir tab 100-25 mg</i> .	18
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	54	<i>lopinavir-ritonavir tab 200-50 mg</i> .	18
<i>levora 0.15/30-28</i>	54	<i>lorazepam</i>	36
<i>levo-t</i>	59	<i>lorazepam intensol</i>	36
<i>levothyroxine sodium</i>	59	LORBRENA.....	27
<i>levoxyl</i>	59	<i>loryna</i>	54
LEXIVA.....	17	<i>losartan potassium</i>	31
<i>lidocaine</i>	77	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	31
<i>lidocaine hcl</i>	77	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	31
<i>lidocaine hcl (local anesth.)</i>	14	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	31
<i>lidocaine hcl (mouth-throat)</i>	78	LOTEMAX.....	70
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	77	<i>lovastatin</i>	32
<i>lillow</i>	54	<i>low-ogestrel</i>	54
<i>linezolid</i>	14, 15	<i>loxapine succinate</i>	43
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	15	LUMAKRAS	27
LINZESS.....	61	LUMIGAN.....	71
<i>liothyronine sodium</i>	59	LUMIZYME	58
<i>lisinopril</i>	30	LUPRON DEPOT (1-MONTH)	23
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	29	LUPRON DEPOT (3-MONTH)	23
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	29	LUPRON DEPOT-PED (1-MONTH....	58
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	29	LUPRON DEPOT-PED (3-MONTH....	58
LITHIUM.....	46	<i>lutea</i>	54
<i>lithium carbonate</i>	46	<i>lyleq</i>	54
<i>loestrin 1.5/30-21</i>	54	<i>lyllana</i>	56
<i>loestrin 1/20-21</i>	54	LYNPARZA	27
<i>loestrin fe 1.5/30</i>	54	LYSODREN.....	23
<i>loestrin fe 1/20</i>	54	<i>lyza</i>	54
		M	
		<i>magnesium sulfate</i>	68
		MAGNESIUM SULFATE.....	68
		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	68
		<i>malathion</i>	78
		<i>marlissa</i>	54

MARPLAN	40	<i>metoprolol succinate</i>	33
MATULANE.....	24	<i>metoprolol tartrate</i>	33
MAVYRET TAB 100-40MG.....	19	<i>metronidazole</i>	15
<i>meclizine hcl</i>	60	<i>metronidazole (topical)</i>	77
<i>medroxyprogesterone acetate</i>	59	<i>metronidazole in nacl 0.79% iv soln</i>	
<i>medroxyprogesterone acetate</i>		500 mg/100ml	15
(contraceptive).....	54	<i>metronidazole vaginal</i>	62
<i>mefloquine hcl</i>	16	<i>metyrosine</i>	35
<i>megestrol acetate</i>	23, 59	MG SO4/D5W INJ 10MG/ML	68
<i>megestrol acetate (appetite)</i>	59	<i>mibelas 24 fe</i>	54
MEKINIST	27	<i>micafungin sodium</i>	16
MEKTOVI.....	27	<i>microgestin 1.5/30</i>	54
<i>meloxicam</i>	12	<i>microgestin 1/20</i>	54
<i>memantine hcl</i>	39	<i>microgestin fe 1.5/30</i>	54
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		<i>microgestin fe 1/20</i>	54
10 mg titration pack.....	39	<i>midodrine hcl</i>	35
MENACTRA INJ	67	<i>miglustat</i>	58
MENQUADFI INJ	67	<i>mili</i>	54
MENVEO INJ	67	<i>mimvey</i>	56
<i>mercaptopurine</i>	23	<i>minitran</i>	35
<i>meropenem</i>	15	<i>minocycline hcl</i>	22
<i>mesalamine</i>	60	<i>minoxidil</i>	35
