



Your Guide to Prescription Drug Benefits

2023 Preferred Formulary Guide



Please see the inside cover for a list of all the plans this formulary applies to. This document contains information about the drugs covered in your prescription drug benefit plan.

Important Contacts

For more information about your prescription drug coverage, call the phone number listed on your BlueCross BlueShield of Tennessee Member ID card. For information about your home delivery prescription, call **1-800-552-8159**.

Visit [bcbst.com](https://www.bcbst.com)

- › Find a pharmacy in your network
- › Look up lower-cost prescription alternatives
- › Compare your pricing and options

If You Want Us to Rethink Your Request

You or your doctor may ask to reconsider any of these things:

- › A denial of a drug benefit
- › Limits on a drug quantity
- › The details needed for prior authorization
- › Getting a non-covered drug approved

You'll need written reasons from your doctor about why we should rethink your situation.

We look at all reconsiderations on a case-by-case basis. Your Evidence of Coverage or member handbook has details on your rights to file reconsiderations.

Fax all information to **1-888-343-4232**.
Or send a written request to:

**Pharmacy Management
Reconsiderations
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-2555**

Please provide the following information with your request:

- › Patient name and cardholder ID number
- › Physician name and phone number
- › Drug and diagnosis information



Understanding the Formulary Drug List

This formulary drug list will help you understand the drugs your plan covers. The drugs in this formulary are listed by common categories, then alphabetically. They're placed into cost levels known as tiers. Some drugs have notes with letters next to them. The letters refer to certain pharmacy benefit programs. To make sure that prescriptions are used safely, some drugs have additional requirements you'll need to meet before we can cover your prescription. Those drugs will have an abbreviation next to the drug name to let you and your doctor know there are additional requirements.

For more information on how to fill your prescriptions, please refer to your Evidence of Coverage or member handbook on **bcbst.com** or call the phone number listed on your BlueCross Member IDcard.

Abbreviation	Description
ACA	Affordable Care Act means drugs with the ACA indicator may be available to you at no out-of-pocket cost depending on your plan. Check your Evidence of Coverage or member handbook for plan details.
LD	Limited Distribution means drugs may only be available at certain pharmacies. For more information, please call us at the Member Service number on your Member ID card.
MME	Morphine Milligram Equivalent Your plan measures how strong each medicine is compared to morphine and limits the combined total, or MME. Prior authorization is required for members who take greater than 120 mg equivalents of morphine a day. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232.
MT	Maintenance Matters drugs are drugs that treat certain long-term conditions like high blood pressure or high cholesterol. If your plan is enrolled in the Maintenance Matters program, you'll need to get 90-day supplies of drugs with the MT indicator.
OTC	Over-the-counter. Requires a prescription to be considered eligible for coverage.
PA	Prior Authorization may be required for certain drugs. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232.
QL	Quantity Limit means you may have coverage for a limited amount of a specific drug.
ST	Step Therapy is a prior authorization program that requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232. Please refer to the list included on page iv for drugs that require step therapy.

What's a Drug Tier?

Tiers are the different cost levels you pay for a prescription drug. Each tier is assigned a cost (copay, deductible or coinsurance), which your employer or health plan determines. This is how much you will pay when you fill a prescription. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Check your Evidence of Coverage or member handbook for plan details.



Drug Tiers

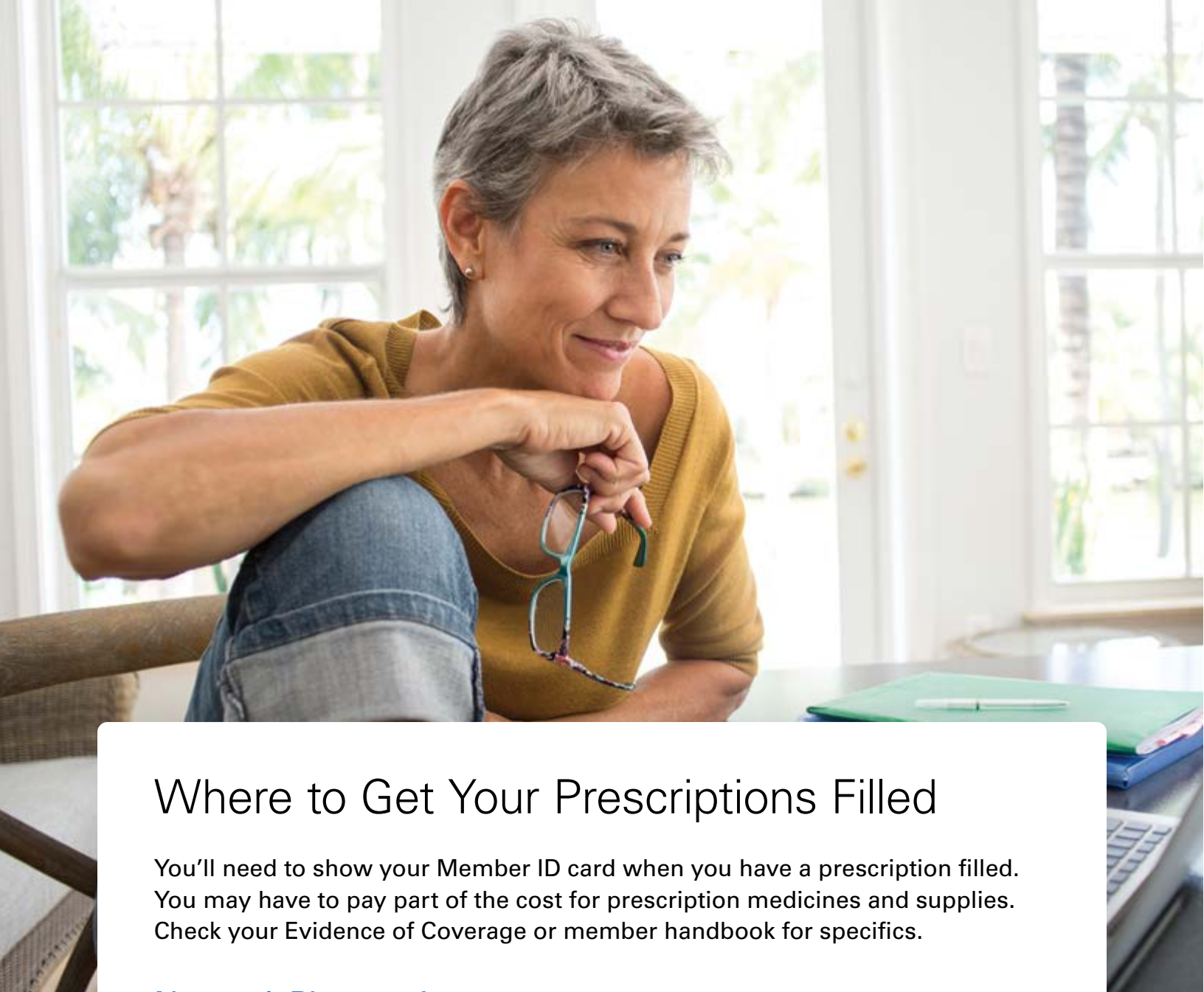
Tier 1	Preferred Generic Drugs The most affordable drugs
Tier 2	Non-Preferred Generic Drugs More expensive generic drugs
Tier 3	Preferred Brand Drugs More affordable brand-name drugs
Tier 4	Non-Preferred Brand Drugs More expensive, non-specialty brand drugs
Tier 5	Preferred Specialty Drugs More affordable specialty drugs
Tier 6	Non-Preferred Specialty Drugs The most expensive specialty drugs

Step Therapy Requirements

Step Therapy requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. This chart lists the drugs that require step therapy before your plan will cover the medication.

Medication(s) Requiring Step Therapy	Step Therapy Requirements
Briviact	Trial and failure of levetiracetam, levetiracetam ER, Roweepra, Roweepra XR, or Spritam
Edarbi Edarbyclor	Trial and failure of a generic Angiotensin II Receptor Blocker (ARB), including candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan - hydrochlorothiazide, valsartan and valsartan-hydrochlorothiazide
Epidiolex	Trial and failure of two anticonvulsant products or one anticonvulsant product specifically indicated for Lennox Gastaut Syndrome or Dravet Syndrome





Where to Get Your Prescriptions Filled

You'll need to show your Member ID card when you have a prescription filled. You may have to pay part of the cost for prescription medicines and supplies. Check your Evidence of Coverage or member handbook for specifics.

Network Pharmacies

Our pharmacy networks include many retail drug store chains and independent pharmacies across the country. If your medication isn't for managing a long-term condition, the prescription is typically written for less than a 30-day supply. (See the Retail 90 and Home Delivery Network sections for information on 90-day supplies).

It's important that you always use an in-network pharmacy. If you don't, you'll have to pay all of the costs for your prescription. If you're outside Tennessee, you can find a pharmacy in our nationwide network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

How to find a network pharmacy:

- › Go to bcbst.com/RXplan.
 - Log in to or create your online account.
 - Click on **Find Care & Estimate Costs**.
 - Choose your pharmacy network from the **Network** drop-down menu.

Or

- › Call us at the Member Service number on the back of your Member ID card.
- › You can also find network pharmacies using our free app. Search for “**BCBSTN**” in the App Store® or Google Play®.

Retail 90 Networks

Through Retail 90 Networks you can get up to a 90-day (three-month) supply of your prescriptions.*

- › With a three-month supply, you're less likely to miss a dose, and you don't have to refill as often, which can save you time and money.
- › If you use a pharmacy that's not part of your Retail 90 Network, you're limited to a 30-day (one-month) supply.
- › These networks are made up of some local pharmacies and drug store chains. Ask your pharmacy if they're part of your Retail 90 Network.

Home Delivery

You can sign up for home delivery and have your prescription delivered right to your door. Home Delivery is for prescriptions with a 30-day (one-month) or a 90-day (three-month) supply.* Call **1-800-552-8159** to get started.

With home delivery you get:

- › FREE standard shipping**
- › Access to a pharmacist 24/7
- › Automatic refill reminders so you're less likely to miss a dose
- › Extended payment plan available

Specialty Pharmacies

Some serious medical conditions need specialty drugs. They may be given at the doctor's office or at home. Our specialty pharmacies are a special network of vendors, experienced in managing these specialty drugs and supporting you and your doctor. You and your doctor can find a list of specialty pharmacies at bcbst.com.

Specialty drugs:

- › Usually require a prior authorization
- › Usually are limited to a 30-day supply
- › Are usually only available from specialty pharmacies in our network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

* Your doctor will need to write your prescription for a 90-day supply.

** Standard shipping costs are included.



Tips for Using Your Prescription Drug Benefits

Talk with your doctor.

Doctors are your partners, so discuss every aspect of your treatment, including the selection of drugs. The more you know, the better choices you can make.

- › Ask your doctor to check the list of drugs your plan covers before prescribing a medicine.
- › Give your doctor a list of all the medicines you take. Include medicines that don't need a prescription. This helps them choose medicines that work well together.
- › Advertising, social media or the internet may not be your best source of information. Discuss all your concerns with your doctor.

Ask for generic drugs.

The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength and effectiveness as brand-name drugs.

- › Generic drugs work the same as brand name drugs, but cost less.
- › Talk to your doctor about the different kinds of generic drugs.
- › The formulary drug list has different tiers (levels) of drugs that you can use (see “What’s a Drug Tier?” on page iii).
- › You pay less for generic drugs almost every time.
- › Under most BlueCross plans, if you request a brand name drug that has a generic equivalent, you pay the cost difference between the generic and brand name drug. Check your Evidence of Coverage or member handbook to see if this applies to your plan.

Talk to your pharmacist.

Your pharmacist can answer questions about the drugs you take, help you avoid harmful drug interactions, and help you select appropriate, lower-cost generics and preferred brands whenever available.

- › Have all of your family’s prescriptions filled at the same pharmacy.
- › By knowing all your prescriptions, your pharmacist can make sure all of your drugs work well together. This can help keep you and your family safe.

Use over-the-counter (OTC) medicines to save money.

- › OTC medicines are sold without a prescription.
- › Some prescription drugs may not be covered under your plan because there is an OTC available that works just as well.
- › Don’t switch from a prescription drug to an OTC without talking with your doctor.

Be safe with your prescriptions.

- › Never share prescription drugs — even if it’s for a member of the family.
- › Keep all medicines safe from children, out of sight and out of reach. Lock them away, if possible.
- › Don’t stop using a prescription without talking to the doctor.
- › Follow up with the doctor about any side effects.

Some prescriptions need an approval for coverage.

- › Some prescriptions require prior authorization or step therapy.
- › Some drugs have limits on the amount of them that your plan will pay for.
- › Network doctors usually know this and know how to get authorizations. However, you may want to show this formulary drug list to your doctor — especially if you use an out-of-network doctor or a doctor outside Tennessee.

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS -	
DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	14
AMPHETAMINES	14
ANALEPTICS	15
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS..	15
STIMULANTS - MISC.....	16
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR	
ALLERGIES.....	17
ALLERGENIC EXTRACTS	17
AMEBICIDES - DRUGS TO TREAT INFECTIONS	17
AMEBICIDES - DRUGS TO TREAT INFECTIONS	17
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	17
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS.....	17
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN	
AND INFLAMMATION CONDITIONS.....	18
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES.....	18
ANTIRHEUMATIC - ENZYME INHIBITORS	18
GOLD COMPOUNDS	18
INTERLEUKIN-1 BLOCKERS	18
INTERLEUKIN-1BETA BLOCKERS	19
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	19
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	20
PYRIMIDINE SYNTHESIS INHIBITORS	20
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	20
ANALGESICS - NONNARCOTIC	20
ANALGESIC COMBINATIONS	20
SALICYLATES.....	21
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	21
OPIOID AGONISTS	21
OPIOID COMBINATIONS	23
OPIOID PARTIAL AGONISTS	24
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE	
HORMONES	25
ANABOLIC STEROIDS	25
ANDROGENS	25
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	
.....	25
INTRARECTAL STEROIDS	25
RECTAL COMBINATIONS	26
RECTAL STEROIDS	26
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
.....	26

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES...	26
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT	
INFECTIONS	26
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.	26
ANTI-INFECTIVE MISC. - COMBINATIONS	26
ANTIPROTOZOAL AGENTS	27
GLYCOPEPTIDES	27
LEPROSTATICS	27
LINCOSAMIDES.....	27
MONOBACTAMS	27
OXAZOLIDINONES	27
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT	
INFECTIONS	27
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	
.....	28
ANTIANGINALS-OTHER	28
NITRATES	28
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY	28
ANTIANXIETY AGENTS - MISC.	28
BENZODIAZEPINES	29
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS...	30
ANTIARRHYTHMICS TYPE I-A.....	30
ANTIARRHYTHMICS TYPE I-B.....	30
ANTIARRHYTHMICS TYPE I-C.....	30
ANTIARRHYTHMICS TYPE III.....	30
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO	
TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY	
DISEASE	30
ANTI-INFLAMMATORY AGENTS.....	30
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	30
BRONCHODILATORS - ANTICHOLINERGICS	31
LEUKOTRIENE MODULATORS.....	31
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	31
STEROID INHALANTS	31
SYMPATHOMIMETICS.....	32
XANTHINES	34
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS.....	34
COUMARIN ANTICOAGULANTS.....	34
DIRECT FACTOR XA INHIBITORS.....	34
HEPARINS AND HEPARINOID-LIKE AGENTS.....	34
ANTICONSULSANTS - DRUGS TO TREAT SEIZURES	35
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	35
ANTICONSULSANTS - BENZODIAZEPINES	35

ANTICONVULSANTS - MISC.....	35
CARBAMATES	38
GABA MODULATORS	38
HYDANTOINS.....	39
SUCCINIMIDES	39
VALPROIC ACID	39
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION.....	39
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	39
ANTIDEPRESSANTS - MISC.	40
MONOAMINE OXIDASE INHIBITORS (MAOIS)	40
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	40
SEROTONIN MODULATORS.....	40
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS).....	41
TRICYCLIC AGENTS	41
ANTIDIABETICS - DRUGS TO TREAT DIABETES.....	42
ALPHA-GLUCOSIDASE INHIBITORS	42
ANTIDIABETIC - AMYLIN ANALOGS	42
ANTIDIABETIC COMBINATIONS	42
BIGUANIDES	44
DIABETIC OTHER	44
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	45
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC.....	45
INCRETIN MIMETIC AGENTS	45
INSULIN.....	45
INSULIN SENSITIZING AGENTS	47
MEGLITINIDE ANALOGUES	47
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	47
SULFONYLUREAS	48
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT	
DIARRHEA	48
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS	48
ANTIPERISTALTIC AGENTS.....	48
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR	
OVERDOSE OR POISONING	49
ANTIDOTES - CHELATING AGENTS	49
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE	
OR POISONING	49
OPIOID ANTAGONISTS	49
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING	50
5-HT ₃ RECEPTOR ANTAGONISTS	50
ANTIEMETICS - ANTICHOLINERGIC	50
ANTIEMETICS - MISCELLANEOUS.....	50
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS.....	50

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	50
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	50
IMIDAZOLE-RELATED ANTIFUNGALS	50
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES	51
ANTIHIISTAMINES - ETHANOLAMINES	51
ANTIHIISTAMINES - NON-SEDATING	51
ANTIHIISTAMINES - PHENOTHIAZINES	52
ANTIHIISTAMINES - PIPERIDINES	52
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	52
ANTIHYPERLIPIDEMICS - COMBINATIONS	52
ANTIHYPERLIPIDEMICS - MISC.	52
BILE ACID SEQUESTRANTS	52
FIBRIC ACID DERIVATIVES.....	52
HMG COA REDUCTASE INHIBITORS.....	53
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	53
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	53
NICOTINIC ACID DERIVATIVES	53
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	54
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE.....	54
ACE INHIBITORS.....	54
AGENTS FOR PHEOCHROMOCYTOMA	54
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	55
ANTIADRENERGIC ANTIHYPERTENSIVES.....	55
ANTIHYPERTENSIVE COMBINATIONS.....	55
DIRECT RENIN INHIBITORS.....	60
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....	60
VASODILATORS	61
ANTIMALARIALS - DRUGS TO TREAT MALARIA	61
ANTIMALARIAL COMBINATIONS	61
ANTIMALARIALS - DRUGS TO TREAT MALARIA.....	61
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	61
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	61
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	61
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	61
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER.....	62
ALKYLATING AGENTS	62

ANTIMETABOLITES	62
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS	62
ANTINEOPLASTIC - ANTI-HER2 AGENTS	63
ANTINEOPLASTIC - BCL-2 INHIBITORS	63
ANTINEOPLASTIC - EGFR INHIBITORS	63
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	64
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	64
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS	65
ANTINEOPLASTIC - IMMUNOMODULATORS	65
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	65
ANTINEOPLASTIC - XPO1 INHIBITORS	65
ANTINEOPLASTIC COMBINATIONS	65
ANTINEOPLASTIC ENZYME INHIBITORS	66
ANTINEOPLASTICS MISC.....	71
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	71
MITOTIC INHIBITORS	71
TOPOISOMERASE I INHIBITORS.....	71
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO	
TREAT PARKINSONS DISEASE	71
ANTIPARKINSON ADJUNCTIVE THERAPY	71
ANTIPARKINSON ANTICHOLINERGICS	71
ANTIPARKINSON COMT INHIBITORS	71
ANTIPARKINSON DOPAMINERGICS.....	72
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS.....	73
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT	
PSYCHOSES.....	73
ANTIMANIC AGENTS.....	73
ANTIPSYCHOTICS - MISC.....	73
BENZISOXAZOLES.....	73
BUTYROPHENONES.....	74
DIBENZAPINES	74
DIHYDROINDOLONES	75
PHENOTHIAZINES	75
QUINOLINONE DERIVATIVES	75
THIOXANTHENES	76
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	76
ANTIRETROVIRALS	76
ANTIVIRAL COMBINATIONS.....	81
CMV AGENTS.....	81
HEPATITIS AGENTS	81
HERPES AGENTS	82
INFLUENZA AGENTS	82
MISC. ANTIVIRALS	83