<i>mesalamine w/ cleanser</i>	60	<i>mirtazapine</i>	40
MESNEX	29	<i>misoprostol</i>	61
<i>metadate er</i>	45	MITIGARE.....	12
<i>metformin hcl</i>	49	M-M-R II INJ	67
<i>methadone hcl</i>	12	M-NATAL PLUS TAB.....	68
<i>methadone hydrochloride i</i>	13	<i>moexipril hcl</i>	30
<i>methazolamide</i>	34	<i>molindone hcl</i>	43
<i>methenamine hippurate</i>	15	<i>mometasone furoate</i>	77
<i>methimazole</i>	59	<i>mondoxyne nl</i>	22
<i>methocarbamol</i>	47	MONJUVI	27
<i>methotrexate sodium</i>	23, 65	<i>mono-lynyah</i>	54
<i>methyl dopa</i>	35	<i>montelukast sodium</i>	73
<i>methylphenidate hcl</i>	45	<i>morphine sulfate</i>	13
<i>methylprednisolone</i>	57	MORPHINE SULFATE	13
<i>methylprednisolone acetate</i>	57	MOVANTIK.....	61
<i>methylprednisolone sod succ</i>	57	<i>moxifloxacin hcl</i>	20
<i>metoclopramide hcl</i>	60	<i>moxifloxacin hcl (ophth)</i>	70
<i>metolazone</i>	34	MULTAQ	32
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mupirocin</i>	75
100-25 mg.....	33	MVASI.....	27
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mycophenolate mofetil</i>	66
100-50 mg.....	33	<i>mycophenolate sodium</i>	66
<i>metoprolol & hydrochlorothiazide tab</i>		<i>myorisan</i>	75
50-25 mg	33	MYRBETRIQ	62

N

<i>nabumetone</i>	12	NICOTROL INHALER.....	48
<i>nadolol</i>	33	NICOTROL NS	48
<i>nafticillin sodium</i>	21	<i>nifedipine</i>	34
NAGLAZYME.....	58	<i>nikki</i>	54
<i>nalbuphine hcl</i>	13	<i>nilutamide</i>	23
<i>naloxone hcl</i>	48	<i>nimodipine</i>	34
<i>naltrexone hcl</i>	48	NINLARO	27
NAMZARIC CAP 14-10MG	39	<i>nitazoxanide</i>	15
NAMZARIC CAP 21-10MG	39	<i>nitisinone</i>	58
NAMZARIC CAP 28-10MG	39	NITRO-BID	35
NAMZARIC CAP 7-10MG	39	<i>nitrofurantoin macrocrystal</i>	15
NAMZARIC CAP PACK.....	39	<i>nitrofurantoin monohyd macro</i>	15
<i>naproxen</i>	12	<i>nitroglycerin</i>	35
<i>naproxen sodium</i>	12	<i>nizatidine</i>	60
<i>naratriptan hcl</i>	46	<i>nora-be</i>	54
NARCAN	48	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	54
NATACYN.....	70	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	54
<i>nateglinide</i>	49	<i>norethindrone (contraceptive)</i>	54
NATPARA.....	51	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	55
NAYZILAM	37	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	55
<i>necon 0.5/35-28</i>	54	<i>norethindrone ace & ethinyl</i> <i>estradiol-fe tab 1 mg-20 mcg</i>	55
<i>nefazodone hcl</i>	40	<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	55
<i>neomycin sulfate</i>	15	<i>norethindrone acetate</i>	59
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	70	<i>norethindrone acetate-ethinyl</i> <i>estradiol tab 0.5 mg-2.5 mcg</i>	57
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	70	<i>norethindrone acetate-ethinyl</i> <i>estradiol tab 1 mg-5 mcg</i>	57
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	69	<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	55
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	69	<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i> ...	55
<i>neomycin-polymyxin-hc ophth susp</i>	69	<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> ...	55
<i>neomycin-polymyxin-hc otic soln 1%</i>	72	<i>norlyroc</i>	55
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	72	NORPACE CR.....	32
NERLYNX.....	27	<i>nortrel 0.5/35 (28)</i>	55
NEUPRO	41	<i>nortrel 1/35 (21)</i>	55
<i>nevirapine</i>	17	<i>nortrel 1/35 (28)</i>	55
NEXAVAR	27	<i>nortrel 7/7/7</i>	55
<i>niacin (antihyperlipidemic)</i>	32	<i>nortriptyline hcl</i>	40
<i>nicardipine hcl</i>	34		

NORVIR.....	17	<i>olmesartan medoxomil-</i>	
NOVOLIN INJ 70/30	50	<i>hydrochlorothiazide tab 40-25 mg</i>	
NOVOLIN INJ 70/30 FP.....	50		31
NOVOLIN N.....	50	<i>olmesartan-amlodipine-</i>	
NOVOLIN N FLEXPEN	50	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLIN R.....	50	<i>mg.....</i>	31
NOVOLIN R FLEXPEN.....	50	<i>olmesartan-amlodipine-</i>	
NOVOLOG.....	51	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLOG FLEXPEN	51	<i>mg.....</i>	31
NOVOLOG MIX INJ 70/30	51	<i>olmesartan-amlodipine-</i>	
NOVOLOG MIX INJ FLEXPEN	51	<i>hydrochlorothiazide tab 40-10-25</i>	
NOVOLOG PENFILL	51	<i>mg.....</i>	31
NOXAFIL	16	<i>olmesartan-amlodipine-</i>	
NUBEQA	23	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NUDEXTA CAP 20-10MG	47	<i>mg.....</i>	31
NULOJIX.....	66	<i>olmesartan-amlodipine-</i>	
NULYTELY SOL LMN/LIME	61	<i>hydrochlorothiazide tab 40-5-25</i>	
NUPLAZID	43	<i>mg.....</i>	31
NUTRILIPID	69	<i>olopatadine hcl.....</i>	71
<i>nyamyc</i>	76	<i>omeprazole.....</i>	62
<i>nylia 7/7/7</i>	55	OMNIPOD KIT STARTER.....	51
NYMALIZE	34	OMNIPOD MIS 5 PACK.....	51
<i>nymyo</i>	55	<i>ondansetron.....</i>	60
<i>nystatin</i>	16	<i>ondansetron hcl.....</i>	60
<i>nystatin (mouth-throat)</i>	78	ONTRUZANT	27
<i>nystatin (topical)</i>	76	ONUREG.....	23
<i>nystop</i>	76	OPSUMIT	35
O		ORGOVYX	23
<i>ocella</i>	55	ORKAMBI GRA 100-125.....	74
OCTAGAM.....	66	ORKAMBI GRA 150-188.....	74
<i>octreotide acetate</i>	58	ORKAMBI TAB 100-125	74
ODEFSEY TAB	18	ORKAMBI TAB 200-125	74
ODOMZO.....	27	<i>orsythia</i>	55
OFEV	74	<i>oseltamivir phosphate</i>	19
<i>ofloxacin (ophth)</i>	70	<i>oxacillin sodium</i>	21
<i>ofloxacin (otic)</i>	72	<i>oxaliplatin</i>	22
OGIVRI	27	<i>oxandrolone</i>	48
OGIVRI INJ 420MG	27	<i>oxcarbazepine</i>	38
<i>olanzapine</i>	43	<i>oxybutynin chloride</i>	62
<i>olmesartan medoxomil</i>	31	<i>oxycodone hcl</i>	13
<i>olmesartan medoxomil-</i>		<i>oxycodone w/ acetaminophen tab</i>	
<i>hydrochlorothiazide tab 20-12.5</i>		<i>10-325 mg.....</i>	13
<i>mg.....</i>	31	<i>oxycodone w/ acetaminophen tab</i>	
<i>olmesartan medoxomil-</i>		<i>2.5-325 mg.....</i>	13
<i>hydrochlorothiazide tab 40-12.5</i>		<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>mg.....</i>	31	<i>325 mg</i>	13