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	83
ALPHA-BETA BLOCKERS	83
BETA BLOCKERS CARDIO-SELECTIVE	83
BETA BLOCKERS NON-SELECTIVE	84
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	84
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....	84
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS	86
CARDIAC GLYCOSIDES	86
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	86
CARDIAC MYOSIN INHIBITORS	86
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS.....	86
PROSTAGLANDIN VASODILATORS	87
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	87
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS ..	87
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR	88
SINUS NODE INHIBITORS	88
TRANSTHYRETIN STABILIZERS	88
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) ..	88
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	88
CEPHALOSPORINS - 1ST GENERATION	88
CEPHALOSPORINS - 2ND GENERATION.....	88
CEPHALOSPORINS - 3RD GENERATION	89
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL.....	89
COMBINATION CONTRACEPTIVES - ORAL.....	89
COMBINATION CONTRACEPTIVES - TRANSDERMAL	94
COMBINATION CONTRACEPTIVES - VAGINAL.....	94
COPPER CONTRACEPTIVES - IUD	95
EMERGENCY CONTRACEPTIVES.....	95
PROGESTIN CONTRACEPTIVES - IMPLANTS	95
PROGESTIN CONTRACEPTIVES - INJECTABLE	95
PROGESTIN CONTRACEPTIVES - IUD	96
PROGESTIN CONTRACEPTIVES - ORAL.....	96
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	96
GLUCOCORTICOSTEROIDS	96
MINERALOCORTICIDS	97

COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS.....	97
ANTITUSSIVES	97
COUGH/COLD/ALLERGY COMBINATIONS.....	97
EXPECTORANTS	98
MUCOLYTICS	98
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS	98
ACNE PRODUCTS	98
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS	100
ANTIBIOTICS - TOPICAL	100
ANTIFUNGALS - TOPICAL	100
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	101
ANTIPSORIATICS	101
ANTISEBORRHEIC PRODUCTS.....	102
ANTIVIRALS - TOPICAL	102
BURN PRODUCTS	102
CORTICOSTEROIDS - TOPICAL	102
ECZEMA AGENTS	105
EMOLLIENT/KERATOLYTIC AGENTS	105
ENZYMES - TOPICAL.....	105
IMMUNOMODULATING AGENTS - TOPICAL	105
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	105
KERATOLYTIC/ANTIMITOTIC AGENTS	105
LOCAL ANESTHETICS - TOPICAL	106
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	106
PIGMENTING-DEPIGMENTING AGENTS	106
ROSACEA AGENTS.....	106
SCABICIDES & PEDICULICIDES.....	106
WOUND CARE PRODUCTS	106
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	106
DIAGNOSTIC DRUGS	106
DIAGNOSTIC TESTS	106
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION.....	108
NUTRITIONAL SUPPLEMENTS.....	108
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	108
DIGESTIVE ENZYMES	108
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	109
CARBONIC ANHYDRASE INHIBITORS.....	109
DIURETIC COMBINATIONS	109
LOOP DIURETICS	109
POTASSIUM SPARING DIURETICS	110

THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	110
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....	110
ADRENAL STEROID INHIBITORS	110
BONE DENSITY REGULATORS	110
GNRH/LHRH ANTAGONISTS.....	110
GROWTH HORMONE RECEPTOR ANTAGONISTS.....	111
GROWTH HORMONES	111
HORMONE RECEPTOR MODULATORS	111
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	111
METABOLIC MODIFIERS	111
MINERALOCORTICOID RECEPTOR ANTAGONISTS.....	112
POSTERIOR PITUITARY HORMONES.....	112
PROLACTIN INHIBITORS	112
SOMATOSTATIC AGENTS.....	112
VASOPRESSIN RECEPTOR ANTAGONISTS.....	113
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	113
ESTROGEN COMBINATIONS.....	113
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	113
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	114
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	114
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	115
BILE ACID SYNTHESIS DISORDER AGENTS	115
FARNESOID X RECEPTOR (FXR) AGONISTS	115
GALLSTONE SOLUBILIZING AGENTS.....	115
GASTROINTESTINAL ANTIALLERGY AGENTS.....	115
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	115
GASTROINTESTINAL STIMULANTS	115
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS	115
INFLAMMATORY BOWEL AGENTS.....	115
INTESTINAL ACIDIFIERS	116
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	116
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	116
PHOSPHATE BINDER AGENTS	116
SHORT BOWEL SYNDROME (SBS) AGENTS.....	116
TRYPTOPHAN HYDROXYLASE INHIBITORS.....	117
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	117
ACIDIFIERS	117
ALKALINIZERS	117
CYSTINOSIS AGENTS	117
GENITOURINARY IRRIGANTS.....	117

IGA NEPHROPATHY (IGAN) AGENTS	117
INTERSTITIAL CYSTITIS AGENTS	117
PROSTATIC HYPERTROPHY AGENTS.....	117
URINARY ANALGESICS.....	118
URINARY STONE AGENTS.....	118
GOUT AGENTS - DRUGS TO TREAT GOUT	118
GOUT AGENT COMBINATIONS	118
GOUT AGENTS - DRUGS TO TREAT GOUT	118
URICOSURICS	118
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD	
DISORDERS	118
ANTIHEMOPHILIC PRODUCTS	118
BRADYKININ B2 RECEPTOR ANTAGONISTS	119
COMPLEMENT INHIBITORS	119
HEMATOAOLOGIC - TYROSINE KINASE INHIBITORS	119
HEMATORHEOLOGIC AGENTS	119
PLASMA KALLIKREIN INHIBITORS	119
PLATELET AGGREGATION INHIBITORS.....	119
PYRUVATE KINASE ACTIVATORS	119
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD	
DISORDERS	120
AGENTS FOR GAUCHER DISEASE	120
AGENTS FOR SICKLE CELL DISEASE	120
COBALAMINS.....	120
FOLIC ACID/FOLATES	120
HEMATOPOIETIC GROWTH FACTORS	121
HEMATOPOIETIC MIXTURES	121
STEM CELL MOBILIZERS	121
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS.....	121
HEMOSTATICS - SYSTEMIC	121
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO	
TREAT SLEEP DISORDERS	121
BARBITURATE HYPNOTICS	121
NON-BARBITURATE HYPNOTICS.....	121
SELECTIVE MELATONIN RECEPTOR AGONISTS.....	122
LAXATIVES - DRUGS TO TREAT CONSTIPATION	122
LAXATIVE COMBINATIONS	122
LAXATIVES - MISCELLANEOUS.....	123
MACROLIDES - DRUGS TO TREAT INFECTIONS	123
AZITHROMYCIN	123
CLARITHROMYCIN	123
ERYTHROMYCINS	123
FIDAXOMICIN	124

MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING ...	124
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL.....	124
DIABETIC SUPPLIES	124
MISC. DEVICES.....	126
PARENTERAL THERAPY SUPPLIES	126
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	126
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG .	126
MIGRAINE COMBINATIONS.....	127
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES ...	127
SEROTONIN AGONISTS.....	127
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	128
FLUORIDE	128
PHOSPHATE.....	128
POTASSIUM.....	128
SODIUM.....	129
ZINC	129
MISCELLANEOUS THERAPEUTIC CLASSES.....	129
CHELATING AGENTS.....	129
FECAL INCONTINENCE BULKING AGENTS.....	129
IMMUNOMODULATORS.....	129
IMMUNOSUPPRESSIVE AGENTS	129
POTASSIUM REMOVING AGENTS.....	130
PROGERIA TREATMENT AGENTS.....	130
PROSTAGLANDINS	130
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS.....	130
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT.....	130
ANESTHETICS TOPICAL ORAL	130
ANTI-INFECTIVES - THROAT	131
ANTISEPTICS - MOUTH/THROAT	131
STEROIDS - MOUTH/THROAT/DENTAL	131
THROAT PRODUCTS - MISC.....	131
MULTIVITAMINS - DRUGS FOR NUTRITION	131
PED MULTI VITAMINS W/FL & FE.....	131
PED MV W/ FLUORIDE	131
PRENATAL VITAMINS	131
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS.....	133
CENTRAL MUSCLE RELAXANTS.....	133
DIRECT MUSCLE RELAXANTS.....	133
MUSCLE RELAXANT COMBINATIONS.....	133

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE.....	133
NASAL ANTIALLERGY	133
NASAL ANTICHOLINERGICS.....	134
NASAL STEROIDS.....	134
SYMPATHOMIMETIC DECONGESTANTS	134
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES.....	134
ALS AGENTS.....	134
SPINAL MUSCULAR ATROPHY AGENTS (SMA)	134
NUTRIENTS - DRUGS FOR NUTRITION	134
CARBOHYDRATES.....	134
LIPIDS	134
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS..	134
ARTIFICIAL TEARS AND LUBRICANTS	134
BETA-BLOCKERS - OPHTHALMIC	134
CYCLOPLEGIC MYDRIATICS	135
MIOTICS	135
OPHTHALMIC ADRENERGIC AGENTS.....	135
OPHTHALMIC ANTI-INFECTIVES.....	136
OPHTHALMIC IMMUNOMODULATORS	137
OPHTHALMIC INTEGRIN ANTAGONISTS	137
OPHTHALMIC KINASE INHIBITORS	137
OPHTHALMIC LOCAL ANESTHETICS.....	137
OPHTHALMIC NERVE GROWTH FACTORS.....	137
OPHTHALMIC STEROIDS	137
OPHTHALMICS - MISC.	138
PROSTAGLANDINS - OPHTHALMIC	138
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR...	139
OTIC AGENTS - MISCELLANEOUS	139
OTIC ANTI-INFECTIVES	139
OTIC COMBINATIONS	139
OTIC STEROIDS	139
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS.....	139
IMMUNE SERUMS	139
PASSIVE IMMUNIZING AGENTS - COMBINATIONS.....	140
PENICILLINS - DRUGS TO TREAT INFECTIONS	140
AMINOPENICILLINS.....	140
NATURAL PENICILLINS	140
PENICILLIN COMBINATIONS	140
PENICILLINASE-RESISTANT PENICILLINS.....	141

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING.....	141
LIQUID VEHICLES	141
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	141
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	141
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	141
AGENTS FOR CHEMICAL DEPENDENCY.....	141
ANTIDEMENTIA AGENTS	141
COMBINATION PSYCHOTHERAPEUTICS	142
FIBROMYALGIA AGENTS.....	142
MOVEMENT DISORDER DRUG THERAPY	142
MULTIPLE SCLEROSIS AGENTS	143
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS ..	144
PSEUDOBULBAR AFFECT (PBA) AGENTS.....	144
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	144
RESTLESS LEG SYNDROME (RLS) AGENTS	144
SMOKING DETERRENTS	145
TRANSTHYRETIN AMYLOIDOSIS AGENTS	145
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....	145
CYSTIC FIBROSIS AGENTS	145
PULMONARY FIBROSIS AGENTS	146
SULFONAMIDES - DRUGS TO TREAT INFECTIONS	146
SULFONAMIDES - DRUGS TO TREAT INFECTIONS	146
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	146
AMINOMETHYLCYCLINES.....	146
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	146
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS ..	146
ANTITHYROID AGENTS	146
THYROID HORMONES	146
TOXOIDS - DRUGS TO PREVENT INFECTIONS	148
TOXOID COMBINATIONS.....	148
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID.....	148
ANTISPASMODICS.....	148
H-2 ANTAGONISTS.....	149
MISC. ANTI-ULCER.....	149
PROTON PUMP INHIBITORS	149
ULCER DRUGS - PROSTAGLANDINS.....	150
ULCER THERAPY COMBINATIONS	150
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE.....	150

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	150
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS....	150
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	150
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	151
VACCINES - DRUGS TO PREVENT INFECTIONS.....	151
BACTERIAL VACCINES	151
VIRAL VACCINES.....	151
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL	
CONDITIONS	152
MISCELLANEOUS VAGINAL PRODUCTS	152
SPERMICIDES	152
VAGINAL ANTI-INFECTIVES	152
VAGINAL CONTRACEPTIVE - PH MODULATORS	153
VAGINAL ESTROGENS.....	153
VAGINAL PROGESTINS	153
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION	
CONDITIONS	153
ANAPHYLAXIS THERAPY AGENTS.....	153
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS	153
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION	
CONDITIONS	153
VITAMINS - DRUGS FOR NUTRITION	153
OIL SOLUBLE VITAMINS.....	153
WATER SOLUBLE VITAMINS.....	154
Index	155

Effective 11/2023

Drug Name Drug Tier Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	PA, QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	PA, QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	2	PA, QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	2	PA, QL (60 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	2	PA, QL (1200 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	2	PA, QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 30mg</i>	2	PA, QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg; chew 10mg, 20mg, 30mg</i>	2	PA, QL (60 caps every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg; chew 40mg, 50mg, 60mg</i>	2	PA, QL (30 caps every 30 days)
<i>methamphetamine hcl tabs 5mg</i>	2	PA, QL (150 tabs every 30 days)
MYDAYIS CAP 12.5MG	3	PA, QL (60 caps every 30 days)
MYDAYIS CAP 25MG	3	PA, QL (60 caps every 30 days)
MYDAYIS CAP 37.5MG	3	PA, QL (30 caps every 30 days)
MYDAYIS CAP 50MG	3	PA, QL (30 caps every 30 days)
<i>procentra soln 5mg/5ml</i>	2	PA, QL (1200 mL every 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	3	PA, QL (60 caps every 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	3	PA, QL (30 caps every 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	3	PA, QL (60 tabs every 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	3	PA, QL (30 tabs every 30 days)
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	2	PA, QL (120 tabs every 30 days)
<i>zenzedi tabs 15mg, 20mg</i>	2	PA, QL (60 tabs every 30 days)
<i>zenzedi tabs 30mg</i>	2	PA, QL (30 tabs every 30 days)

ANALEPTICS

<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	1	
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl caps 10mg, 18mg, 25mg</i>	2	QL (120 caps every 30 days)
<i>atomoxetine hcl caps 40mg</i>	2	QL (60 caps every 30 days)
<i>atomoxetine hcl caps 60mg, 80mg, 100mg</i>	2	QL (30 caps every 30 days)
<i>clonidine hcl (adhd) tb12 .1mg</i>	2	QL (120 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	2	QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
STIMULANTS - MISC.		
<i>armodafinil tabs 50mg</i>	2	PA, QL (90 tabs every 30 days)
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	PA, QL (30 tabs every 30 days)
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	4	PA, QL (30 patches every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	PA, QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	PA, QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	2	PA, QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	2	PA, QL (60 tabs every 30 days)
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	2	PA, QL (30 patches every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	2	PA, QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	2	PA, QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	2	PA, QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	2	PA, QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	2	PA, QL (900 mL every 30 days)
<i>methylphenidate hcl tabs 20mg; tbcrl 10mg, 20mg</i>	2	PA, QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcrl 18mg, 27mg, 36mg</i>	2	PA, QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbcrl 54mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 100mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 200mg</i>	2	PA, QL (60 tabs every 30 days)
NUVIGIL TABS 50mg	4	PA, QL (90 tabs every 30 days)
NUVIGIL TABS 150mg, 200mg, 250mg	4	PA, QL (30 tabs every 30 days)
PROVIGIL TABS 100mg	4	PA, QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROVIGIL TABS 200mg	4	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 20mg, 30mg	4	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 40mg	4	PA, QL (30 tabs every 30 days)
QUILLIVANT XR SRER 25mg/5ml	4	PA, QL (360 mL every 30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800bau	3	PA
ODACTRA SUB	4	PA
ORALAIR SUB 300 IR	4	PA
PALFORZIA CAP ESCALAT	6	PA
PALFORZIA CAP LEVEL 3	6	PA
PALFORZIA CAP LEVEL 7	6	PA
PALFORZIA CAP LEVEL 8	6	PA
PALFORZIA CAP LEVEL 10	6	PA
PALFORZIA LEVEL 1 CSPK 1mg	6	PA
PALFORZIA LEVEL 2 CSPK 1mg	6	PA
PALFORZIA LEVEL 4 CSPK 20mg	6	PA
PALFORZIA LEVEL 5 CSPK 20mg	6	PA
PALFORZIA LEVEL 6 CSPK 20mg	6	PA
PALFORZIA LEVEL 9 CSPK 100mg	6	PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	6	PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	6	PA
RAGWITEK SUBL 12amba1-u	4	PA

AMEBICIDES - DRUGS TO TREAT INFECTIONS

AMEBICIDES - DRUGS TO TREAT INFECTIONS

SOLOSEC PACK 2gm	4	
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AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

ARIKAYCE SUSP 590mg/8.4ml	6	PA; LD
KITABIS PAK NEBU 300mg/5ml	5	QL (280 mL every 28 days); LD
<i>neomycin sulfate tabs 500mg</i>	2	
TOBI NEBU 300mg/5ml	6	QL (280 mL every 28 days); LD

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 mL every 28 days)

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	PA, QL (2 injections every 28 days)
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (2 injections every 28 days)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	PA, QL (3 injections every 28 days)
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	PA, QL (4 pens every 28 days)
HUMIRA PEN PNKT 80mg/0.8ml	5	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	5	PA, QL (3 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	5	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	PA, QL (3 pens every 28 days)
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	PA, QL (4 pens every 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	PA, QL (4 pens every 28 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TB24 15mg, 30mg	5	PA, QL (30 tabs every 30 days)
RINVOQ TB24 45mg	5	PA, QL (84 tabs every 180 days)
XELJANZ SOLN 1mg/ml	5	PA, QL (240 mL every 24 days)
XELJANZ TABS 5mg, 10mg	5	PA, QL (60 tabs every 30 days)
XELJANZ XR TB24 11mg, 22mg	5	PA, QL (30 tabs every 30 days)

GOLD COMPOUNDS

RIDAURA CAPS 3mg	4	MT
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INTERLEUKIN-1 BLOCKERS