<i>oxycodone w/ acetaminophen tab</i>		<i>pfizerpen</i>	22
7.5-325 mg.....	13	<i>phenelzine sulfate</i>	40
OXYCONTIN	13	<i>phenobarbital</i>	38
OZEMPIC (0.25 OR 0.5MG/DOSE) .	49	<i>phenobarbital sodium</i>	38
OZEMPIC (1MG/DOSE)	49	PHENYTEK	38
P		<i>phenytoin</i>	38
<i>pacerone</i>	32	<i>phenytoin sodium</i>	38
<i>paclitaxel</i>	24	<i>phenytoin sodium extended</i>	38
<i>paliperidone</i>	43	PHESGO SOL.....	27
<i>pamidronate disodium</i>	51	<i>philith</i>	55
PAMIDRONATE DISODIUM	51	PIFELTRO	17
<i>pantoprazole sodium</i>	62	<i>pilocarpine hcl</i>	71
PANZYGA.....	66	<i>pilocarpine hcl (oral)</i>	78
<i>paraplatin</i>	22	<i>pimozide</i>	43
<i>paricalcitol</i>	59	<i>pimtrea</i>	55
<i>paromomycin sulfate</i>	15	<i>pindolol</i>	33
<i>paroxetine hcl</i>	40	<i>pioglitazone hcl</i>	49
PASER.....	18	<i>piperacillin sod-tazobactam na for inj</i>	
PAXIL.....	40	3.375 gm (3-0.375 gm).....	22
PEDIARIX INJ 0.5ML	67	<i>piperacillin sod-tazobactam sod for</i>	
PEDVAX HIB	67	inj 13.5 gm (12-1.5 gm).....	22
<i>peg 3350-kcl-na bicarb-nacl-na</i>		<i>piperacillin sod-tazobactam sod for</i>	
<i>sulfate for soln 236 gm</i>	61	inj 2.25 gm (2-0.25 gm).....	22
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>piperacillin sod-tazobactam sod for</i>	
<i>420 gm</i>	61	inj 4.5 gm (4-0.5 gm)	22
PEGASYS.....	19	<i>piperacillin sod-tazobactam sod for</i>	
PEMAZYRE	27	inj 40.5 gm (36-4.5 gm).....	22
PEN GK/DEXTR INJ 40000/ML	21	PIQRAY 200MG DAILY DOSE	27
PEN GK/DEXTR INJ 60000/ML	21	PIQRAY 250MG TAB DOSE	27
PEN NEEDLES:		PIQRAY 300MG DAILY DOSE	27
NOVO/BD/ULTIMED/OWEN/TRIVID		<i>pirmella 1/35</i>	55
IA	51	<i>piroxicam</i>	12
<i>penicillamine</i>	51	PLASMA-LYTE INJ -148.....	68
<i>penicillin g potassium</i>	21	PLASMA-LYTE INJ -A.....	68
PENICILLIN G PROCAINE	21	<i>plenamine</i>	69
<i>penicillin g sodium</i>	21	PLENVU SOL	61
<i>penicillin v potassium</i>	22	<i>podofilox</i>	77
PENTACEL INJ	67	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>pentamidine isethionate inh</i>	15	10000 unit/ml-0.1%	70
<i>pentamidine isethionate inj</i>	15	POMALYST	23, 24
<i>pentoxifylline</i>	63	<i>portia-28</i>	55
<i>perindopril erbumine</i>	30	<i>posaconazole</i>	16
<i>periogard</i>	78	<i>potassium chloride</i>	68, 69
<i>permethrin</i>	78	POTASSIUM CHLORIDE	68
<i>perphenazine</i>	43	<i>potassium chloride 20 meq/l</i>	
PERSERIS	43	(0.15%) in dextrose 5% inj.....	68

<i>potassium chloride</i>		<i>promethazine hcl</i>	60
<i>microencapsulated crystals er</i> ...	69	<i>propafenone hcl</i>	32
<i>potassium citrate (alkalinizer)</i>	62	<i>proparacaine hcl</i>	71
PRADAXA	63	<i>propranolol hcl</i>	33
PRALUENT	33	<i>propylthiouracil</i>	59
<i>pramipexole dihydrochloride</i>	42	PROQUAD INJ	67
<i>prasugrel hcl</i>	64	PROSOL INJ 20%	69
<i>pravastatin sodium</i>	32	<i>protriptyline hcl</i>	40
<i>praziquantel</i>	15	PULMICORT FLEXHALER	74
<i>prazosin hcl</i>	30	PULMOZYME	74
<i>prednisolone</i>	57	PURIXAN	23
<i>prednisolone acetate (ophth)</i>	70	<i>pyrazinamide</i>	18
PREDNISOLONE SODIUM PHOSP ..	71	<i>pyridostigmine bromide</i>	47
<i>prednisolone sodium phosphate</i> ...	57	Q	
<i>prednisone</i>	57	QINLOCK	27
PREDNISONE INTENSOL	57	QUADRACEL INJ	67
<i>pregabalin</i>	38	<i>quetiapine fumarate</i>	43
<i>pregabalin (once-daily)</i>	47	<i>quinapril hcl</i>	30
PREMASOL SOL 10%	69	<i>quinapril-hydrochlorothiazide tab 10-</i>	
PRENATAL TAB 27-1MG	69	12.5 mg	29
PRENATAL TAB PLUS	69	<i>quinapril-hydrochlorothiazide tab 20-</i>	
PRENATAL VIT TAB LOW IRON	69	12.5 mg	29
<i>prevalite</i>	33	<i>quinapril-hydrochlorothiazide tab 20-</i>	
<i>previfem</i>	55	25 mg	29
PREVYMIS	19	<i>quinidine sulfate</i>	32
PREZCOBIX TAB 800-150	18	<i>quinine sulfate</i>	16
PREZISTA	17	R	
PRIFTIN	18	RABAVERT INJ	67
<i>primaquine phosphate</i>	16	<i>rabeprazole sodium</i>	62
PRIMAQUINE PHOSPHATE	16	<i>raloxifene hcl</i>	58
<i>primidone</i>	38	<i>ramipril</i>	30
PRIVIGEN	66	<i>ranolazine</i>	35
<i>probenecid</i>	12	<i>rasagiline mesylate</i>	42
PROCALAMINE INJ 3%	69	RAYALDEE	59
<i>prochlorperazine</i>	60	<i>reclipsen</i>	55
<i>prochlorperazine edisylate</i>	60	RECOMBIVAX HB	67
<i>prochlorperazine maleate</i>	60	RECTIV	78
PROCRIT	63	REGRANEX	78
<i>procto-med hc</i>	78	RELENZA DISKHALER	19
<i>procto-pak</i>	78	RELISTOR	61
<i>proctozone-hc</i>	78	REMICADE	65
PROGRAF	66	RENFLEXIS	65
PROLASTIN-C	74	<i>repaglinide</i>	49
PROLENSA	71	RESTASIS	71
PROLIA	51	RESTASIS MULTIDOSE	71
PROMACTA	64	RETEVMO	27

REVLIMID	24	<i>sevelamer carbonate</i>	59
REXULTI	43	<i>sharobel</i>	55
REYATAZ	17	SHINGRIX	67
RHOPRESSA	71	SIGNIFOR	58
RIABNI	27	<i>sildenafil citrate (pulmonary</i>	
<i>ribavirin (hepatitis c)</i>	19	<i>hypertension)</i>	35
<i>rifabutin</i>	18	<i>silver sulfadiazine</i>	75
<i>rifampin</i>	18	SIMBRINZA SUS 1-0.2%	71
<i>riluzole</i>	47	<i>simliya</i>	55
<i>rimantadine hydrochloride</i>	19	<i>simpesse</i>	55
RINVOQ	65	<i>simvastatin</i>	32
<i>risedronate sodium</i>	51	<i>sirolimus</i>	66
RISPERDAL CONSTA	43	SIRTURO	18
<i>risperidone</i>	43	SIVEXTRO	15
<i>ritonavir</i>	17	SKYRIZI	65
RITUXAN	27	SKYRIZI PEN	65
RITUXAN INJ HYCELA	27	<i>sodium chloride</i>	68
<i>rivastigmine</i>	39	<i>sodium chloride (gu irrigant)</i>	78
<i>rivastigmine tartrate</i>	39, 40	<i>sodium fluoride chew; tab; 1.1 (0.5</i>	
<i>rivelsa</i>	55	<i>f) mg/ml soln</i>	69
<i>rizatriptan benzoate</i>	46	<i>sodium phenylbutyrate</i>	58
<i>ropinirole hydrochloride</i>	42	<i>sodium polystyrene sulfonate powder</i>	
<i>rosadan</i>	78		52
<i>rosuvastatin calcium</i>	32	<i>solifenacin succinate</i>	62
ROTARIX SUS	67	SOLQUA INJ 100/33	51
ROTATEQ SOL	67	SOLTAMOX	23
<i>roweepra</i>	38	SOLU-CORTEF	57
ROZLYTREK	27	SOMATULINE DEPOT	58
RUBRACA	27	SOMAVERT	58
<i>rufinamide</i>	38	<i>sorine</i>	32