ARCALYST SOLR 220mg	6	PA; LD
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
INTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150mg/ml	6	PA; LD
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TABS 550mg	4	MT
ARTHROTEC 50 TAB	4	MT
ARTHROTEC 75 TAB	4	MT
<i>cataflam tabs 50mg</i>	2	MT
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	4	MT
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	2	MT
DAYPRO TABS 600mg	4	MT
<i>diclofenac potassium tabs 50mg</i>	2	MT
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	2	MT
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	MT
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	MT
EC-NAPROSYN TBEC 375mg, 500mg	4	MT
<i>ec-naproxen tbec 375mg, 500mg</i>	1	MT
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	2	MT
FELDENE CAPS 10mg, 20mg	4	MT
<i>fenoprofen calcium caps 400mg; tabs 600mg</i>	2	MT
<i>flurbiprofen tabs 100mg</i>	1	MT
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	MT
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MT
<i>indocin supp 50mg</i>	2	MT
INDOCIN SUSP 25mg/5ml	4	MT
<i>indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg</i>	2	MT
<i>ketoprofen caps 50mg, 75mg</i>	2	QL (120 caps every 30 days); MT
KETOROLAC TROMETHAMINE SOLN 15.75mg/spray	6	
<i>ketorolac tromethamine tabs 10mg</i>	2	
LODINE TABS 400mg	4	MT
<i>meclofenamate sodium caps 50mg, 100mg</i>	2	MT
<i>mefenamic acid caps 250mg</i>	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tabs 7.5mg, 15mg</i>	1	MT
MOBIC TABS 7.5mg, 15mg	4	MT
<i>nabumetone tabs 500mg, 750mg</i>	1	MT
NALFON CAPS 400mg	4	MT
NAPROSYN SUSP 125mg/5ml	4	QL (946 mL every 30 days); MT
NAPROSYN TABS 500mg	4	MT
<i>naproxen susp 125mg/5ml</i>	1	QL (946 mL every 30 days); MT
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	MT
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MT
<i>oxaprozin tabs 600mg</i>	2	MT
<i>piroxicam caps 10mg, 20mg</i>	2	MT
<i>relafen tabs 500mg, 750mg</i>	1	MT
SPRIX SOLN 15.75mg/spray	6	
<i>sulindac tabs 150mg, 200mg</i>	1	MT
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	2	MT

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTZLA TABS 30mg	5	PA, QL (60 tabs every 30 days)
OTZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days)

PYRIMIDINE SYNTHESIS INHIBITORS

ARAVA TABS 10mg, 20mg	4	MT
<i>leflunomide tabs 10mg, 20mg</i>	2	MT

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml	5	PA, QL (4 vials every 28 days)
ENBREL SOLR 25mg; SOSY 50mg/ml	5	PA, QL (4 syringes every 28 days)
ENBREL SOSY 25mg/0.5ml	5	PA, QL (8 syringes every 28 days)
ENBREL MINI SOCT 50mg/ml	5	PA, QL (4 injections every 28 days)
ENBREL SURECLICK SOAJ 50mg/ml	5	PA, QL (4 pens every 28 days)

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

<i>bac</i>	1	QL (120 tabs every 30 days)
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
<i>bupap</i>	1	QL (120 tabs every 30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	1	QL (120 tabs every 30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (120 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (120 caps every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (120 caps every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (120 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (120 caps every 30 days)
<i>esgic</i>	1	QL (120 caps every 30 days)
ESGIC TAB	4	QL (120 tabs every 30 days)
FIORICET CAP	4	QL (120 caps every 30 days)
<i>tencon</i>	1	QL (120 tabs every 30 days)
<i>zebutal</i>	1	QL (120 caps every 30 days)

SALICYLATES

<i>aspirin chew 81mg; tbec 81mg</i>	1	QL (100 tabs per fill), OTC; ACA
<i>diflunisal tabs 500mg</i>	2	MT
<i>salsalate tabs 500mg, 750mg</i>	1	MT

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	4	PA; MME
CODEINE SULFATE TABS 15mg, 60mg	2	PA; MME
<i>codeine sulfate tabs 30mg</i>	2	PA; MME
DILAUDID LIQD 1mg/ml; TABS 2mg, 4mg, 8mg	4	PA; MME
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	2	PA; MME

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	2	PA; MME
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	4	PA; MME
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	2	PA; MME
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	2	PA; MME
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	2	PA; MME
METHADOSE CONC 10mg/ml	4	PA; MME
<i>methadose tbso 40mg</i>	2	PA; MME
METHADOSE SUGAR-FREE CONC 10mg/ml	4	PA; MME
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/0.5ml, 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	2	PA; MME
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	2	PA; MME
MS CONTIN TBCR 15mg, 30mg, 60mg, 100mg, 200mg	4	PA; MME
NUCYNTA TABS 50mg, 75mg, 100mg	3	PA; MME
NUCYNTA ER TB12 50mg, 100mg, 150mg, 200mg, 250mg	3	PA; MME
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	PA; MME
<i>oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	2	PA; MME
ROXICODONE TABS 5mg, 15mg, 30mg	4	PA; MME
<i>tramadol hcl tabs 50mg; tb24 100mg, 200mg, 300mg</i>	2	PA; MME
ULTRAM TABS 50mg	4	PA; MME
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 36mg	3	PA; MME

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

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	PA; MME
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	PA; MME
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	PA; MME
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	PA; MME
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	PA; MME
<i>ascomp/codeine</i>	2	PA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	2	PA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	PA; MME
<i>endocet</i>	2	PA; MME
FIORICET CAP CODEINE	4	PA; MME
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	PA; MME
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	PA; MME
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	2	PA; MME
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	PA; MME
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	PA; MME
LORTAB ELX 10-300MG	4	PA; MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	PA; MME

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	PA; MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	PA; MME
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	PA; MME
PERCOCET TAB 2.5-325	4	PA; MME
PERCOCET TAB 5-325MG	4	PA; MME
PERCOCET TAB 7.5-325	4	PA; MME
PERCOCET TAB 10-325MG	4	PA; MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	PA; MME
<i>trezix</i>	2	PA; MME
ULTRACET TAB 37.5-325	4	PA; MME
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg	3	PA, QL (60 films every 30 days); MME
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	2	PA, QL (4 patches every 28 days); MME
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs every 30 days)
<i>butorphanol tartrate soln 10mg/ml</i>	2	PA; MME
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	4	PA, QL (4 patches every 28 days); MME
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	2	PA; MME
SUBOXONE MIS 2-0.5MG	4	QL (90 films every 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films every 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 12-3MG	4	QL (90 films every 30 days)
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs every 30 days)
ZUBSOLV SUB 11.4-2.9	3	QL (60 tabs every 30 days)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANABOLIC STEROIDS

<i>oxandrolone tabs 2.5mg</i>	2	PA, QL (120 tabs every 30 days)
<i>oxandrolone tabs 10mg</i>	2	PA, QL (60 tabs every 30 days)

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	PA, QL (30 patches every 30 days)
<i>danazol caps 50mg, 100mg, 200mg</i>	2	
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	2	PA
METHITEST TABS 10mg	3	PA
<i>methylestosterone caps 10mg</i>	2	PA, QL (600 caps every 30 days)
<i>testosterone gel 1%, 25mg/2.5gm, 50mg/5gm</i>	2	PA, QL (300 grams every 30 days)
<i>testosterone gel 1.62%, 10mg/act, 40.5mg/2.5gm</i>	2	PA, QL (150 grams every 30 days)
<i>testosterone gel 20.25mg/1.25gm</i>	2	PA, QL (37.5 grams every 30 days)
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	2	PA

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

CORTENEMA ENEM 100mg/60ml	4	
CORTIFOAM FOAM 10%	4	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	2	
RECTAL STEROIDS		
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	2	
<i>procto-med hc crea 2.5%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tabs 200mg</i>	2	
ALBENZA TABS 200mg	4	
BILTRICIDE TABS 600mg	4	
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs 600mg</i>	2	
STROMEKTOL TABS 3mg	4	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
AEMCOLO TBEC 194mg	4	
FLAGYL CAPS 375mg	4	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	2	
NEBUPENT SOLR 300mg	4	
<i>pentamidine isethionate solr 300mg</i>	2	
PRIMSOL SOLN 50mg/5ml	4	
<i>tinidazole tabs 250mg, 500mg</i>	2	
<i>trimethoprim tabs 100mg</i>	1	
XIFAXAN TABS 200mg	4	PA, QL (9 tabs every 30 days)
XIFAXAN TABS 550mg	3	PA, QL (90 tabs every 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	4	
BACTRIM TAB 400-80MG	4	
<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	
<i>sulfatrim pediatric</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPROTOZOAL AGENTS		
ALINIA SUSR 100mg/5ml	4	
ALINIA TABS 500mg	4	QL (14 tabs every 30 days)
<i>atovaquone susp 750mg/5ml</i>	2	
MEPRON SUSP 750mg/5ml	4	
<i>nitazoxanide tabs 500mg</i>	2	QL (14 tabs every 30 days)
GLYCOPEPTIDES		
FIRVANQ SOLR 25mg/ml	4	QL (900 mL every 30 days)
FIRVANQ SOLR 50mg/ml	4	QL (1350 mL every 30 days)
VANCOCIN CAPS 125mg, 250mg	4	QL (120 caps every 30 days)
<i>vancomycin hcl caps 125mg, 250mg</i>	2	QL (120 caps every 30 days)
<i>vancomycin hcl solr 25mg/ml</i>	2	QL (900 mL every 30 day)
<i>vancomycin hcl solr 50mg/ml, 250mg/5ml</i>	2	QL (1350 mL every 30 days)
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	2	
LINCOSAMIDES		
CLEOCIN CAPS 75mg, 150mg, 300mg	4	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	4	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	2	
MONOBACTAMS		
CAYSTON SOLR 75mg	6	PA, QL (90 vials every 30 days); LD
OXAZOLIDINONES		
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	2	QL (14 day supply every 30 days)
ZYVOX SUSR 100mg/5ml; TABS 600mg	4	QL (14 day supply every 30 days)
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine pack 3gm</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
HIPREX TABS 1gm	4	
MACROBID CAPS 100mg	4	
MACRODANTIN CAPS 25mg, 50mg, 100mg	4	
<i>methenamine hippurate tabs 1gm</i>	2	
<i>methenamine mandelate tabs .5gm, 1gm, 500mg</i>	1	
MONUROL PACK 5.631gm	4	
<i>nitrofurantoin susp 25mg/5ml</i>	2	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro caps 100mg</i>	2	

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

ANTIANGINALS-OTHER

RANEXA TB12 500mg, 1000mg	4	MT
<i>ranolazine tb12 500mg, 1000mg</i>	2	MT

NITRATES

ISORDIL TITRADOSE TABS 5mg, 40mg	4	MT
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	MT
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	MT
NITRO-BID OINT 2%	4	MT
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .3mg/hr, .4mg/hr, .6mg/hr, .8mg/hr	4	MT
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subling .3mg, .4mg, .6mg</i>	1	MT
NITROLINGUAL PUMPSPRAY SOLN .4mg/spray	4	MT
NITROMIST AERS 400mcg/spray	4	MT
NITROSTAT SUBL .3mg, .4mg, .6mg	4	MT

ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	2	
<i>hydroxyzine hcl syrp 10mg/5ml</i>	1	
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	2	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>meprobamate tabs 200mg</i>	2	QL (360 tabs every 30 days)
<i>meprobamate tabs 400mg</i>	2	QL (180 tabs every 30 days)
VISTARIL CAPS 25mg, 50mg	4	
BENZODIAZEPINES		
<i>alprazolam tabs 2mg; tbdp 2mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tabs .25mg, .5mg, 1mg; tbdp .25mg, .5mg, 1mg</i>	2	QL (90 tabs every 30 days)
<i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>	2	QL (60 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	2	QL (90 mL every 30 days)
<i>alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg</i>	2	QL (60 tabs every 30 days)
ATIVAN TABS 2mg	4	QL (150 tabs every 30 days)
ATIVAN TABS .5mg, 1mg	4	QL (90 tabs every 30 days)
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	2	QL (120 caps every 30 days)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL (90 tabs every 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 tabs every 30 days)
<i>diazepam conc 5mg/ml</i>	2	QL (120 mL every 30 days)
<i>diazepam soln 5mg/5ml</i>	2	QL (600 mL every 30 days)
<i>diazepam tabs 2mg, 5mg, 10mg</i>	2	QL (120 tabs every 30 days)
<i>lorazepam conc 2mg/ml</i>	2	QL (150 mL every 30 days)
<i>lorazepam tabs 2mg</i>	2	QL (150 tabs every 30 days)
<i>lorazepam tabs .5mg, 1mg</i>	2	QL (90 tabs every 30 days)
<i>oxazepam caps 10mg, 15mg, 30mg</i>	2	QL (120 caps every 30 days)
VALIUM TABS 2mg, 5mg, 10mg	4	QL (120 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XANAX TABS 2mg	4	QL (150 tabs every 30 days)
XANAX TABS .25mg, .5mg, 1mg	4	QL (90 tabs every 30 days)
XANAX XR TB24 .5mg, 1mg, 2mg, 3mg	4	QL (60 tabs every 30 days)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate caps 100mg, 150mg</i>	1	MT
NORPACE CAPS 100mg, 150mg	4	MT
NORPACE CR CP12 100mg, 150mg	4	MT
<i>quinidine gluconate tbc 324mg</i>	1	MT
<i>quinidine sulfate tabs 200mg, 300mg</i>	1	MT

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1	MT
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	MT
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	MT
RYTHMOL SR CP12 225mg, 325mg, 425mg	4	MT

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	MT
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	2	MT
MULTAQ TABS 400mg	4	MT
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	MT
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	4	MT

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium nebu 20mg/2ml</i>	1	MT
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

NUCALA SOAJ 100mg/ml	5	PA, QL (3 injections every 28 days); LD
NUCALA SOLR 100mg	5	PA, QL (3 vials every 28 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOSY 40mg/0.4ml	5	PA, QL (1 syringe every 28 days); LD
NUCALA SOSY 100mg/ml	5	PA, QL (3 syringes every 28 days); LD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers every 30 days); MT
<i>ipratropium bromide soln .02%</i>	1	MT
LONHALA MAGNAIR REFILL KI SOLN 25mcg/ml	3	QL (60 mL every 30 days); MT
LONHALA MAGNAIR STARTER K SOLN 25mcg/ml	3	QL (60 mL every 30 days); MT
SPIRIVA HANDIHALER CAPS 18mcg	3	QL (90 caps every 30 days); MT
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL (1 inhaler every 30 days); MT
<i>tiotropium bromide monohydrate caps 18mcg</i>	2	QL (90 caps every 30 days); MT
YUPELRI SOLN 175mcg/3ml	4	QL (90 mL every 30 days); MT
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	4	MT
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	MT
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	4	MT
<i>zafirlukast tabs 10mg, 20mg</i>	1	MT
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TABS 250mcg, 500mcg	3	MT
<i>roflumilast tabs 250mcg, 500mcg</i>	2	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 blisters every 30 days); MT
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	3	QL (1 inhaler every 30 days); MT
ASMANEX TWISTHALER 7 METE AEPB 110mcg/inh	3	QL (4 inhalers every 30 days); MT
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	3	QL (4 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	3	QL (2 inhalers every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	3	QL (1 inhaler every 30 days); MT
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	MT
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	3	QL (60 blisters every 30 days); MT
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (1 inhaler every 30 days); MT
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	4	MT
QVAR REDIHALER AERB 40mcg/act	3	QL (10.6 gm every 30 days); MT
QVAR REDIHALER AERB 80mcg/act	3	QL (21.2 gm every 30 days); MT

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	3	QL (60 inhalations every 30 days); MT
ADVAIR DISKU AER 250/50	3	QL (60 inhalations every 30 days); MT
ADVAIR DISKU AER 500/50	3	QL (60 inhalations every 30 days); MT
ADVAIR HFA AER 45/21	3	QL (1 inhaler every 30 days); MT
ADVAIR HFA AER 115/21	3	QL (1 inhaler every 30 days); MT
ADVAIR HFA AER 230/21	3	QL (1 inhaler every 30 days); MT
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu .083%, .5%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	MT
ANORO ELLIPTA AER 62.5-25	3	QL (60 blisters every 30 days); MT
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	MT
BREO ELLIPTA INH 100-25	3	QL (60 blisters every 30 days); MT
BREO ELLIPTA INH 200-25	3	QL (60 blisters every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE	3	QL (1 inhaler every 30 days); MT
BROVANA NEBU 15mcg/2ml	3	MT
COMBIVENT AER 20-100	3	QL (1 inhaler every 30 days); MT
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations every 30 days); MT
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations every 30 days); MT
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations every 30 days); MT
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	MT
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	MT
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	1	
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (2 inhalers every 30 days)
PERFOROMIST NEBU 20mcg/2ml	3	MT
PROAIR RESPICLICK AEPB 108mcg/act	3	QL (2 inhalers every 30 days)
PROVENTIL HFA AERS 108mcg/act	3	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations every 30 days); MT
STIOLTO AER 2.5-2.5	3	QL (1 inhaler every 30 days); MT
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler every 30 days); MT
SYMBICORT AER 80-4.5	3	QL (1 inhaler every 30 days); MT
SYMBICORT AER 160-4.5	3	QL (1 inhaler every 30 days); MT
<i>terbutaline sulfate soln 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	MT
TRELEGY AER 100MCG	3	QL (1 inhaler every 30 days); MT
TRELEGY AER 200MCG	3	QL (1 [30 inhalation] inhaler every 30 days); MT
TRELEGY AER 200MCG	3	QL (2 [14 inhalation] inhalers every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers every 30 days)
XOPENEX NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	4	
XOPENEX CONCENTRATE NEBU 1.25mg/0.5ml	4	
XOPENEX HFA AERO 45mcg/act	3	QL (2 inhalers every 30 days)

XANTHINES

<i>elixophyllin</i> elix 80mg/15ml	2	MT
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	MT
<i>theophylline</i> elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg	2	MT

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>jantoven</i> tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	MT
<i>warfarin sodium</i> tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	MT

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5mg, 5mg	3	MT
ELIQUIS STARTER PACK TBPk 5mg	3	
XARELTO SUSR 1mg/ml	3	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	3	MT
XARELTO STAR TAB 15/20MG	3	

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
<i>enoxaparin sodium</i> soln 300mg/3ml; <i>sosy</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
FRAGMIN SOLN 10000unit/4ml, 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	4	
<i>heparin sodium (porcine) soln</i> 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
<i>heparin sodium (porcine) lock flush soln</i> 1unit/ml, 10unit/ml, 100unit/ml	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	
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ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam susp 2.5mg/ml; tabs 10mg,</i> <i>20mg</i>	1	
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp</i> <i>.125mg, .25mg, .5mg, 1mg, 2mg</i>	1	
DIASTAT ACUDIAL GEL 10mg, 20mg	4	
DIASTAT PEDIATRIC GEL 2.5mg	4	
<i>diazepam (anticonvulsant) gel 2.5mg,</i> <i>10mg, 20mg</i>	1	
KLONOPIN TABS .5mg, 1mg, 2mg	4	
ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	4	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	

ANTICONVULSANTS - MISC.