RUKOBIA	17	<i>sotalol hcl</i>	32
RUXIENCE	27	<i>sotalol hcl (afib/afl)</i>	32
RYBELSUS	49	<i>spironolactone</i>	30
RYDAPT	27	<i>spironolactone & hydrochlorothiazide</i>	
S		<i>tab 25-25 mg</i>	34
SANDIMMUNE	66	<i>sprintec 28</i>	55
SANTYL	78	SPRITAM	38
<i>sapropterin dihydrochloride</i>	58	SPRYCEL	27
<i>scopolamine</i>	60	<i>sps</i>	52
SECUADO	44	<i>sronyx</i>	55
<i>selegiline hcl</i>	42	<i>ssd</i>	75
<i>selenium sulfide</i>	76	STELARA	65
SELZENTRY	17	STIVARGA	27
SEREVENT DISKUS	73	<i>streptomycin sulfate</i>	15
<i>sertraline hcl</i>	40	STRIBILD TAB	18
<i>setlakin</i>	55	<i>subvenite</i>	38

<i>sucralfate</i>	61	TAFINLAR	27
<i>sulfacetamide sodium (acne)</i>	75	TAGRISSO	27
<i>sulfacetamide sodium (ophth)</i>	70	TALTZ	65
<i>sulfacetamide sodium-prednisolone</i>		TALZENNA	27
<i>ophth soln 10-0.23(0.25)%</i>	70	<i>tamoxifen citrate</i>	23
SULFADIAZINE.....	15	<i>tamsulosin hcl</i>	62
<i>sulfamethoxazole-trimethoprim iv</i>		TARGRETIN.....	78
<i>soln 400-80 mg/5ml</i>	15	<i>tarina 24 fe</i>	55
<i>sulfamethoxazole-trimethoprim susp</i>		<i>tarina fe 1/20 eq</i>	55
<i>200-40 mg/5ml</i>	15	TASIGNA	27
<i>sulfamethoxazole-trimethoprim tab</i>		<i>tazarotene</i>	76
<i>400-80 mg</i>	15	<i>tazicef</i>	20
<i>sulfamethoxazole-trimethoprim tab</i>		TAZORAC	76
<i>800-160 mg</i>	15	<i>taztia xt</i>	34
SULFAMYLLON	75	TAZVERIK.....	28
<i>sulfasalazine</i>	60	TDVAX INJ 2-2 LF.....	67
<i>sulindac</i>	12	TECENTRIQ.....	28
<i>sumatriptan</i>	46	TEFLARO	20
<i>sumatriptan succinate</i>	46	<i>telmisartan</i>	31
SUPREP BOWEL SOL PREP KIT	61	<i>telmisartan-amlodipine tab 40-10 mg</i>	
SUTENT.....	27		31
<i>syeda</i>	55	<i>telmisartan-amlodipine tab 40-5 mg</i>	
SYMBICORT AER 160-4.5	75		31
SYMBICORT AER 80-4.5	75	<i>telmisartan-amlodipine tab 80-10 mg</i>	
SYMDEKO TAB 100-150.....	74		31
SYMDEKO TAB 50-75MG.....	74	<i>telmisartan-amlodipine tab 80-5 mg</i>	
SYMJEPI	74		31
SYMPAZAN	38	<i>telmisartan-hydrochlorothiazide tab</i>	
SYMTUZA TAB.....	18	<i>40-12.5 mg</i>	31
SYNAREL	56	<i>telmisartan-hydrochlorothiazide tab</i>	
SYNERCID INJ 500MG	15	<i>80-12.5 mg</i>	31
SYNJARDY TAB 12.5-1000MG.....	50	<i>telmisartan-hydrochlorothiazide tab</i>	
SYNJARDY TAB 12.5-500	50	<i>80-25 mg</i>	31
SYNJARDY TAB 5-1000MG	49	<i>temazepam</i>	45
SYNJARDY TAB 5-500MG	49	TEMIXYS TAB 300-300	18
SYNJARDY XR TAB 10-1000	50	TENIVAC INJ 5-2LF	67
SYNJARDY XR TAB 12.5-1000MG..	50	<i>tenofovir disoproxil fumarate</i>	17
SYNJARDY XR TAB 25-1000	50	TEPMETKO.....	28
SYNJARDY XR TAB 5-1000MG	50	<i>terazosin hcl</i>	30
SYNRIBO	24	<i>terbinafine hcl</i>	16
SYNTHROID	59	<i>terbutaline sulfate</i>	73
T		<i>terconazole vaginal</i>	62
TABLOID	23	<i>testosterone</i>	48
TABRECTA	27	<i>testosterone cypionate</i>	48
<i>tacrolimus</i>	66	<i>testosterone enanthate</i>	48
<i>tacrolimus (topical)</i>	78	<i>tetrabenazine</i>	47

<i>tetracycline hcl</i>	22	TRELSTAR MIXJECT	23
THALOMID.....	24	<i>treprostinil</i>	35
THEO-24	74	TRESIBA.....	51
<i>theophylline</i>	74	TRESIBA FLEXTOUCH	51
<i>thioridazine hcl</i>	44	<i>tretinoin</i>	75
<i>thiothixene</i>	44	<i>tretinoin (chemotherapy)</i>	24
<i>tiadylt er</i>	34	<i>triamcinolone acetonide (mouth)</i> ..	78
<i>tiagabine hcl</i>	38	<i>triamcinolone acetonide (topical)</i> ..	77
TIBSOVO.....	28	<i>triamterene & hydrochlorothiazide</i>	
<i>tigecycline</i>	22	<i>cap 37.5-25 mg</i>	34
TIGECYCLINE	22	<i>triamterene & hydrochlorothiazide</i>	
<i>tilia fe</i>	55	<i>tab 37.5-25 mg</i>	34
<i>timolol maleate</i>	33	<i>triamterene & hydrochlorothiazide</i>	
<i>timolol maleate (ophth)</i>	71	<i>tab 75-50 mg</i>	34
<i>timolol maleate (ophth) once-daily</i>	71	TRICARE TAB PRENATAL.....	69
TIVICAY	17	<i>triderm</i>	77
TIVICAY PD.....	17	<i>trientine hcl</i>	52
<i>tizanidine hcl</i>	47	<i>tri-estarylla</i>	55
TOBRADEX OIN 0.3-0.1%.....	70	<i>trifluoperazine hcl</i>	44
<i>tobramycin</i>	15	<i>trifluridine</i>	70
<i>tobramycin (ophth)</i>	70	<i>trihexyphenidyl hcl</i>	42
<i>tobramycin sulfate</i>	15	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin-dexamethasone ophth</i>		1000MG.....	50
<i>susp 0.3-0.1%</i>	70	TRIJARDY XR TAB ER 24HR 12.5-	
<i>tolterodine tartrate</i>	62	2.5-1000MG.....	50
<i>topiramate</i>	38	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toposar</i>	24	1000MG.....	50
<i>toremifene citrate</i>	23	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>torsemide</i>	34	1000MG.....	50
TOVIAZ	62	TRIKAFTA TAB 100-50-75MG &	
TPN ELECTROL INJ.....	68	150MG	74
TRADJENTA	50	TRIKAFTA TAB 50-25-37.5MG &	
<i>tramadol hcl</i>	13	75MG	74
<i>tramadol-acetaminophen tab 37.5-</i>		<i>tri-legest fe</i>	55
325 mg	14	<i>tri-lynyah</i>	55
<i>trandolapril</i>	30	<i>tri-lo-estarylla</i>	55
<i>tranexamic acid</i>	64	<i>tri-lo-marzia</i>	55
<i>tranylcypromine sulfate</i>	40	<i>tri-lo-mili</i>	55
TRAVASOL INJ 10%	69	<i>tri-lo-sprintec</i>	56
TRAZIMERA	28	<i>trilyte</i>	61
<i>trazodone hcl</i>	41	<i>trimethoprim</i>	15
TRECATOR.....	18	<i>tri-mili</i>	56
TRELEGY AER ELLIPTA 100-62.5-25		<i>trimipramine maleate</i>	41
MCG.....	72	TRINTELLIX	41
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-nymyo</i>	56
MCG.....	72	<i>tri-previfem</i>	56

<i>tri-sprintec</i>	56	VALTOCO.....	38
TRIUMEQ TAB	18	<i>vanadom</i>	47
<i>trivora-28</i>	56	<i>vancomycin hcl</i>	15
<i>tri-vylibra</i>	56	VANCOMYCIN INJ 1 GM	15
<i>tri-vylibra lo</i>	56	VANCOMYCIN INJ 500MG	15
TROGARZO	17	VANCOMYCIN INJ 750MG	15
TROPHAMINE INJ 10%	69	<i>vandazole</i>	62
<i>trospium chloride</i>	62	VAQTA	67
TRUE METRIX KIT AIR	78	VARIVAX	67
TRUE METRIX KIT METER	78	VASCEPA	33
TRUE METRIX STRIPS	78	VELCADE	28
TRULICITY	50	<i>velivet</i>	56
TRUMENBA INJ.....	67	VELTASSA	52
TRUSELTIQ 100 MG DAILY DOSE..	28	VEMLIDY	19
TRUSELTIQ 125 MG DAILY DOSE..	28	VENCLEXTA	28