APTIOM TABS 200mg, 400mg, 600mg, 800mg	4	MT
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	4	MT
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	ST

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml, 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1	MT
CARBATROL CP12 100mg, 200mg, 300mg	4	MT
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	6	PA; LD
EPIDIOLEX SOLN 100mg/ml	6	ST; LD
<i>epitol tabs 200mg</i>	1	MT
FINTEPLA SOLN 2.2mg/ml	6	PA; LD
<i>gabapentin caps 100mg, 300mg, 400mg</i>	1	PA, QL (180 caps every 30 days)
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	1	PA, QL (2160 mL every 30 days)
<i>gabapentin tabs 600mg</i>	1	PA, QL (180 tabs every 30 days)
<i>gabapentin tabs 800mg</i>	1	PA, QL (120 tabs every 30 days)
KEPPRA SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	4	MT
KEPPRA XR TB24 500mg, 750mg	4	MT
<i>lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	2	
<i>lacosamide tab 50 mg</i>	2	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	MT
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	MT
LAMICTAL KIT START 49	4	
LAMICTAL KIT START 98	4	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	MT
LAMICTAL ODT KIT	4	
LAMICTAL STARTER/TAKING V KIT 25mg	4	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	MT
LAMICTAL XR KIT	4	
<i>lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine kit 25mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	MT
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	4	PA, QL (90 caps every 30 days)
LYRICA CAPS 225mg, 300mg	4	PA, QL (60 caps every 30 days)
LYRICA SOLN 20mg/ml	4	PA, QL (900 mL every 30 days)
MYSOLINE TABS 50mg, 250mg	4	MT
NEURONTIN CAPS 100mg, 300mg, 400mg	4	PA, QL (180 caps every 30 days)
NEURONTIN SOLN 250mg/5ml	4	PA, QL (2160 mL every 30 days)
NEURONTIN TABS 600mg	4	PA, QL (180 tabs every 30 days)
NEURONTIN TABS 800mg	4	PA, QL (120 tabs every 30 days)
<i>oxcarbazepine susp 60mg/ml, 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	1	MT
OXTELLAR XR TB24 150mg, 300mg, 600mg	3	MT
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg</i>	2	PA, QL (90 caps every 30 days)
<i>pregabalin caps 225mg, 300mg</i>	2	PA, QL (60 caps every 30 days)
<i>pregabalin soln 20mg/ml</i>	2	PA, QL (900 mL every 30 days)
<i>primidone tabs 50mg, 250mg</i>	1	MT
QUDEXY XR CS24 25mg, 50mg, 100mg, 150mg, 200mg	4	MT
roweepra tabs 500mg	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	MT
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	MT
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	1	MT
<i>subvenite starter kit/blu kit 25mg</i>	1	
<i>subvenite starter kit/gre</i>	1	
<i>subvenite starter kit/ora</i>	1	
TEGRETOL SUSP 100mg/5ml; TABS 200mg	4	MT
TEGRETOL-XR TB12 100mg, 200mg, 400mg	4	MT
TOPAMAX TABS 25mg, 50mg, 100mg, 200mg	4	MT
TOPAMAX SPRINKLE CPSP 15mg, 25mg	4	MT
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg</i>	2	MT
<i>topiramate cpsp 15mg, 25mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	MT
TRILEPTAL SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	4	MT
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	3	MT
VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	3	
ZONEGRAN CAPS 25mg, 100mg	4	MT
ZONISADE SUSP 100mg/5ml	4	MT
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	MT
ZTALMY SUSP 50mg/ml	6	PA; LD
CARBAMATES		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	MT
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	4	MT
GABA MODULATORS		
GABITRIL TABS 2mg, 4mg, 12mg, 16mg	4	MT
SABRIL PACK 500mg	6	QL (180 packets every 30 days); LD
SABRIL TABS 500mg	6	QL (180 tabs every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	MT
<i>vigabatrin pack 500mg</i>	5	QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	5	QL (180 tabs every 30 days)
<i>vigadrone pack 500mg</i>	5	QL (180 packets every 30 days); LD

HYDANTOINS

<i>DILANTIN CAPS 30mg, 100mg</i>	4	MT
<i>DILANTIN INFATABS CHEW 50mg</i>	4	MT
<i>DILANTIN-125 SUSP 125mg/5ml</i>	4	MT
<i>PHENYTEK CAPS 200mg</i>	4	MT
<i>phenytek caps 300mg</i>	4	MT
<i>phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml</i>	1	MT
<i>phenytoin infatabs chew 50mg</i>	1	MT
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	MT

SUCCINIMIDES

<i>CELONTIN CAPS 300mg</i>	4	MT
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	MT
<i>methsuximide caps 300mg</i>	2	
<i>ZARONTIN CAPS 250mg; SOLN 250mg/5ml</i>	4	MT

VALPROIC ACID

<i>DEPAKOTE TBEC 125mg, 250mg, 500mg</i>	4	MT
<i>DEPAKOTE ER TB24 250mg, 500mg</i>	4	MT
<i>DEPAKOTE SPRINKLES CSDR 125mg</i>	4	MT
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	MT
<i>valproate sodium soln 250mg/5ml</i>	1	MT
<i>valproic acid caps 250mg</i>	1	MT

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	MT
<i>REMERON TABS 15mg, 30mg</i>	4	MT
<i>REMERON SOLTAB TBDP 15mg, 30mg, 45mg</i>	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	MT
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	4	MT
WELLBUTRIN XL TB24 150mg, 300mg	4	MT
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	MT
MARPLAN TABS 10mg	4	MT
NARDIL TABS 15mg	4	MT
PARNATE TABS 10mg	4	MT
<i>phenelzine sulfate tabs 15mg</i>	1	MT
<i>tranylcypromine sulfate tabs 10mg</i>	1	MT
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TABS 10mg, 20mg, 40mg	4	MT
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	MT
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	MT
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg</i>	1	MT
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	MT
LEXAPRO TABS 5mg, 10mg, 20mg	4	MT
<i>paroxetine hcl susp 10mg/5ml</i>	2	MT
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	MT
PAXIL SUSP 10mg/5ml; TABS 10mg, 20mg, 30mg, 40mg	4	MT
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	4	MT
PEXEVA TABS 10mg, 20mg, 30mg, 40mg	4	MT
PROZAC CAPS 10mg, 20mg, 40mg	4	MT
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	MT
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	4	MT
SEROTONIN MODULATORS		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	MT
TRINTELLIX TABS 5mg, 10mg, 20mg	3	MT
VIIBRYD TABS 10mg, 20mg, 40mg	4	MT
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CPEP 20mg, 30mg, 60mg	4	MT
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	MT
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	1	MT
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	4	MT
PRISTIQ TB24 25mg, 50mg, 100mg	4	MT
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg</i>	1	MT
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	MT
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	1	MT
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	MT
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	MT
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	MT
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	MT
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	MT
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	MT
NORPRAMIN TABS 10mg, 25mg	4	MT
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	MT
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4	MT
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	MT
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS - DRUGS TO TREAT DIABETES		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg</i>	1	QL (360 tabs every 30 days); MT
<i>acarbose tabs 50mg</i>	1	QL (180 tabs every 30 days); MT
<i>acarbose tabs 100mg</i>	1	QL (90 tabs every 30 days); MT
<i>miglitol tabs 25mg</i>	1	QL (360 tabs every 30 days); MT
<i>miglitol tabs 50mg</i>	1	QL (180 tabs every 30 days); MT
<i>miglitol tabs 100mg</i>	1	QL (90 tabs every 30 days); MT
PRECOSE TABS 25mg	4	QL (360 tabs every 30 days); MT
PRECOSE TABS 50mg	4	QL (180 tabs every 30 days); MT
PRECOSE TABS 100mg	4	QL (90 tabs every 30 days); MT
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	QL (4 pens every 30 days); MT
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	QL (4 pens every 30 days); MT
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	4	QL (90 tabs every 30 days); MT
ACTOPLUS MET TAB 15-850MG	4	QL (90 tabs every 30 days); MT
DUETACT TAB 30-2MG	4	QL (30 tabs every 30 days); MT
DUETACT TAB 30-4MG	4	QL (30 tabs every 30 days); MT
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs every 30 days); MT
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs every 30 days); MT
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs every 30 days); MT
<i>glyburide-metformin tab 1.25-250 mg</i>	1	MT
<i>glyburide-metformin tab 2.5-500 mg</i>	1	MT
<i>glyburide-metformin tab 5-500 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs every 30 days); MT
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs every 30 days); MT
JANUMET TAB 50-500MG	3	QL (60 tabs every 30 days); MT
JANUMET TAB 50-1000	3	QL (60 tabs every 30 days); MT
JANUMET XR TAB 50-500MG	3	QL (30 tabs every 30 days); MT
JANUMET XR TAB 50-1000	3	QL (60 tabs every 30 days); MT
JANUMET XR TAB 100-1000	3	QL (30 tabs every 30 days); MT
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (30 tabs every 30 days); MT
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (30 tabs every 30 days); MT
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs every 30 days); MT
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs every 30 days); MT
SOLIQUA INJ 100/33	3	QL (15 ml every 25 days); MT
SYNJARDY TAB	3	QL (60 tabs every 30 days); MT
SYNJARDY TAB 5-500MG	3	QL (120 tabs every 30 days); MT
SYNJARDY TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
SYNJARDY TAB 12.5-500	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 10-1000	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 25-1000	3	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB 5-2.5-1000 MG	3	QL (60 tabs every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TAB 10-5-1000 MG	3	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB 12.5-2.5-1000 MG	3	QL (60 tabs every 30 days); MT
TRIJARDY XR TAB 25-5-1000 MG	3	QL (30 tabs every 30 days); MT
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 5-500MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 10-500MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 10-1000	3	QL (30 tabs every 30 days); MT

BIGUANIDES

<i>metformin hcl soln 500mg/5ml</i>	1	QL (765 mL every 30 days); MT
<i>metformin hcl tabs 500mg</i>	1	QL (150 tabs every 30 days); MT
<i>metformin hcl tabs 850mg</i>	1	QL (90 tabs every 30 days); ACA, MT
<i>metformin hcl tabs 1000mg; tb24 750mg</i>	1	QL (75 tabs every 30 days); MT
<i>metformin hcl tb24 500mg</i>	1	QL (120 tabs every 30 days); MT
RIOMET SOLN 500mg/5ml	4	QL (765 mL every 30 days); MT

DIABETIC OTHER

BAQSIMI ONE PACK POWD 3mg/dose	3	
BAQSIMI TWO PACK POWD 3mg/dose	3	
<i>cvs glucose gel 15gm/38gm, 40%</i>	2	OTC
<i>cvs glucose liquid shot liqd 15gm/59ml</i>	2	OTC
<i>cvs glucose shot liqd 15gm/59ml</i>	2	OTC
<i>dextrose (diabetic use) gel 40%; liqd 15gm/59ml</i>	2	OTC
<i>diazoxide susp 50mg/ml</i>	2	MT
GLUCAGEN HYPOKIT SOLR 1mg	3	
<i>glucagon (rdna) kit 1mg</i>	2	
GLUCAGON EMERGENCY KIT KIT 1mg	4	
GLUCAGON EMERGENCY KIT FO SOLR 1mg/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>gluco to go 15 gel 40%</i>	2	OTC
<i>glucose 5 gel 40%</i>	2	OTC
<i>glucose 15 gel 40%</i>	2	OTC
<i>glucose 45 gel 40%</i>	2	OTC
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
KORLYM TABS 300mg	6	PA; LD
PROGLYCEM SUSP 50mg/ml	4	MT
RA TRUEPLUS GLUCOSE GEL 15gm/32ml	4	OTC
<i>relion glucose gel 15gm/38gm</i>	2	OTC
<i>sweet cheeks gel 40%</i>	2	OTC
TRUEPLUS GLUCOSE CHEW 4gm	4	OTC
TRUEPLUS GLUCOSE GEL GEL 15gm/32ml	4	OTC
TRUEPLUS GLUCOSE ON THE G CHEW 4gm	4	OTC
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs every 30 days); MT
<i>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</i>		
CYCLOSET TABS .8mg	4	QL (180 tabs every 30 days); MT
<i>INCRETIN MIMETIC AGENTS</i>		
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml	3	PA, QL (1 pen every 28 days); MT
OZEMPIC 1 MG/DOSE SOPN 2mg/1.5ml	3	PA, QL (2 pens every 28 days); MT
OZEMPIC 2 MG/DOSE	3	PA, QL (1 pen every 28 days); MT
RYBELSUS TABS 3mg, 7mg, 14mg	3	PA, QL (30 tabs every 30 days); MT
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	PA, QL (4 pens every 28 days); MT
VICTOZA SOPN 18mg/3ml	3	PA, QL (3 pens every 30 days); MT
<i>INSULIN</i>		
AFREZZA POWD 4unit, 8unit, 12unit	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
AFREZZA POW 4-8 UNIT	4	MT
AFREZZA POW 4-8-12	4	MT
AFREZZA POW 8-12UNIT	4	MT
FIASP FLEX INJ TOUCH	3	QL (60 mL every 30 days); MT
FIASP INJ 100/ML	3	QL (90 mL every 30 days); MT
FIASP PENFIL INJ U-100	3	QL (60 mL every 30 days); MT
FIASP PMPCRT INJ U-100	3	QL (60ml every 30 days); MT
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	QL (90 mL every 30 days); MT
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	QL (60 mL every 30 days); MT
LANTUS SOLN 100unit/ml	3	QL (60 mL every 30 days); MT
LANTUS SOLOSTAR SOPN 100unit/ml	3	QL (30 mL every 30 days); MT
LEVEMIR SOLN 100unit/ml	3	QL (60 mL every 30 days); MT
LEVEMIR FLEXPEN SOPN 100unit/ml	3	QL (30 mL every 30 days); MT
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	QL (30 mL every 30 days); MT
NOVOLIN70/30 INJ RELION	3	OTC; MT
NOVOLIN INJ 70/30	3	OTC; MT
NOVOLIN INJ 70/30 FP	3	OTC; MT
NOVOLIN N SUSP 100unit/ml	3	OTC; MT
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	OTC; MT
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	OTC; MT
NOVOLIN N RELION SUSP 100unit/ml	3	OTC; MT
NOVOLIN R SOLN 100unit/ml	3	OTC; MT
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	QL (60 mL every 30 days), OTC; MT
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	QL (60 mL every 30 days), OTC; MT
NOVOLIN R RELION SOLN 100unit/ml	3	OTC; MT
NOVOLOG SOLN 100unit/ml	3	QL (90 mL every 30 days); MT
NOVOLOG FLEXPEN SOPN 100unit/ml	3	QL (60 mL every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	QL (60 mL every 30 days); MT
NOVOLOG MIX INJ 70/30	3	QL (90 mL every 30 days); MT
NOVOLOG MIX INJ FLEX REL	3	QL (60 mL every 30 days); MT
NOVOLOG MIX INJ FLEXPEN	3	QL (60 mL every 30 days); MT
NOVOLOG PENFILL SOCT 100unit/ml	3	QL (60 mL every 30 days); MT
NOVOLOG RELI INJ 70/30	3	QL (90 mL every 30 days); MT
NOVOLOG RELION SOLN 100unit/ml	3	QL (90 mL every 30 days); MT
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	QL (18 mL every 30 days); MT
TOUJEO SOLOSTAR SOPN 300unit/ml	3	QL (13.5 mL every 30 days); MT
TRESIBA SOLN 100unit/ml	3	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 100unit/ml	3	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 200unit/ml	3	QL (18 mL every 30 days); MT

INSULIN SENSITIZING AGENTS

ACTOS TABS 15mg, 30mg, 45mg	4	QL (30 tabs every 30 days); MT
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	QL (30 tabs every 30 days); MT

MEGLITINIDE ANALOGUES

<i>nateglinide tabs 60mg, 120mg</i>	1	MT
<i>repaglinide tabs 2mg</i>	1	QL (240 tabs every 30 days); MT
<i>repaglinide tabs .5mg, 1mg</i>	1	QL (120 tabs every 30 days); MT

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TABS 5mg	3	QL (60 tabs every 30 days); MT
FARXIGA TABS 10mg	3	QL (30 tabs every 30 days); MT
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
SULFONYLUREAS		
AMARYL TABS 1mg	4	QL (240 tabs every 30 days); MT
AMARYL TABS 2mg	4	QL (120 tabs every 30 days); MT
AMARYL TABS 4mg	4	QL (60 tabs every 30 days); MT
<i>glimepiride tabs 1mg</i>	1	QL (240 tabs every 30 days); MT
<i>glimepiride tabs 2mg</i>	1	QL (120 tabs every 30 days); MT
<i>glimepiride tabs 4mg</i>	1	QL (60 tabs every 30 days); MT
<i>glipizide tabs 5mg; tb24 2.5mg</i>	1	QL (240 tabs every 30 days); MT
<i>glipizide tabs 10mg; tb24 5mg</i>	1	QL (120 tabs every 30 days); MT
<i>glipizide tb24 10mg</i>	1	QL (60 tabs every 30 days); MT
<i>glipizide xl tb24 2.5mg</i>	1	QL (240 tabs every 30 days); MT
<i>glipizide xl tb24 5mg</i>	1	QL (120 tabs every 30 days); MT
<i>glipizide xl tb24 10mg</i>	1	QL (60 tabs every 30 days); MT
GLUCOTROL XL TB24 2.5mg	4	QL (240 tabs every 30 days); MT
GLUCOTROL XL TB24 5mg	4	QL (120 tabs every 30 days); MT
GLUCOTROL XL TB24 10mg	4	QL (60 tabs every 30 days); MT
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	MT
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	MT
GLYNASE TABS 1.5mg, 3mg, 6mg	4	MT

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TBEC 125mg	4
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ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2
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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
LOMOTIL TAB 2.5MG	4	
MOTOFEN TAB 1-0.025	4	

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAPS 100mg	4	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	5	
<i>deferiprone tabs 500mg, 1000mg</i>	5	LD
EXJADE TBSO 125mg, 250mg, 500mg	6	LD
FERRIPROX TABS 500mg, 1000mg	6	LD
FERRIPROX TWICE-A-DAY TABS 1000mg	6	LD
JADENU TABS 90mg, 180mg, 360mg	6	LD
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	6	LD

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

RADIOGARDASE CAPS .5gm	4	
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OPIOID ANTAGONISTS

KLOXXADO LIQD 8mg/0.1ml	4	QL (2 sprays every 30 days)
<i>naloxone hcl liqd 4mg/0.1ml</i>	2	QL (2 sprays every 30 days)
<i>naloxone hcl liqd 4mg/0.1ml</i>	2	QL (2 sprays every 30 days), OTC
<i>naloxone hcl soct .4mg/ml</i>	2	QL (2 injections every 30 days)
<i>naloxone hcl soln 4mg/10ml</i>	2	QL (1 vial every 30 days)
<i>naloxone hcl soln .4mg/ml</i>	2	QL (2 vials every 30 days)
<i>naloxone hcl sosy 2mg/2ml</i>	2	QL (2 syringes every 30 days)
<i>naltrexone hcl tabs 50mg</i>	2	
NARCAN LIQD 4mg/0.1ml	4	QL (2 sprays every 30 days)
NARCAN LIQD 4mg/0.1ml	4	QL (2 sprays every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
ZIMHI SOSY 5mg/0.5ml	4	QL (2 injections every 30 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl tabs 1mg</i>	2	
<i>ondansetron tbdp 4mg, 8mg</i>	2	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	2	
ZOFRAN TABS 4mg	4	

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	
<i>scopolamine pt72 1mg/3days, 1.5mg</i>	2	
TRANSDERM-SCOP PT72 1mg/3days	4	
<i>trimethobenzamide hcl caps 300mg</i>	1	

ANTIEMETICS - MISCELLANEOUS

<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	
MARINOL CAPS 2.5mg, 5mg, 10mg	4	
SYNDROS SOLN 5mg/ml	4	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant caps 40mg, 80mg, 125mg</i>	2	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	
EMEND CAPS 80mg	4	
EMEND TRIPAC PAK 80 & 125	4	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANCOBON CAPS 250mg, 500mg	4	
<i>flucytosine caps 250mg, 500mg</i>	2	
<i>flucytosine cap 500 mg</i>	2	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>terbinafine hcl tabs 250mg</i>	2	