TRUSELTIQ 50 MG DAILY DOSE....	28	VENCLEXTA TAB START PK	28
TRUSELTIQ 75 MG DAILY DOSE....	28	<i>venlafaxine hcl</i>	41
TRUXIMA.....	28	VENTAVIS.....	35
TUKYSA.....	28	VENTOLIN HFA	73
TURALIO	28	VENTOLIN HFA (INSTITUTIONAL	
TWINRIX INJ.....	67	PACK)	73
TYBOST	17	<i>verapamil hcl</i>	34
<i>tydemy</i>	56	VERSACLOZ	44
TYPHIM VI	67	VERZENIO	28
U		<i>vestura</i>	56
UBRELVY	46	V-GO 20 KIT	51
UKONIQ	28	V-GO 30 KIT	51
<i>unithroid</i>	59	V-GO 40 KIT	51
<i>ursodiol</i>	61	VICTOZA	50
V		<i>vienva</i>	56
<i>valacyclovir hcl</i>	19	<i>vigabatrin</i>	38, 39
VALCHLOR.....	78	<i>vigadrone</i>	39
<i>valganciclovir hcl</i>	19	VIIBRYD	41
<i>valproate sodium</i>	38	VIIBRYD KIT STARTER	41
<i>valproic acid</i>	38	VIMPAT	39
<i>valsartan</i>	31, 32	<i>vincristine sulfate</i>	24
<i>valsartan-hydrochlorothiazide tab</i>		<i>vinorelbine tartrate</i>	24
160-12.5 mg	31	<i>violele</i>	56
<i>valsartan-hydrochlorothiazide tab</i>		VIRACEPT	17
160-25 mg.....	31	VIREAD	17
<i>valsartan-hydrochlorothiazide tab</i>		VITRAKVI	28
320-12.5 mg	31	VIVITROL	48
<i>valsartan-hydrochlorothiazide tab</i>		VIZIMPRO.....	28
320-25 mg.....	31	<i>voriconazole</i>	16
<i>valsartan-hydrochlorothiazide tab</i>		VOSEVI TAB.....	19
80-12.5 mg.....	31	VOTRIENT	28

VRAYLAR	44	<i>xulane</i>	56
VRAYLAR CAP 1.5-3MG	44	XULTOPHY INJ 100/3.6	51
<i>vyfemla</i>	56	XYREM	47
<i>vylibra</i>	56	Y	
VYZULTA	71	YF-VAX INJ	67
W		<i>yuvaferm</i>	57
<i>warfarin sodium</i>	63	Z	
<i>water for irrigation, sterile irrigation</i>		<i>zafemy</i>	56
<i>soln</i>	78	<i>zafirlukast</i>	73
<i>wera</i>	56	<i>zaleplon</i>	46
<i>wymzya fe</i>	56	<i>zarah</i>	56
X		ZARXIO	63
XALKORI	28	ZEJULA	28
XARELTO	63	ZELBORAF	28
XARELTO STAR TAB 15/20MG	63	ZEMAIRA	74
XATMEP	65	<i>zenatane</i>	75
XCOPRI	39	ZENPEP CAP 10000UNT	61
XCOPRI PAK 100-150	39	ZENPEP CAP 15000UNT	61
XCOPRI PAK 12.5-25	39	ZENPEP CAP 20000UNT	61
XCOPRI PAK 150-200MG		ZENPEP CAP 25000	61
(MAINTENANCE)	39	ZENPEP CAP 3000UNIT	61
XCOPRI PAK 150-200MG		ZENPEP CAP 40000	61
(TITRATION)	39	ZENPEP CAP 5000UNIT	61
XCOPRI PAK 50-100MG	39	ZERVIAE	71
XCOPRI PAK 50-200MG	39	<i>zidovudine</i>	17
XELJANZ	65	<i>ziprasidone hcl</i>	44
XELJANZ XR	65	<i>ziprasidone mesylate</i>	44
XERMELO	61	ZIRABEV	28
XGEVA	51	ZIRGAN	70
XIFAXAN	61	<i>zoledronic acid</i>	51
XIGDUO XR TAB 10-1000	50	ZOLINZA	28
XIGDUO XR TAB 10-500MG	50	<i>zolmitriptan</i>	46
XIGDUO XR TAB 2.5-1000	50	<i>zolpidem tartrate</i>	46
XIGDUO XR TAB 5-1000MG	50	<i>zonisamide</i>	39
XIGDUO XR TAB 5-500MG	50	ZORTRESS	66
XOFLUZA	19	<i>zovia 1/35</i>	56
XOLAIR	74	<i>zumandimine</i>	56
XOSPATA	28	ZYDELIG	29
XPOVIO 100 MG ONCE WEEKLY	28	ZYKADIA	29
XPOVIO 40 MG ONCE WEEKLY	28	ZYLET SUS 0.5-0.3%	70
XPOVIO 40 MG TWICE WEEKLY	28	ZYPREXA RELPREVV	44
XPOVIO 60 MG ONCE WEEKLY	28		
XPOVIO 60 MG TWICE WEEKLY	28		
XPOVIO 80 MG ONCE WEEKLY	28		
XPOVIO 80 MG TWICE WEEKLY	28		
XTANDI	23		