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAPS 186mg	4	
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	4	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole caps 100mg</i>	2	QL (120 caps every 30 days)
<i>itraconazole soln 10mg/ml</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
NOXAFIL PACK 300mg	4	QL (32 packs every 28 days)
NOXAFIL SUSP 40mg/ml	4	QL (630 mL every 30 days)
NOXAFIL TBEC 100mg	4	QL (93 tabs every 30 days)
<i>posaconazole susp 40mg/ml</i>	2	QL (630 mL every 30 days)
<i>posaconazole tbec 100mg</i>	2	QL (93 tabs every 30 days)
SPORANOX CAPS 100mg	4	QL (120 caps every 30 days)
SPORANOX SOLN 10mg/ml	4	
SPORANOX PULSEPAK CAPS 100mg	4	QL (120 caps every 30 days)
VFEND SUSR 40mg/ml	4	QL (600 mL every 30 days)
VFEND TABS 50mg	4	QL (480 every 30 days)
VFEND TABS 200mg	4	QL (120 tabs every 30 days)
<i>voriconazole susr 40mg/ml</i>	2	QL (600 mL every 30 days)
<i>voriconazole tabs 50mg</i>	2	QL (480 every 30 days)
<i>voriconazole tabs 200mg</i>	2	QL (120 tabs every 30 days)

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1	
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>di-phen elix 12.5mg/5ml</i>	1	
<i>diphen elix 12.5mg/5ml</i>	1	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	1	

ANTIHIISTAMINES - NON-SEDATING

CLARINEX TABS 5mg	4	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl soln 6.25mg/5ml; supp 12.5mg, 25mg; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>ciproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	2	
ANTHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	MT
VYTORIN TAB 10-10MG	4	MT
VYTORIN TAB 10-20MG	4	MT
VYTORIN TAB 10-40MG	4	MT
VYTORIN TAB 10-80MG	4	MT
ANTHYPERLIPIDEMICS - MISC.		
LOVAZA CAP 1GM	4	MT
<i>omega-3-acid ethyl esters caps 1gm</i>	1	MT
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MT
VASCEPA CAPS .5gm, 1gm	1	MT
BILE ACID SEQUESTRANTS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	MT
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	MT
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	2	MT
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	4	MT
COLESTID FLAVORED GRAN 5gm; PACK 5gm/7.5gm	4	MT
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	MT
<i>prevalite pack 4gm; powd 4gm/dose</i>	1	MT
QUESTRAN PACK 4gm; POWD 4gm/dose	4	MT
QUESTRAN LIGHT POWD 4gm/dose	4	MT
WELCHOL PACK 3.75gm; TABS 625mg	4	MT
FIBRIC ACID DERIVATIVES		
<i>fenofibrate caps 50mg, 150mg</i>	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	1	MT
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1	MT
<i>fenofibric acid tabs 35mg, 105mg</i>	1	MT
FIBRICOR TABS 35mg, 105mg	4	MT
<i>gemfibrozil tabs 600mg</i>	1	MT
LIPOFEN CAPS 50mg, 150mg	4	MT
LOPID TABS 600mg	4	MT
TRICOR TABS 48mg, 145mg	4	MT
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	ACA, MT
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	MT
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	4	MT
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	ACA, MT
LESCOL XL TB24 80mg	4	MT
LIPITOR TABS 10mg, 20mg, 40mg, 80mg	4	MT
LIVALO TABS 1mg, 2mg, 4mg	3	MT
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	ACA, MT
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	ACA, MT
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	ACA, MT
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	MT
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	ACA, MT
<i>simvastatin tabs 80mg</i>	1	MT
ZOCOR TABS 10mg, 20mg, 40mg, 80mg	4	MT
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	MT
ZETIA TABS 10mg	4	MT
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	6	PA; LD
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tabs 500mg</i>	1	
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	2	MT
<i>niacor tabs 500mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
NIASPAN TBCR 500mg, 750mg, 1000mg	4	MT

PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA SOSY 140mg/ml	3	PA, QL (2 pens every 28 days); MT
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	PA, QL (1 cartridge every 28 days); MT
REPATHA SURECLICK SOAJ 140mg/ml	3	PA, QL (2 syringes every 28 days); MT

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ACE INHIBITORS

ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg	4	MT
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	4	MT
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	MT
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	MT
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	MT
EPANED SOLN 1mg/ml	4	MT
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	MT
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	MT
LOTENSIN TABS 10mg, 20mg, 40mg	4	MT
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	MT
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	MT
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	MT
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	MT
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	MT
VASOTEC TABS 2.5mg, 5mg, 10mg, 20mg	4	MT
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	4	MT

AGENTS FOR PHEOCHROMOCYTOMA

DIBENZYLINE CAPS 10mg	4	
<i>phenoxybenzamine hcl caps 10mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 4mg, 8mg, 16mg, 32mg	4	MT
AVAPRO TABS 75mg, 150mg, 300mg	4	MT
BENICAR TABS 5mg, 20mg, 40mg	4	MT
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	1	MT
COZAAR TABS 25mg, 50mg, 100mg	4	MT
DIOVAN TABS 40mg, 80mg, 160mg, 320mg	4	MT
EDARBI TABS 40mg, 80mg	4	ST; MT
irbesartan tabs 75mg, 150mg, 300mg	1	MT
losartan potassium tabs 25mg, 50mg, 100mg	1	MT
MICARDIS TABS 20mg, 40mg, 80mg	4	MT
olmesartan medoxomil tabs 5mg, 20mg, 40mg	1	MT
telmisartan tabs 20mg, 40mg, 80mg	1	MT
valsartan tabs 40mg, 80mg, 160mg, 320mg	1	MT
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	4	MT
CATAPRES-TTS-1 PTWK .1mg/24hr	4	MT
CATAPRES-TTS-2 PTWK .2mg/24hr	4	MT
CATAPRES-TTS-3 PTWK .3mg/24hr	4	MT
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	2	MT
clonidine hcl tabs .1mg, .2mg, .3mg	1	MT
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1	MT
guanfacine hcl tabs 1mg, 2mg	1	MT
methyldopa tabs 250mg, 500mg	1	MT
MINIPRESS CAPS 1mg, 2mg, 5mg	4	MT
prazosin hcl caps 1mg, 2mg, 5mg	1	MT
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	MT
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	4	MT
ACCURETIC TAB 20-12.5	4	MT
ACCURETIC TAB 20-25MG	4	MT
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	MT
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	MT
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	MT
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	MT
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	MT
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	MT
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	MT
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	MT
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	MT
ATACAND HCT TAB 16-12.5	4	MT
ATACAND HCT TAB 32-12.5	4	MT
ATACAND HCT TAB 32-25MG	4	MT
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	MT
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	MT
AVALIDE TAB 150-12.5	4	MT
AVALIDE TAB 300-12.5	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
AZOR TAB 5-20MG	4	MT
AZOR TAB 5-40MG	4	MT
AZOR TAB 10-20MG	4	MT
AZOR TAB 10-40MG	4	MT
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	MT
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MT
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	MT
BENICAR HCT TAB 20-12.5	4	MT
BENICAR HCT TAB 40-12.5	4	MT
BENICAR HCT TAB 40-25MG	4	MT
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	MT
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	MT
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	MT
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	MT
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	MT
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	MT
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	MT
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	MT
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	MT
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	MT
DIOVAN HCT TAB 80/12.5	4	MT
DIOVAN HCT TAB 160-12.5	4	MT
DIOVAN HCT TAB 160-25MG	4	MT
DIOVAN HCT TAB 320-12.5	4	MT
DIOVAN HCT TAB 320-25MG	4	MT
DUTOPROL TAB 25-12.5	4	MT
DUTOPROL TAB 50-12.5	4	MT
DUTOPROL TAB 100-12.5	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR TAB 40-12.5	4	ST; MT
EDARBYCLOR TAB 40-25MG	4	ST; MT
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	MT
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	MT
EXFORGE TAB 5-160MG	4	MT
EXFORGE TAB 5-320MG	4	MT
EXFORGE TAB 10-160MG	4	MT
EXFORGE TAB 10-320MG	4	MT
EXFORGEH/5- TAB 160-12.5	4	MT
EXFORGEH/5- TAB 160-25	4	MT
EXFORGEH/10- TAB 160-12.5	4	MT
EXFORGEH/10- TAB 160-25	4	MT
EXFORGEH/10- TAB 320-25	4	MT
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	MT
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
HYZAAR TAB 50-12.5	4	MT
HYZAAR TAB 100-12.5	4	MT
HYZAAR TAB 100-25	4	MT
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	MT
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	MT
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MT
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	MT
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	MT
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	MT
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	MT
LOTENSIN HCT TAB 10-12.5	4	MT
LOTENSIN HCT TAB 20-12.5	4	MT
LOTENSIN HCT TAB 20-25MG	4	MT
LOTREL CAP 5-10MG	4	MT
LOTREL CAP 5-20MG	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
LOTREL CAP 10-20MG	4	MT
LOTREL CAP 10-40MG	4	MT
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	MT
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	MT
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	MT
MICARDIS HCT TAB 40/12.5	4	MT
MICARDIS HCT TAB 80-25MG	4	MT
MICARDIS HCT TAB 80/12.5	4	MT
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	MT
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	MT
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	MT
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	MT
TEKTURNA HCT TAB 150-12.5	4	MT
TEKTURNA HCT TAB 150-25MG	4	MT
TEKTURNA HCT TAB 300-12.5	4	MT
TEKTURNA HCT TAB 300-25MG	4	MT
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	MT
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	MT
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	MT
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	MT
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MT
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	MT
TENORETIC TAB 50	4	MT
TENORETIC TAB 100	4	MT
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	MT
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	MT
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	MT
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	MT
TRIBENZOR20- TAB 5-12.5MG	4	MT
TRIBENZOR40- TAB 5-12.5MG	4	MT
TRIBENZOR40- TAB 5-25MG	4	MT
TRIBENZOR40- TAB 10-12.5	4	MT
TRIBENZOR40- TAB 10-25MG	4	MT
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	MT
VASERETIC TAB 10-25MG	4	MT
ZESTORETIC TAB 10-12.5	4	MT
ZESTORETIC TAB 20-12.5	4	MT
ZESTORETIC TAB 20-25MG	4	MT
ZIAC TAB 2.5/6.25	4	MT
ZIAC TAB 5-6.25MG	4	MT
ZIAC TAB 10/6.25	4	MT
<i>DIRECT RENIN INHIBITORS</i>		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	MT
TEKTURNA TABS 150mg, 300mg	4	MT
<i>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</i>		
<i>eplerenone tabs 25mg, 50mg</i>	1	MT
INSPIRA TABS 25mg, 50mg	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
VASODILATORS		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	MT
<i>minoxidil tabs 2.5mg, 10mg</i>	1	MT
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
COARTEM TAB 20-120MG	4	
MALARONE TAB 62.5-25	4	
MALARONE TAB 250-100	4	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA TABS 100mg	4	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	2	
DARAPRIM TABS 25mg	6	PA
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
KRINTAFEL TABS 150mg	4	
<i>mefloquine hcl tabs 250mg</i>	2	
PLAQUENIL TABS 200mg	4	
<i>primaquine phosphate tabs 26.3mg</i>	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	4	
<i>pyrimethamine tabs 25mg</i>	5	PA
QUALAQUIN CAPS 324mg	4	
<i>quinine sulfate caps 324mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
FIRDAPSE TABS 10mg	6	PA; LD
MESTINON SOLN 60mg/5ml; TABS 60mg	4	
MESTINON TIMESPAN TBCR 180mg	4	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	2	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
<i>cycloserine caps 250mg</i>	2	
<i>ethambutol hcl tabs 100mg, 400mg</i>	2	
<i>isoniazid syr 50mg/5ml</i>	2	
<i>isoniazid tabs 100mg, 300mg</i>	1	
MYAMBUTOL TABS 400mg	4	
MYCOBUTIN CAPS 150mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
PASER PACK 4gm	4	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide tabs 500mg</i>	2	
<i>rifabutin caps 150mg</i>	2	
<i>rifampin caps 150mg, 300mg</i>	2	
SIRTURO TABS 20mg, 100mg	6	
TRECTOR TABS 250mg	4	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

ALKERAN TABS 2mg	4	
<i>cyclophosphamide caps 25mg, 50mg</i>	2	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	
GLEOSTINE CAPS 10mg, 40mg, 100mg	4	
LEUKERAN TABS 2mg	4	
<i>melphalan tabs 2mg</i>	2	
MYLERAN TABS 2mg	4	
TEMODAR CAPS 100mg, 140mg, 180mg, 250mg	6	PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	5	PA

ANTIMETABOLITES

<i>capecitabine tabs 150mg, 500mg</i>	5	
<i>mercaptopurine tabs 50mg</i>	2	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; solr 1gm; tabs 2.5mg</i>	2	
ONUREG TABS 200mg, 300mg	6	PA, QL (14 tabs every 28 days); LD
PURIXAN SUSP 2000mg/100ml	6	LD
TABLOID TABS 40mg	4	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	
XELODA TABS 150mg, 500mg	6	LD

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TABS 1mg	6	PA, QL (240 tabs every 30 days); LD
INLYTA TABS 5mg	6	PA, QL (120 tabs every 30 days); LD
LENVIMA 4 MG DAILY DOSE CPPK 4mg	6	PA, QL (30 caps every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CPPK 4mg	6	PA, QL (60 caps every 30 days); LD
LENVIMA 10 MG DAILY DOSE CPPK 10mg	6	PA, QL (30 caps every 30 days); LD
LENVIMA 12MG DAILY DOSE CPPK 4mg	6	PA, QL (90 caps every 30 days); LD
LENVIMA 20 MG DAILY DOSE CPPK 10mg	6	PA, QL (60 caps every 30 days); LD
LENVIMA CAP 14 MG	6	PA, QL (60 caps every 30 days); LD
LENVIMA CAP 18 MG	6	PA, QL (90 caps every 30 days); LD
LENVIMA CAP 24 MG	6	PA, QL (90 caps every 30 days); LD
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TABS 50mg, 150mg	6	PA; LD
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	6	PA, QL (112 tabs every 28 days); LD
VENCLEXTA TABS 100mg	6	PA, QL (180 tabs every 30 days); LD
VENCLEXTA TAB START PK	6	PA, QL (42 tabs every 28 days); LD
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg</i>	5	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	5	PA, QL (30 tabs every 30 days)
EXKIVITY CAPS 40mg	6	PA, QL (120 caps every 30 days); LD
<i>gefitinib tabs 250mg</i>	5	PA, QL (30 tabs every 30 days)
GILOTRIF TABS 20mg, 30mg, 40mg	6	PA, QL (30 tabs every 30 days); LD
IRESSA TABS 250mg	6	PA, QL (30 tabs every 30 days); LD
TAGRISSE TABS 40mg, 80mg	6	PA, QL (30 tabs every 30 days); LD
TARCEVA TABS 25mg	6	PA, QL (60 tabs every 30 days); LD
TARCEVA TABS 100mg, 150mg	6	PA, QL (30 tabs every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO TABS 15mg, 30mg, 45mg	6	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TABS 25mg	6	PA, QL (60 tabs every 30 days); LD
DAURISMO TABS 100mg	6	PA, QL (30 tabs every 30 days); LD
ERIVEDGE CAPS 150mg	6	PA, QL (28 caps every 28 days); LD
ODOMZO CAPS 200mg	6	PA, QL (30 caps every 30 days); LD
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	5	PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	2	ACA, MT
ARIMIDEX TABS 1mg	4	MT
AROMASIN TABS 25mg	4	MT
<i>bicalutamide tabs 50mg</i>	2	
CASODEX TABS 50mg	4	
EMCYT CAPS 140mg	4	
ERLEADA TABS 60mg	5	PA, QL (120 tabs every 30 days); LD
ERLEADA TABS 240mg	5	PA, QL (30 tabs every 30 days); LD
<i>exemestane tabs 25mg</i>	2	ACA, MT
FARESTON TABS 60mg	4	MT
FEMARA TABS 2.5mg	4	MT
<i>flutamide caps 125mg</i>	2	
<i>letrozole tabs 2.5mg</i>	2	MT
<i>leuprolide acetate kit 1mg/0.2ml</i>	5	
LYSODREN TABS 500mg	6	LD
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	2	
NILANDRON TABS 150mg	6	
<i>nilutamide tabs 150mg</i>	5	
NUBEQA TABS 300mg	5	PA, QL (120 tabs every 30 days); LD
ORGOVYX TABS 120mg	6	PA, QL (30 tabs every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
ORSERDU TABS 86mg	6	PA, QL (90 tabs every 30 days); LD
ORSERDU TABS 345mg	6	PA, QL (30 tabs every 30 days); LD
SOLTAMOX SOLN 10mg/5ml	4	MT
<i>tamoxifen citrate tabs 10mg, 20mg</i>	2	ACA, MT
<i>toremifene citrate tabs 60mg</i>	2	MT
XTANDI CAPS 40mg	5	PA, QL (120 caps every 30 days); LD
XTANDI TABS 40mg	5	PA, QL (120 tabs every 30 days); LD
XTANDI TABS 80mg	5	PA, QL (60 tabs every 30 days); LD
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TABS 40mg	6	PA, QL (90 tabs every 30 days); LD
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	6	PA, QL (21 caps every 28 days); LD
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	6	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	6	PA, QL (4 tabs every 28 days); LD
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	6	PA, QL (8 tabs every 28 days); LD
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	6	PA, QL (4 tabs every 28 days); LD
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	6	PA, QL (24 tabs every 28 days); LD
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	6	PA, QL (8 tabs every 28 days); LD
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	6	PA, QL (32 tabs every 28 days); LD
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	6	PA, QL (8 tabs every 28 days); LD
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	6	PA, QL (5 tabs every 28 days); LD
KISQALI 200 PAK FEMARA	5	PA, QL (49 tabs every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 PAK FEMARA	5	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	5	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	6	PA; LD
LONSURF TAB 20-8.19	6	PA; LD
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	6	PA, QL (28 tabs every 28 days)
AFINITOR DISPERZ TBSO 2mg, 5mg	6	PA, QL (56 tabs every 28 days)
AFINITOR DISPERZ TBSO 3mg	6	PA, QL (84 tabs every 28 days)
ALECENSA CAPS 150mg	6	PA, QL (240 caps every 30 days); LD
ALUNBRIG TABS 30mg	6	PA, QL (120 tabs every 30 days); LD
ALUNBRIG TABS 90mg, 180mg	6	PA, QL (30 tabs every 30 days); LD
ALUNBRIG PAK	6	PA, QL (30 tabs every 30 days); LD
BALVERSA TABS 3mg	6	PA, QL (84 tabs every 28 days); LD
BALVERSA TABS 4mg	6	PA, QL (56 tabs every 28 days); LD
BALVERSA TABS 5mg	6	PA, QL (28 tabs every 28 days); LD
BOSULIF TABS 100mg	6	PA, QL (90 tabs every 30 days)
BOSULIF TABS 400mg, 500mg	6	PA, QL (30 tabs every 30 days)
BRAFTOVI CAPS 75mg	6	PA, QL (180 caps every 30 days); LD
BRUKINSA CAPS 80mg	6	PA, QL (120 caps every 30 days); LD
CABOMETYX TABS 20mg, 40mg, 60mg	6	PA, QL (30 tabs every 30 days); LD
CALQUENCE CAPS 100mg	6	PA, QL (60 caps every 30 days); LD
CALQUENCE TABS 100mg	6	PA, QL (60 tabs every 30 days); LD
CAPRELSA TABS 100mg	6	PA, QL (60 tabs every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 300mg	6	PA, QL (30 tabs every 30 days); LD
COMETRIQ KIT 20mg	6	LD
COMETRIQ KIT 100MG	6	LD
COMETRIQ KIT 140MG	6	LD
COPIKTRA CAPS 15mg, 25mg	6	PA, QL (56 caps every 28 days); LD
COTELLIC TABS 20mg	6	PA, QL (63 tabs every 28 days); LD
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	5	PA, QL (28 tabs every 28 days)
<i>everolimus tbso 2mg, 5mg</i>	5	PA, QL (56 tabs every 28 days)
<i>everolimus tbso 3mg</i>	5	PA, QL (84 tabs every 28 days)
FOTIVDA CAPS .89mg, 1.34mg	6	PA; LD
GAVRETO CAPS 100mg	6	PA, QL (120 caps every 30 days); LD
GLEEVEC TABS 100mg	6	PA, QL (90 tabs every 30 days)
GLEEVEC TABS 400mg	6	PA, QL (60 tabs every 30 days)
IBRANCE CAPS 75mg, 100mg, 125mg	5	PA, QL (21 caps every 28 days); LD
IBRANCE TABS 75mg, 100mg, 125mg	5	PA, QL (21 tabs every 28 days); LD
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	6	PA, QL (30 tabs every 30 days); LD
IDHIFA TABS 50mg, 100mg	6	PA, QL (30 tabs every 30 days); LD
<i>imatinib mesylate tabs 100mg</i>	5	PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70mg	6	PA, QL (28 caps every 28 days); LD
IMBRUVICA CAPS 140mg	6	PA, QL (90 caps every 30 days); LD
IMBRUVICA SUSP 70mg/ml	6	PA, QL (324 mL every 30 days); LD
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	6	PA, QL (28 tabs every 28 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
INREBIC CAPS 100mg	6	PA, QL (120 caps every 30 days); LD
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	6	PA, QL (60 tabs every 30 days); LD
JAYPIRCA TABS 50mg, 100mg	6	PA, QL (90 tabs every 30 day); LD
KISQALI 200 MG DAILY DOSE TBPk	5	PA, QL (21 tabs every 28 days)
KISQALI 400 MG DAILY DOSE TBPk	5	PA, QL (42 tabs every 28 days)
KISQALI 600 MG DAILY DOSE TBPk	5	PA, QL (63 tabs every 28 days)
KOSELUGO CAPS 10mg, 25mg	6	PA; LD
KRAZATI TABS 200mg	6	PA, QL (180 tabs every 30 days); LD
<i>lapatinib ditosylate tabs 250mg</i>	5	PA, QL (180 tabs every 30 days)
LORBRENA TABS 25mg	6	PA, QL (90 tabs every 30 days); LD
LORBRENA TABS 100mg	6	PA, QL (30 tabs every 30 days); LD
LUMAKRAS TABS 120mg	6	PA, QL (240 tabs every 30 days); LD
LUMAKRAS TABS 320mg	6	PA, QL (90 tabs every 30 days); LD
LYNPARZA TABS 100mg, 150mg	6	PA, QL (120 tabs every 30 days); LD
MEKINIST SOLR .05mg/ml	6	PA; LD
MEKINIST TABS 2mg	6	PA, QL (30 tabs every 30 days); LD
MEKINIST TABS .5mg	6	PA, QL (90 tabs every 30 days); LD
MEKTOVI TABS 15mg	6	PA, QL (180 tabs every 30 days); LD
NERLYNX TABS 40mg	6	PA; LD
NEXAVAR TABS 200mg	6	PA, QL (120 tabs every 30 days); LD
NINLARO CAPS 2.3mg, 3mg, 4mg	6	PA, QL (3 caps every 28 days); LD
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	6	PA; LD
PIQRAY 200MG DAILY DOSE TBPk	6	PA, QL (28 tabs every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	6	PA, QL (56 tabs every 28 days)
PIQRAY 300MG DAILY DOSE TBPk 150mg	6	PA, QL (56 tabs every 28 days)
QINLOCK TABS 50mg	6	PA, QL (90 tabs every 30 days); LD
RETEVMO CAPS 40mg	6	PA, QL (60 caps every 30 days); LD
RETEVMO CAPS 80mg	6	PA, QL (120 caps every 30 days); LD
REZLIDHIA CAPS 150mg	6	PA, QL (60 caps every 30 days); LD
ROZLYTREK CAPS 100mg, 200mg	6	PA; LD
RUBRACA TABS 200mg, 250mg, 300mg	6	PA, QL (120 tabs every 30 days); LD
RYDAPT CAPS 25mg	6	PA
SCEMBLIX TABS 20mg	6	PA, QL (60 tabs every 30 days); LD
SCEMBLIX TABS 40mg	6	PA, QL (300 tabs every 30 days); LD
<i>sorafenib tosylate tabs 200mg</i>	5	PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20mg	6	QL (90 tabs every 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	6	QL (30 tabs every 30 days)
STIVARGA TABS 40mg	6	PA, QL (84 tabs every 28 days); LD
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	6	PA, QL (28 caps every 28 days)
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	6	PA, QL (28 caps every 28 days); LD
TABRECTA TABS 150mg, 200mg	6	PA, QL (112 tabs every 28 days)
TAFINLAR CAPS 50mg, 75mg	6	PA, QL (120 caps every 30 days); LD
TAFINLAR TBSO 10mg	6	PA; LD
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	6	PA, QL (30 caps every 30 days); LD
TALZENNA CAPS .25mg	6	PA, QL (90 caps every 30 days); LD
TASIGNA CAPS 50mg	6	PA, QL (120 caps every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS 150mg, 200mg	6	PA, QL (112 caps every 28 days)
TAZVERIK TABS 200mg	6	PA, QL (240 tabs every 30 days); LD
TEPMETKO TABS 225mg	6	PA, QL (60 tabs every 30 days); LD
TIBSOVO TABS 250mg	6	PA, QL (60 tabs every 30 days); LD
TRUSELTIQ PACK 2 X 25 MG (50 MG DAILY DOSE) CPPK 25mg	6	PA, QL (42 ea every 28 days); LD
TRUSELTIQ PACK 3 X 25 MG (75 MG DAILY DOSE) CPPK 25mg	6	PA, QL (63 ea every 28 days); LD
TRUSELTIQ PACK 100 & 25 MG (125 MG DAILY DOSE)	6	PA, QL (42 ea every 28 days); LD
TRUSELTIQ PACK 100 MG (100 MG DAILY DOSE) CPPK 100mg	6	PA, QL (21 ea every 28 days); LD
TURALIO CAPS 125mg, 200mg	6	PA, QL (120 caps every 30 days); LD
TYKERB TABS 250mg	6	PA, QL (180 tabs every 30 days); LD
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	PA, QL (56 tabs every 28 days); LD
VITRAKVI CAPS 25mg	6	PA, QL (180 caps every 30 days); LD
VITRAKVI CAPS 100mg	6	PA, QL (60 caps every 30 days); LD
VITRAKVI SOLN 20mg/ml	6	PA, QL (300 mL every 30 days); LD
VONJO CAPS 100mg	6	PA, QL (120 caps every 30 days); LD
VOTRIENT TABS 200mg	6	PA, QL (120 tabs every 30 days); LD
XALKORI CAPS 200mg, 250mg	6	PA, QL (120 caps every 30 days); LD
XOSPATA TABS 40mg	6	PA, QL (90 tabs every 30 days); LD
ZEJULA CAPS 100mg	6	PA, QL (90 caps every 30 days); LD
ZEJULA TABS 100mg, 200mg, 300mg	6	PA, QL (30 tabs every 30 days); LD
ZELBORAF TABS 240mg	6	PA, QL (240 tabs every 30 days); LD
ZOLINZA CAPS 100mg	6	

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

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TABS 100mg, 150mg	6	PA, QL (60 tabs every 30 days); LD
ZYKADIA TABS 150mg	6	PA, QL (90 tabs every 30 days); LD

ANTINEOPLASTICS MISC.

ACTIMMUNE SOLN 2000000unit/0.5ml	6	LD
BESREMI SOSY 500mcg/ml	6	PA; LD
<i>bexarotene caps 75mg</i>	5	
HYDREA CAPS 500mg	4	
<i>hydroxyurea caps 500mg</i>	2	
INTRON A SOLN 6000000unit/ml; SOLR 10000000unit, 18000000unit, 50000000unit	6	LD
MATULANE CAPS 50mg	6	LD
SYNRIBO SOLR 3.5mg	6	PA; LD
TARGRETIN CAPS 75mg	6	
TICE BCG SUSR 50mg	4	
<i>tretinoin (chemotherapy) caps 10mg</i>	2	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	2	
MESNEX TABS 400mg	4	

MITOTIC INHIBITORS

<i>etoposide caps 50mg</i>	1	
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TOPOISOMERASE I INHIBITORS

HYCAMTIN CAPS .25mg, 1mg	6	
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ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa tabs 25mg</i>	2	MT
LODOSYN TABS 25mg	4	MT
NOURIANZ TABS 20mg, 40mg	6	

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	2	MT
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	MT

ANTIPARKINSON COMT INHIBITORS

COMTAN TABS 200mg	4	MT
<i>entacapone tabs 200mg</i>	2	MT
TASMAR TABS 100mg	4	MT
<i>tolcapone tabs 100mg</i>	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	2	MT
<i>APOKYN SOCT 30mg/3ml</i>	6	LD
<i>apomorphine hydrochloride soct 30mg/3ml</i>	5	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	2	MT
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	MT
<i>DUOPA SUS 4.63-20</i>	6	LD
<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	6	
<i>MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	MT
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	4	MT
<i>PARLODEL CAPS 5mg; TABS 2.5mg</i>	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs</i> .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	MT
<i>ropinirole hydrochloride tabs</i> .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg	2	MT
SINEMET TAB 10-100MG	4	
STALEVO 50 TAB	4	MT
STALEVO 100 TAB	4	MT

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

AZILECT TABS .5mg, 1mg	4	MT
<i>rasagiline mesylate tabs</i> .5mg, 1mg	2	MT
<i>selegiline hcl caps</i> 5mg; tabs 5mg	2	MT
ZELAPAR TBDP 1.25mg	4	MT

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate caps</i> 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg	2	
LITHOBID TBC 300mg	4	

ANTIPSYCHOTICS - MISC.

CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	PA
EQUETRO CP12 100mg, 200mg, 300mg	4	
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	PA
<i>lurasidone hcl tabs</i> 20mg, 40mg, 60mg, 80mg, 120mg	2	PA
NUPLAZID CAPS 34mg; TABS 10mg	6	PA; LD
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	PA
VRAYLAR CAP 1.5-3MG	3	PA
<i>ziprasidone hcl caps</i> 20mg, 40mg, 60mg, 80mg	1	PA

BENZISOXAZOLES

FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	PA
FANAPT PAK	4	PA
INVEGA TB24 1.5mg, 3mg, 6mg, 9mg	4	PA
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	4	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	PA
PERSERIS PRSY 90mg, 120mg	3	
RISPERDAL SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	4	PA
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	4	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	PA
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	4	
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol lactate conc 2mg/ml</i>	1	
DIBENZAPINES		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	1	PA
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	PA
CLOZARIL TABS 25mg, 50mg, 100mg, 200mg	4	PA
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	PA
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1	PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	4	PA
SEROQUEL XR TB24 50mg, 150mg, 200mg, 300mg, 400mg	4	PA
ZYPREXA TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	4	PA
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	4	
ZYPREXA ZYDIS TBDP 5mg, 10mg, 15mg, 20mg	4	PA
DIHYDROINDOLONES		
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl conc 30mg/ml, 100mg/ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>compro supp 25mg</i>	2	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	2	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	PA
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	4	
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	1	PA
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	
ARISTADA INITIO PRSY 675mg/2.4ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	4	PA

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20mg/ml</i>	2	QL (960mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	2	QL (60 tabs every 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	5	QL (30 tabs every 30 days)
APRETUDE SUER 600mg/3ml	6	QL (21 mL every 365 days); LD
APTIVUS CAPS 250mg	4	QL (120 caps every 30 days)
<i>atazanavir sulfate caps 150mg, 200mg</i>	5	QL (60 caps every 30 days)
<i>atazanavir sulfate caps 300mg</i>	5	QL (30 caps every 30 days)
BIKTARVY TAB	6	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	6	QL (50 mL every 365 days); LD
CABENUVA SUS 600-900	6	QL (50 mL every 365 days); LD
CIMDUO TAB 300-300	6	QL (30 tabs every 30 days)
COMBIVIR TAB 150-300	4	QL (60 tabs every 30 days)
COMPLERA TAB	6	QL (30 tabs every 30 days)
<i>darunavir tabs 600mg</i>	5	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	5	QL (30 tabs every 30 days)
DELSTRIGO TAB	6	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	6	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	6	QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	6	QL (30 tabs every 30 days)
EDURANT TABS 25mg	4	QL (30 tabs every 30 days)
<i>efavirenz caps 50mg</i>	2	QL (480 caps every 30 days)
<i>efavirenz caps 200mg</i>	2	QL (120 caps every 30 days)
<i>efavirenz tabs 600mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	2	QL (30 caps every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs every 30 days); ACA
EMTRIVA CAPS 200mg	4	QL (30 caps every 30 days)
EMTRIVA SOLN 10mg/ml	4	QL (680 mL every 28 days)
EPIVIR SOLN 10mg/ml	4	QL (900 mL every 30 days)
EPIVIR TABS 150mg	4	QL (60 tabs every 30 days)
EPIVIR TABS 300mg	4	QL (30 tabs every 30 days)
EPZICOM TAB 600-300	6	QL (30 tabs every 30 days)
<i>etravirine tabs 100mg</i>	2	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	2	QL (60 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TAB 300-150	6	QL (30 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	2	QL (120 tabs every 30 days)
FUZEON SOLR 90mg	6	QL (60 mL every 30 days); LD
GENVOYA TAB	6	QL (30 tabs every 30 days)
INTELENCE TABS 25mg, 100mg	4	QL (120 tabs every 30 days)
INTELENCE TABS 200mg	4	QL (60 tabs every 30 days)
INVIRASE TABS 500mg	4	QL (120 tabs every 30 days)
ISENTRESS CHEW 25mg, 100mg	6	QL (180 tabs every 30 days)
ISENTRESS PACK 100mg	6	QL (300 every 30 days)
ISENTRESS TABS 400mg	6	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600mg	6	QL (60 tabs every 30 days)
JULUCA TAB 50-25MG	6	QL (30 tabs every 30 days)
KALETRA SOL	4	QL (320 mL every 24 days)
KALETRA TAB 100-25MG	4	QL (300 tabs every 30 days)
KALETRA TAB 200-50MG	4	QL (150 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	2	QL (900 mL every 30 days)
<i>lamivudine tabs 150mg</i>	2	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs every 30 days)
LEXIVA SUSP 50mg/ml	4	QL (1575 mL every 28 days)
LEXIVA TABS 700mg	4	QL (120 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QL (320 mL every 24 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (150 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	2	QL (240 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	2	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	2	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	2	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	2	QL (120 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	2	QL (30 tabs every 30 days)
NORVIR PACK 100mg	4	QL (360 every 30 days)
NORVIR SOLN 80mg/ml	4	QL (480 mL every 30 days)
NORVIR TABS 100mg	4	QL (360 tabs every 30 days)
ODEFSEY TAB	6	QL (30 tabs every 30 days)
PIFELTRO TABS 100mg	6	QL (60 tabs every 30 days)
PREZCOBIX TAB 800-150	6	QL (30 tabs every 30 days)
PREZISTA SUSP 100mg/ml	6	QL (360 mL every 30 days)
PREZISTA TABS 75mg	6	QL (480 tabs every 30 days)
PREZISTA TABS 150mg	6	QL (240 tabs every 30 days)
PREZISTA TABS 600mg	6	QL (60 tabs every 30 days)
PREZISTA TABS 800mg	6	QL (30 tabs every 30 days)
RETROVIR CAPS 100mg	4	QL (180 caps every 30 days)
REYATAZ CAPS 150mg, 200mg	6	QL (60 caps every 30 days)
REYATAZ CAPS 300mg	6	QL (30 caps every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50mg	6	QL (180 every 30 days)
<i>ritonavir tabs 100mg</i>	2	QL (360 tabs every 30 days)
RUKOBIA TB12 600mg	6	QL (60 tabs every 30 days)
SELZENTRY SOLN 20mg/ml	4	QL (1800 mL every 30 days)
SELZENTRY TABS 25mg, 150mg	4	QL (240 tabs every 30 days)
SELZENTRY TABS 75mg, 300mg	4	QL (120 tabs every 30 days)
<i>stavudine caps 15mg, 20mg</i>	2	QL (120 caps every 30 days)
<i>stavudine caps 30mg, 40mg</i>	2	QL (60 caps every 30 days)
STRIBILD TAB	6	QL (30 tabs every 30 days)
SUNLENCA TAB THERAPY PACK 4 X 300 MG TBPK 300mg	6	QL (8 tabs every year); LD
SUNLENCA TAB THERAPY PACK 5 X 300 MG TBPK 300mg	6	QL (10 tabs every year); LD
SUSTIVA CAPS 50mg	4	QL (480 caps every 30 days)
SUSTIVA CAPS 200mg	4	QL (120 caps every 30 days)
SUSTIVA TABS 600mg	4	QL (30 tabs every 30 days)
SYMFI LO TAB	6	QL (30 tabs every 30 days)
SYMFI TAB	6	QL (30 tabs every 30 days)
SYMTUZA TAB	6	QL (30 tabs every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	2	QL (30 tabs every 30 days)
TIVICAY TABS 10mg, 25mg, 50mg	6	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5mg	6	QL (180 tabs every 30 days)
TRIUMEQ PD TAB	6	QL (180 tabs every 30 days)
TRIUMEQ TAB	6	QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR TAB	4	QL (60 tabs every 30 days)
TRUVADA TAB 100-150	6	QL (30 tabs every 30 days)
TRUVADA TAB 133-200	6	QL (30 tabs every 30 days)
TRUVADA TAB 167-250	6	QL (30 tabs every 30 days)
TRUVADA TAB 200-300	6	QL (30 tabs every 30 days)
TYBOST TABS 150mg	4	QL (30 tabs every 30 days)
VIRACEPT TABS 250mg	4	QL (300 tabs every 30 days)
VIRACEPT TABS 625mg	4	QL (120 tabs every 30 days)
VIRAMUNE XR TB24 400mg	4	QL (30 tabs every 30 days)
VIREAD POWD 40mg/gm	4	QL (240 every 30 days)
VIREAD TABS 150mg, 200mg, 250mg, 300mg	4	QL (30 tabs every 30 days)
ZIAGEN SOLN 20mg/ml	4	QL (960 mL every 30 days)
ZIAGEN TABS 300mg	4	QL (60 tabs every 30 days)
<i>zidovudine caps 100mg</i>	2	QL (180 caps every 30 days)
<i>zidovudine syrpf 50mg/5ml</i>	2	QL (1680 mL every 28 days)
<i>zidovudine tabs 300mg</i>	2	QL (60 tabs every 30 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	
PAXLOVID TAB 300-100	3	
CMV AGENTS		
VALCYTE SOLR 50mg/ml; TABS 450mg	4	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	2	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tabs 10mg</i>	2	
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	4	
<i>entecavir tabs .5mg, 1mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PAK 150-37.5	5	PA, QL (30 packs every 30 days)
EPCLUSA PAK 200-50MG	5	PA, QL (60 packs every 30 days)
EPCLUSA TAB 200-50MG	5	PA, QL (60 tabs every 30 days)
EPCLUSA TAB 400-100	5	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5mg/ml; TABS 100mg	4	
HARVONI PAK	5	PA, QL (30 packs every 30 days)
HARVONI PAK 45-200MG	5	PA, QL (30 packs every 30 days)
HARVONI TAB 45-200MG	5	PA, QL (30 tabs every 30 days)
HARVONI TAB 90-400MG	5	PA, QL (30 tabs every 30 days)
HEPSERA TABS 10mg	4	
<i>lamivudine (hbv) tabs 100mg</i>	2	
LEDIP-SOFOSB TAB 90-400MG	5	PA, QL (30 tabs every 30 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	LD
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	5	
SOFOS/VELPAT TAB 400-100	5	PA, QL (30 tabs every 30 days)
VEMLIDY TABS 25mg	6	
VOSEVI TAB	5	PA, QL (30 tabs every 30 days)

HERPES AGENTS

<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg, 1000mg</i>	2	
VALTREX TABS 1gm, 500mg	4	
ZOVIRAX SUSP 200mg/5ml	4	

INFLUENZA AGENTS

<i>oseltamivir phosphate caps 30mg</i>	1	QL (20 caps every 180 days)
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (10 caps every 180 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	QL (180 mL every 180 days)
RELENZA DISKHALER AEPB 5mg/blister	4	QL (1 inhaler every 180 days)
<i>rimantadine hydrochloride tabs 100mg</i>	2	
TAMIFLU CAPS 30mg	4	QL (20 caps every 180 days)
TAMIFLU CAPS 45mg, 75mg	4	QL (10 caps every 180 days)
TAMIFLU SUSR 6mg/ml	4	QL (180 mL every 180 days)
XOFLUZA TBPB 40mg, 80mg	4	QL (2 tabs every 180 days)

MISC. ANTIVIRALS

LAGEVRIO CAPS 200mg	3	
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BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	MT
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	MT
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	4	MT
COREG CR CP24 10mg, 20mg, 40mg, 80mg	4	MT
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	MT

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl caps 200mg, 400mg</i>	1	MT
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	MT
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	MT
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	MT
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3	MT
LOPRESSOR TABS 50mg, 100mg	4	MT
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	MT
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	MT
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
TENORMIN TABS 25mg, 50mg, 100mg	4	MT
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	4	MT

BETA BLOCKERS NON-SELECTIVE

BETAPACE TABS 80mg, 120mg, 160mg	4	MT
BETAPACE AF TABS 80mg, 120mg, 160mg	4	MT
CORGARD TABS 20mg, 40mg, 80mg	4	MT
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	MT
INDERAL XL CP24 80mg, 120mg	4	MT
INNOPRAN XL CP24 80mg, 120mg	4	MT
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	MT
<i>pindolol tabs 5mg, 10mg</i>	1	MT
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	MT
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1	MT
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	MT
<i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>	1	MT
SOTYLIZE SOLN 5mg/ml	4	MT
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	MT

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	MT
CALAN SR TBCR 120mg	4	MT
CARDIZEM TABS 30mg, 60mg, 120mg	4	MT
CARDIZEM CD CP24 120mg, 180mg, 240mg, 300mg, 360mg	4	MT
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	MT
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1	MT
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 180mg, 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg</i>	1	MT
<i>diltiazem hcl tb24 120mg</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MT
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	MT
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	MT
<i>isradipine caps 2.5mg, 5mg</i>	1	MT
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	MT
<i>nicardipine hcl caps 20mg, 30mg</i>	1	MT
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	MT
<i>nimodipine caps 30mg</i>	1	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1	MT
NORVASC TABS 2.5mg, 5mg, 10mg	4	MT
PROCARDIA XL TB24 30mg, 60mg, 90mg	4	MT
SULAR TB24 8.5mg, 17mg, 34mg	4	MT
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MT
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	MT
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	MT
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	MT
VERAPAMIL HYDROCHLORIDE E CP24 100mg	4	MT
VERELAN CP24 120mg, 180mg, 240mg, 360mg	4	MT
VERELAN PM CP24 100mg, 200mg, 300mg	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS		
CARDIAC GLYCOSIDES		
<i>digitek tabs .125mg, .25mg, 125mcg, 250mcg</i>	1	MT
<i>digox tabs 125mcg, 250mcg</i>	1	MT
<i>digoxin soln .05mg/ml; tabs .125mg, .25mg, 125mcg, 250mcg</i>	1	MT
<i>digoxin tabs .062mg, 62.5mcg</i>	2	MT
LANOXIN TABS 62.5mcg, 125mcg, 250mcg	4	MT
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	6	PA, QL (30 caps every 30 days); LD
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	MT
BIDIL TAB	4	MT
CADUET TAB 5-10MG	4	MT
CADUET TAB 5-20MG	4	MT
CADUET TAB 5-40MG	4	MT
CADUET TAB 5-80MG	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 10-10MG	4	MT
CADUET TAB 10-20MG	4	MT
CADUET TAB 10-40MG	4	MT
CADUET TAB 10-80MG	4	MT
ENTRESTO TAB 24-26MG	3	MT
ENTRESTO TAB 49-51MG	3	MT
ENTRESTO TAB 97-103MG	3	MT
<i>isosorbide dinitrate-hydralazine hcl tab</i> <i>20-37.5 mg</i>	2	
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	5	PA; LD
FLOLAN SOLR .5mg, 1.5mg	6	PA; LD
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	6	PA; LD
ORENITRAM TAB MONTH 1	6	PA; LD
ORENITRAM TAB MONTH 2	6	PA; LD
ORENITRAM TAB MONTH 3	6	PA; LD
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	6	PA; LD
<i>treprostinil soln 20mg/20ml, 50mg/20ml,</i> <i>100mg/20ml, 200mg/20ml</i>	5	PA; LD
TYVASO SOLN .6mg/ml	6	PA; LD
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	6	PA; LD
TYVASO DPI POW 16-32-48	6	PA; LD
TYVASO DPI POW 16-32MCG	6	PA; LD
TYVASO DPI POW 32-48MCG	6	PA; LD
TYVASO REFILL SOLN .6mg/ml	6	PA; LD
TYVASO STARTER SOLN .6mg/ml	6	PA; LD
VELETRI SOLR .5mg, 1.5mg	5	PA; LD
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	6	PA; LD
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	5	PA
<i>bosentan tabs 62.5mg, 125mg</i>	5	PA; LD
OPSUMIT TABS 10mg	5	PA; LD
TRACLEER TABS 62.5mg, 125mg; TBSO 32mg	6	PA; LD
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TABS 20mg	6	PA, QL (60 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>alyq tabs 20mg</i>	5	PA, QL (60 tabs every 30 days)
REVATIO SOLN 10mg/12.5ml	6	PA
REVATIO SUSR 10mg/ml	6	PA, QL (180 mL every 30 days)
REVATIO TABS 20mg	6	PA, QL (360 tabs every 30 days)
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	5	PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	5	PA, QL (180 mL every 30 days)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (60 tabs every 30 days)

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	6	PA; LD
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SINUS NODE INHIBITORS

CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	MT
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TRANSTHYRETIN STABILIZERS

VYNDAMAX CAPS 61mg	6	PA; LD
VYNDAQEL CAPS 20mg	6	PA; LD

VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)

VERQUVO TABS 2.5mg, 5mg, 10mg	3	MT
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CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	2	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
KEFLEX CAPS 750mg	4	

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
CEFACLO ER TB12 500mg	4	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	2	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	2	
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 100mg/5ml, 200mg/5ml, 500mg/5ml	4	

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle</i>	1	ACA, MT
<i>altavera</i>	1	ACA, MT
<i>alyacen 1/35</i>	1	ACA, MT
<i>alyacen 7/7/7</i>	1	ACA, MT
<i>amethia</i>	1	ACA, MT
<i>amethyst</i>	1	ACA, MT
<i>apri</i>	1	ACA, MT
<i>aranelle</i>	1	ACA, MT
<i>ashlyna</i>	1	ACA, MT
<i>aubra</i>	1	ACA, MT
<i>aubra eq</i>	1	ACA, MT
<i>aurovela 1.5/30</i>	1	ACA, MT
<i>aurovela 1/20</i>	1	ACA, MT
<i>aurovela 24 fe</i>	1	ACA, MT
<i>aurovela fe 1.5/30</i>	1	ACA, MT
<i>aurovela fe 1/20</i>	1	ACA, MT
<i>aviane</i>	1	ACA, MT
<i>ayuna</i>	1	ACA, MT
<i>azurette</i>	1	ACA, MT
BALCOLTRA TAB 0.1-20	4	MT
<i>balziva</i>	1	ACA, MT
BEYAZ TAB	4	MT
<i>blisovi 24 fe</i>	1	ACA, MT
<i>blisovi fe 1.5/30</i>	1	ACA, MT
<i>blisovi fe 1/20</i>	1	ACA, MT
<i>briellyn</i>	1	ACA, MT
<i>camrese</i>	1	ACA, MT
<i>camrese lo</i>	1	ACA, MT
<i>caziant</i>	1	ACA, MT
<i>charlotte 24 fe</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>chateal</i>	1	ACA, MT
<i>chateal eq</i>	1	ACA, MT
<i>cryselle-28</i>	1	ACA, MT
<i>cyclafem 1/35</i>	1	ACA, MT
<i>cyclafem 7/7/7</i>	1	ACA, MT
<i>cyred</i>	1	ACA, MT
<i>cyred eq</i>	1	ACA, MT
<i>dasetta 1/35</i>	1	ACA, MT
<i>dasetta 7/7/7</i>	1	ACA, MT
<i>daysee</i>	1	ACA, MT
<i>delyla</i>	1	ACA, MT
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA, MT
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA, MT
<i>dolishale</i>	1	ACA, MT
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	ACA, MT
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	ACA, MT
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA, MT
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA, MT
<i>elinest</i>	1	ACA, MT
<i>emoquette</i>	1	ACA, MT
<i>enpresse-28</i>	1	ACA, MT
<i>enskyce</i>	1	ACA, MT
<i>estarylla</i>	1	ACA, MT
ESTROSTEP FE TAB	4	MT
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA, MT
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	ACA, MT
<i>falmina</i>	1	ACA, MT
<i>fayosim</i>	1	ACA, MT
<i>femynor</i>	1	ACA, MT
<i>finzala</i>	1	ACA; MT
<i>gemmily</i>	1	ACA, MT
GENERESS FE CHW	4	MT
<i>hailey 1.5/30</i>	1	ACA, MT
<i>hailey 24 fe</i>	1	ACA, MT
<i>hailey fe 1.5/30</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1/20</i>	1	ACA, MT
<i>iclevia</i>	1	ACA, MT
<i>introvale</i>	1	ACA, MT
<i>isibloom</i>	1	ACA, MT
<i>jaimiess</i>	1	ACA, MT
<i>jasmiel</i>	1	ACA, MT
<i>jolessa</i>	1	ACA, MT
<i>joyeaux</i>	1	ACA, MT
<i>juleber</i>	1	ACA, MT
<i>junel 1.5/30</i>	1	ACA, MT
<i>junel 1/20</i>	1	ACA, MT
<i>junel fe 1.5/30</i>	1	ACA, MT
<i>junel fe 1/20</i>	1	ACA, MT
<i>junel fe 24</i>	1	ACA, MT
<i>kaitlib fe</i>	1	ACA, MT
<i>kalliga</i>	1	ACA, MT
<i>kariva</i>	1	ACA, MT
<i>kelnor 1/35</i>	1	ACA, MT
<i>kelnor 1/50</i>	1	ACA, MT
<i>kurvelo</i>	1	ACA, MT
<i>larin 1.5/30</i>	1	ACA, MT
<i>larin 1/20</i>	1	ACA, MT
<i>larin 24 fe</i>	1	ACA, MT
<i>larin fe 1.5/30</i>	1	ACA, MT
<i>larin fe 1/20</i>	1	ACA, MT
<i>larissia</i>	1	ACA, MT
<i>layolis fe</i>	1	ACA, MT
<i>leena</i>	1	ACA, MT
<i>lessina</i>	1	ACA, MT
<i>levonest</i>	1	ACA, MT
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	ACA, MT
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	ACA, MT
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	ACA, MT
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	ACA, MT
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA, MT
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA, MT
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	ACA, MT
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	ACA, MT
<i>levora 0.15/30-28</i>	1	ACA, MT
<i>lillow</i>	1	ACA, MT
LO LOESTRIN TAB 1-10-10	3	ACA, MT
<i>lo-zumandimine</i>	1	ACA, MT
<i>loestrin 1.5/30-21</i>	1	ACA, MT
<i>loestrin 1/20-21</i>	1	ACA, MT
<i>loestrin fe 1.5/30</i>	1	ACA, MT
<i>loestrin fe 1/20</i>	1	ACA, MT
<i>lojaimiess</i>	1	ACA, MT
<i>loryna</i>	1	ACA, MT
LOSEASONIQUE TAB	4	MT
<i>low-ogestrel</i>	1	ACA, MT
<i>lutra</i>	1	ACA, MT
<i>marlissa</i>	1	ACA, MT
<i>merzee</i>	1	ACA, MT
<i>mibelas 24 fe</i>	1	ACA, MT
<i>microgestin 1.5/30</i>	1	ACA, MT
<i>microgestin 1/20</i>	1	ACA, MT
<i>microgestin 24 fe</i>	1	ACA, MT
<i>microgestin fe 1.5/30</i>	1	ACA, MT
<i>microgestin fe 1/20</i>	1	ACA, MT
<i>mili</i>	1	ACA, MT
MINASTRIN 24 CHW FE	4	MT
MIRCETTE TAB 28 DAY	4	MT
<i>mono-lynyah</i>	1	ACA, MT
NATAZIA TAB	4	ACA, MT
<i>necon 0.5/35-28</i>	1	ACA, MT
NEXTSTELLIS TAB 3-14.2MG	4	ACA, MT
<i>nikki</i>	1	ACA, MT
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	ACA, MT
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	ACA, MT
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	ACA, MT
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA, MT
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA, MT
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA, MT
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	ACA, MT
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	ACA, MT
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA, MT
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA, MT
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA, MT
<i>nortrel 0.5/35 (28)</i>	1	ACA, MT
<i>nortrel 1/35</i>	1	ACA, MT
<i>nortrel 7/7/7</i>	1	ACA, MT
<i>nylia 1/35</i>	1	ACA, MT
<i>nylia 7/7/7</i>	1	ACA, MT
<i>nymyo</i>	1	ACA, MT
<i>ocella</i>	1	ACA, MT
<i>orsythia</i>	1	ACA, MT
<i>philith</i>	1	ACA, MT
<i>pimtrea</i>	1	ACA, MT
<i>pirmella 1/35</i>	1	ACA, MT
<i>pirmella 7/7/7</i>	1	ACA, MT
<i>portia-28</i>	1	ACA, MT
<i>previfem</i>	1	ACA, MT
QUARTETTE TAB	4	MT
<i>reclipsen</i>	1	ACA, MT
<i>rivelsa</i>	1	ACA, MT
SAFYRAL TAB	4	MT
SEASONIQUE TAB	4	MT
<i>setlakin</i>	1	ACA, MT
<i>simliya</i>	1	ACA, MT
<i>simpesse</i>	1	ACA, MT
<i>sprintec 28</i>	1	ACA, MT
<i>sronyx</i>	1	ACA, MT
<i>syeda</i>	1	ACA, MT
<i>tarina 24 fe</i>	1	ACA, MT
<i>tarina fe 1/20</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>tarina fe 1/20 eq</i>	1	ACA, MT
<i>taysofy</i>	1	ACA, MT
<i>tilia fe</i>	1	ACA, MT
<i>tri femynor</i>	1	ACA, MT
<i>tri-estarylla</i>	1	ACA, MT
<i>tri-legest fe</i>	1	ACA, MT
<i>tri-linyah</i>	1	ACA, MT
<i>tri-lo-estarylla</i>	1	ACA, MT
<i>tri-lo-marzia</i>	1	ACA, MT
<i>tri-lo-mili</i>	1	ACA, MT
<i>tri-lo-sprintec</i>	1	ACA, MT
<i>tri-mili</i>	1	ACA, MT
<i>tri-nymyo</i>	1	ACA, MT
<i>tri-previfem</i>	1	ACA, MT
<i>tri-sprintec</i>	1	ACA, MT
<i>tri-vylibra</i>	1	ACA, MT
<i>tri-vylibra lo</i>	1	ACA, MT
<i>trivora-28</i>	1	ACA, MT
TYBLUME CHW 0.1-0.02	4	ACA, MT
<i>tydemy</i>	1	ACA, MT
<i>velivet</i>	1	ACA, MT
<i>vestura</i>	1	ACA, MT
<i>vienva</i>	1	ACA, MT
<i>viorele</i>	1	ACA, MT
<i>volnea</i>	1	ACA, MT
<i>vyfemla</i>	1	ACA, MT
<i>vylibra</i>	1	ACA, MT
<i>wera</i>	1	ACA, MT
<i>wymzya fe</i>	1	ACA, MT
YASMIN 28 TAB 3-0.03MG	4	MT
YAZ TAB 3-0.02MG	4	MT
<i>zovia 1/35</i>	1	ACA, MT
<i>zovia 1/35e</i>	1	ACA, MT
<i>zumandimine</i>	1	ACA, MT
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA DIS 120-30	4	ACA, MT
<i>xulane</i>	1	ACA, MT
<i>zafemy</i>	1	ACA, MT
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	4	QL (1 ring every 300 days); ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>eluryng</i>	1	QL (13 rings every 300 days); ACA, MT
<i>enilloring</i>	1	QL (13 rings every 300 days); ACA, MT
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	1	QL (13 rings every 300 days); ACA, MT
<i>haloette</i>	1	QL (13 rings every 300 days); ACA, MT
NUVARING MIS	4	QL (13 rings every 300 days); MT
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	4	QL (1 IUD every 300 days); ACA
EMERGENCY CONTRACEPTIVES		
<i>aftera tabs 1.5mg</i>	1	OTC; ACA
<i>afterpill tabs 1.5mg</i>	1	OTC; ACA
<i>curae tabs 1.5mg</i>	1	OTC; ACA
<i>econtra ez tabs 1.5mg</i>	1	OTC; ACA
<i>econtra one-step tabs 1.5mg</i>	1	OTC; ACA
ELLA TABS 30mg	4	ACA
<i>her style tabs 1.5mg</i>	1	OTC; ACA
<i>levonorgestrel (emergency oc) tabs</i> <i>1.5mg</i>	1	OTC; ACA
<i>my choice tabs 1.5mg</i>	1	OTC; ACA
<i>my way tabs 1.5mg</i>	1	OTC; ACA
<i>new day tabs 1.5mg</i>	1	OTC; ACA
<i>opcicon one-step tabs 1.5mg</i>	1	OTC; ACA
<i>option 2 tabs 1.5mg</i>	1	OTC; ACA
<i>react tabs 1.5mg</i>	1	OTC; ACA
<i>take action tabs 1.5mg</i>	1	OTC; ACA
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68mg	4	QL (1 implant every 300 days); ACA
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	4	QL (1 injection every 75 days)
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	QL (1 injection every 75 days); ACA
<i>medroxyprogesterone acetate</i> <i>(contraceptive) susp 150mg/ml; susy</i> <i>150mg/ml</i>	1	QL (1 injection every 75 days); ACA

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

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5mg	4	QL (1 IUD every 300 days); ACA
LILETTA IUD 20.1mcg/day	4	QL (1 IUD every 300 days); ACA
MIRENA IUD 20mcg/day	4	QL (1 IUD every 300 days); ACA
SKYLA IUD 13.5mg	4	QL (1 IUD every 300 days); ACA

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tabs .35mg</i>	1	ACA, MT
<i>deblitane tabs .35mg</i>	1	ACA, MT
<i>errin tabs .35mg</i>	1	ACA, MT
<i>heather tabs .35mg</i>	1	ACA, MT
<i>incassia tabs .35mg</i>	1	ACA, MT
<i>jencycla tabs .35mg</i>	1	ACA, MT
<i>lyleq tabs .35mg</i>	1	ACA, MT
<i>lyza tabs .35mg</i>	1	ACA, MT
<i>nora-be tabs .35mg</i>	1	ACA, MT
<i>norethindrone (contraceptive) tabs .35mg</i>	1	ACA, MT
<i>norlyda tabs .35mg</i>	1	ACA, MT
<i>norlyroc tabs .35mg</i>	1	ACA, MT
<i>sharobel tabs .35mg</i>	1	ACA, MT
SLYND TABS 4mg	4	ACA, MT
<i>tulana tabs .35mg</i>	1	ACA, MT

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE GLUCOCORTICOSTEROIDS

<i>budesonide cpep 3mg; tb24 9mg</i>	2	
CORTEF TABS 5mg, 10mg, 20mg	4	
<i>decadron tabs .5mg, .75mg, 4mg, 6mg</i>	1	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml</i>	2	
<i>dexamethasone tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
EMFLAZA SUSP 22.75mg/ml; TABS 6mg, 18mg, 30mg, 36mg	6	PA; LD
ENTOCORT EC CPEP 3mg	4	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	4	
MEDROL DOSEPAK TBPK 4mg	4	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>millipred tabs 5mg</i>	2	
MILLIPRED TABS 5mg	4	
ORAPRED ODT TBDP 10mg, 15mg, 30mg	4	
PEDIAPRED SOLN 6.7mg/5ml	4	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone tabs 5mg</i>	2	
<i>prednisolone sodium phosphate soln 5mg/5ml, 6.7mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg</i>	2	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
PREDNISON INTENSOL CONC 5mg/ml	4	
TARPEYO CPDR 4mg	6	PA, QL (120 caps every 30 days); LD
UCERIS TB24 9mg	4	

MINERALOCORTICIDS

<i>fludrocortisone acetate tabs .1mg</i>	1	MT
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate caps 100mg, 150mg, 200mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	
<i>hydromet</i>	2	

COUGH/COLD/ALLERGY COMBINATIONS

<i>bromfed dm</i>	2	
CAPCOF SYP 5-2-10MG	4	OTC
CLARINEX-D TAB 2.5-120	4	
<i>g tussin ac</i>	2	OTC
<i>guaiaatussin ac</i>	2	OTC
<i>guaifenesin ac</i>	2	OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	
M-END PE LIQ	4	OTC
MAR-COF BP LIQ 30-2-7.5	4	OTC
MAR-COF CG LIQ 225-7.5	4	OTC
<i>maxi-tuss ac</i>	2	OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine vc</i>	2	
<i>promethazine vc/codeine</i>	2	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
TUSSICAPS CAP 10-8MG	4	
<i>virtussin a/c</i>	2	OTC
<i>virtussin ac/alc</i>	2	OTC

EXPECTORANTS

<i>potassium iodide (expectorant) soln 1gm/ml</i>	2	
SSKI SOLN 1gm/ml	4	

MUCOLYTICS

<i>acetylcysteine soln 10%, 20%</i>	2	
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>	2	
<i>adapalene crea .1%; gel .1%, .3%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	
<i>amnestem caps 10mg, 20mg, 40mg</i>	2	
ARAZLO LOTN .045%	3	PA
<i>avita crea .025%; gel .025%</i>	2	PA
AZELEX CREA 20%	4	
BENZAMYCIN GEL 5-3%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN-T LOTN 1%	4	QL (240 mL every 30 days)
<i>clindacin foam 1%</i>	2	QL (200 gm every 30 days)
<i>clindacin etz pledgets swab 1%</i>	2	
<i>clindacin-p swab 1%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>clindamycin phosphate (topical) foam 1%</i>	2	QL (200 gm every 30 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	2	QL (240 mL every 30 days)
<i>clindamycin phosphate (topical) swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	
EPIDUO FORTE GEL 0.3-2.5%	3	
EPIDUO GEL 0.1-2.5%	4	
<i>ery pads 2%</i>	2	
ERYGEL GEL 2%	4	QL (180 gm every 30 days)
<i>erythromycin (acne aid) gel 2%</i>	2	QL (180 gm every 30 days)
<i>erythromycin (acne aid) soln 2%</i>	2	
EVOClin FOAM 1%	4	QL (200 gm every 30 days)
FABIOR FOAM .1%	4	PA
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	
KLARON LOTN 10%	4	
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	2	
<i>neuac</i>	2	
RETIN-A CREA .025%, .05%, .1%	4	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	2	
TAZAROTENE FOAM .1%	4	PA
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	2	PA
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT 15%	4	
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	4	
CENTANY OINT 2%	4	QL (90 gm every 30 days)
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	2	QL (90 gm every 30 days)
<i>mupirocin oint 2%</i>	2	QL (90 gm every 30 days)
<i>mupirocin calcium (topical) crea 2%</i>	2	QL (90 gm every 30 days)
NEO-SYNALAR KIT	4	
ANTIFUNGALS - TOPICAL		
<i>ciclodan soln 8%</i>	2	
<i>ciclopirox sham 1%; soln 8%</i>	2	
<i>ciclopirox olamine susp .77%</i>	2	QL (240 mL every 30 days)
<i>clotrimazole (topical) crea 1%; soln 1%</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>econazole nitrate crea 1%</i>	2	QL (255 gm every 30 days)
ERTACZO CREA 2%	4	
EXELDERM CREA 1%	4	
EXODERM LOT 25-1%	4	
<i>iodoquimez-hc</i>	2	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	2	
<i>ketconazole (topical) crea 2%</i>	2	QL (120 gm every 30 days)
<i>ketconazole (topical) sham 2%</i>	2	QL (240 mL every 30 days)
LOPROX SHAMPOO SHAM 1%	4	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	2	
<i>naftifine hcl crea 1%, 2%</i>	2	
<i>nyamyc powd 100000unit/gm</i>	2	QL (180 gm every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	2	QL (90 gm every 30 days)
<i>nystatin (topical) powd 100000unit/gm</i>	2	QL (180 gm every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
<i>nystop powd 100000unit/gm</i>	2	QL (180 gm every 30 days)
<i>oxiconazole nitrate crea 1%</i>	2	QL (90 gm every 30 days)
OXISTAT CREA 1%	4	QL (90 gm every 30 days)
OXISTAT LOTN 1%	4	QL (120 mL every 30 days)
<i>sulconazole nitrate crea 1%</i>	2	
VUSION OIN	4	
XOLEGEL GEL 2%	4	QL (135 gm every 30 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene (topical) gel 1%</i>	5	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	2	QL (100 gm every 30 days)
EFUDEX CREA 5%	4	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	2	
PANRETIN GEL .1%	4	
TARGRETIN GEL 1%	6	
VALCHLOR GEL .016%	6	PA; LD
ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene oint .005%</i>	2	QL (240 gm every 30 days)
<i>calcipotriene soln .005%</i>	2	QL (240 mL every 30 days)
<i>calcitrene oint .005%</i>	2	QL (240 gm every 30 days)
<i>calcitriol (topical) oint 3mcg/gm</i>	2	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	5	PA, QL (1 syringe every 28 days); LD
COSENTYX 300 MG DOSE SOSY 150mg/ml	5	PA, QL (2 syringes every 28 days); LD
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	PA, QL (1 pen every 28 days); LD
COSENTYX SENSOREADY PEN 300 MG DOSE SOAJ 150mg/ml	5	PA, QL (2 pens every 28 days); LD
COSENTYX UNOREADY SOAJ 300mg/2ml	5	PA, QL (1 pen every 28 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
<i>methoxsalen rapid caps 10mg</i>	2	
SKYRIZI PSKT 75mg/0.83ml	5	PA, QL (1 injection every 84 days)
SKYRIZI SOSY 150mg/ml	5	PA, QL (1 syringe every 84 days)
SKYRIZI PEN SOAJ 150mg/ml	5	PA, QL (1 pen every 84 days)
SORIATANE CAPS 10mg, 25mg	4	
STELARA SOLN 45mg/0.5ml	5	PA, QL (1 vial every 84 days)
STELARA SOSY 45mg/0.5ml	5	PA, QL (1 syringe every 84 days)
STELARA SOSY 90mg/ml	5	PA, QL (1 syringe every 56 days)
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	PA, QL (1 syringe every 28 days); LD
<i>tazarotene crea .1%; gel .05%, .1%</i>	2	PA
TAZORAC CREA .05%, .1%; GEL .05%, .1%	4	PA
TREMFYA SOPN 100mg/ml	5	PA, QL (1 pen every 56 days)
TREMFYA SOSY 100mg/ml	5	PA, QL (1 syringe every 56 days)

ANTISEBORRHEIC PRODUCTS

<i>selenium sulfide lotn 2.5%</i>	2	
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ANTIVIRALS - TOPICAL

<i>acyclovir topical crea 5%; oint 5%</i>	2	
DENAVIR CREA 1%	4	
<i>penciclovir crea 1%</i>	2	

BURN PRODUCTS

<i>mafenide acetate pack 5%</i>	2	
SILVADENE CREA 1%	4	
<i>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	
SULFAMYLON CREA 85mg/gm; PACK 5%	4	

CORTICOSTEROIDS - TOPICAL

<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate oint .05%</i>	2	
<i>amcinonide lotn .1%</i>	2	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	2	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	2	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	QL (400 gm every 30 days)
CAPEX SHAM .01%	4	
<i>clobetasol propionate crea .05%</i>	2	QL (240 gm every 30 days)
<i>clobetasol propionate lotn .05%; sham .05%</i>	2	QL (236 mL every 30 days)
<i>clobetasol propionate soln .05%</i>	2	QL (200 mL every 30 days)
CLOBEX LOTN .05%; SHAM .05%	4	QL (236 mL every 30 days)
<i>clodan sham .05%</i>	2	QL (236 mL every 30 days)
CORDRAN CREA .025%, .05%; OINT .05%	4	QL (240 gm every 30 days)
CORDRAN LOTN .05%	4	QL (240 mL every 30 days)
CORDRAN TAPE 4mcg/sqcm	4	QL (3 ea every 30 days)
DERMA-SMOOTH/FS BODY OIL .01%	4	
DERMA-SMOOTH/FS SCALP OIL .01%	4	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	2	
DESOWEN CREA .05%	4	
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%</i>	2	
<i>diflorasone diacetate crea .05%</i>	2	QL (240 gm every 30 days)
DIPROLENE OINT .05%	4	
ENSTILAR AER	3	QL (120 gm every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	2	QL (240 gm every 30 days)
<i>fluocinolone acetonide oil .01%</i>	2	
<i>fluocinolone acetonide soln .01%</i>	2	QL (240 mL every 30 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	2	QL (240 gm every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide soln .05%</i>	2	QL (240 mL every 30 days)
<i>fluocinonide emulsified base crea .05%</i>	2	
<i>flurandrenolide crea .05%; oint .05%</i>	2	QL (240 gm every 30 days)
<i>flurandrenolide lotn .05%</i>	2	QL (240 mL every 30 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	2	
<i>halobetasol propionate oint .05%</i>	2	
HALOG OINT .1%	4	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 2.5%</i>	1	
<i>hydrocortisone (topical) oint 1%</i>	2	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	2	
<i>hydrocortisone butyrate lotn .1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	2	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	2	
LOCOID LOTN .1%	4	
LOCOID LIPOCREAM CREA .1%	4	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	2	
<i>nolix crea .05%</i>	2	QL (240 gm every 30 days)
<i>nolix lotn .05%</i>	2	QL (240 mL every 30 days)
PANDEL CREA .1%	4	
<i>pramoxine-hc cream 1-2.5%</i>	2	
<i>prednicarbate oint .1%</i>	2	
SYNALAR CREA .025%	4	QL (240 gm every 30 days)
SYNALAR SOLN .01%	4	QL (240 mL every 30 days)
SYNALAR CREAM KIT KIT .025%	4	
SYNALAR OINTMENT KIT KIT .025%	4	
SYNALAR TS KIT .01%	4	
TACLONEX OIN	4	QL (400 gm every 30 days)
TEMOVATE CREA .05%	4	QL (240 gm every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TEXACORT SOLN 2.5%	4	
TOPICORT CREA .05%; GEL .05%; LIQD .25%; OINT .05%	4	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .05%, .1%, .5%</i>	2	QL (454 gm every 30 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	2	QL (120 mL every 30 days)
<i>trianex oint .05%</i>	2	QL (454 gm every 30 days)
<i>triderm crea .1%, .5%</i>	2	QL (454 gm every 30 days)
TRIDESILON CREA .05%	4	
<i>tritocin oint .05%</i>	2	QL (454 gm every 30 days)
VERDESO FOAM .05%	4	
ECZEMA AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	5	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 100mg/0.67ml	5	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	PA, QL (4 syringes every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
HYDRO 40 FOAM FOAM 40%	4	
<i>umecta mousse foam 40%</i>	2	
URAMAXIN GEL 45%	4	
<i>urea nail gel 45%</i>	2	
ENZYMES - TOPICAL		
SANTYL OINT 250unit/gm	4	QL (180 grams every 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA CREA 5%	4	
<i>imiquimod crea 5%</i>	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREA 1%	4	
<i>pimecrolimus crea 1%</i>	2	
<i>tacrolimus (topical) oint .03%, .1%</i>	2	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL .5%	4	
<i>podofilox soln .5%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS - TOPICAL		
<i>glydo prsy 2%</i>	2	
<i>lidocaine oint 5%</i>	2	QL (100 gm every 30 days)
<i>lidocaine ptch 5%</i>	2	QL (90 patches every 30 days)
<i>lidocaine hcl gel 2%; prsy 2%; soln 4%</i>	2	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (60 gm every 30 days)
<i>lidocan ptch 5%</i>	2	QL (90 patches every 30 days)
LIDODERM PTCH 5%	4	QL (90 patches every 30 days)
SYNERA DIS 70-70MG	4	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	4	
PIGMENTING-DEPIGMENTING AGENTS		
DY-O-DERM VITILIGO STAIN SOLN 6.55%	3	OTC
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	2	
FINACEA GEL 15%	4	
METROCREAM CREA .75%	4	
METROLOTION LOTN .75%	4	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	2	
<i>rosadan crea .75%; gel .75%</i>	2	
SCABICIDES & PEDICULICIDES		
<i>malathion lotn .5%</i>	2	
NATROBA SUSP .9%	4	
OVIDE LOTN .5%	4	
<i>permethrin crea 5%</i>	2	
<i>spinosad susp .9%</i>	2	
WOUND CARE PRODUCTS		
REGRANEX GEL .01%	4	
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC SOLR 1mg	3	
DIAGNOSTIC TESTS		
CHEMSTRIP 2 TES GP	3	QL (102 strips every 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP 5 TES OB	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 7 TES	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 9 TES STRIPS	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 10 TES MD	3	QL (102 strips every 30 days), OTC
CHEMSTRIP K TES	3	QL (102 strips every 30 days), OTC
CHEMSTRIP TES -10 SG	3	QL (102 strips every 30 days), OTC
CHEMSTRIP TES UGK	3	QL (102 strips every 30 days), OTC
CONTOUR TES BLD GLUC	3	QL (100 strips every 30 days), OTC
CONTOUR TES NEXT	3	QL (100 strips every 30 days), OTC
CVS KETONE TES CARE	3	QL (102 strips every 30 days), OTC
DIASTIX TES STRIPS	3	QL (102 strips every 30 days), OTC
FORA GTL TES KETONE	3	QL (102 strips every 30 days), OTC
FORA TEST GO TES ADV VOIC	3	QL (102 strips every 30 days), OTC
GOJJI BLOOD TES KETONE	3	QL (102 strips every 30 days), OTC
KETO-DIASTIX TES	3	QL (102 strips every 30 days), OTC
KETONE TES	3	QL (102 strips every 30 days), OTC
KETONE TEST TES	3	QL (102 strips every 30 days), OTC
KETOSTIX TES STRIP	3	QL (102 strips every 30 days), OTC
MULTISTIX 10 TES SG	3	QL (102 strips every 30 days), OTC
NOVA MAX PLS TES KETONE	3	QL (102 strips every 30 days), OTC
ONETOUCH TES ULTRA	3	QL (100 strips every 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH TES VERIO	3	QL (100 strips every 30 days), OTC
PRECISN XTRA TES KETONE	3	QL (102 strips every 30 days), OTC
PTS PANELS TES KETONE	3	QL (102 strips every 30 days), OTC
RELION TES KETONE	3	QL (102 strips every 30 days), OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION

NUTRITIONAL SUPPLEMENTS

CAM PRO COMP BAR GLYTACTI	4
GLYTAC COMPL BAR 10PE	4
GLYTACTIN PAK BTMK/DLT	4
GLYTACTIN PAK SWIRL 15	4
GLYTACTIN POW APPLE	4
GLYTACTIN POW BD 20/20	4
GLYTACTIN POW BETMLK15	4
GLYTACTIN POW BLD 10PE	4
GLYTACTIN POW BLD PKU	4
GLYTACTIN POW PUNCH	4
GLYTACTIN POW RESTOR 5	4
GLYTACTIN POW RST LT10	4
GLYTACTIN POW TROPICAL	4
HCU EASY TAB	4
HOMACTIN AA POW PLUS	4
ISOVACTIN AA POW PLUS	4
MSUD EASY TAB	4
PKU EASY TAB	4
PKU EASY TAB MICROTAB	4
PKU GO POW	4
TYLACTIN COM BAR 15 PE	4
TYLACTIN POW BLD 20PE	4
TYLACTIN POW RESTOR5	4
TYR EASY TAB	4
VILACTIN AA POW PLUS	4

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	3
CREON CAP 6000UNIT	3
CREON CAP 12000UNT	3

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

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
SUCRAID SOLN 8500unit/ml	6	QL (472 mL [4 bottles] every 30 days); LD
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	MT
<i>dichlorphenamide tabs 50mg</i>	5	PA
KEVEYIS TABS 50mg	6	PA; LD
<i>methazolamide tabs 25mg, 50mg</i>	1	MT

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 25/25	4	MT
ALDACTAZIDE TAB 50/50	4	MT
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	MT
MAXZIDE TAB 75-50	4	MT
MAXZIDE-25 TAB	4	MT
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	MT

LOOP DIURETICS

<i>bumetanide tabs .5mg, 1mg, 2mg</i>	1	MT
EDECRIN TABS 25mg	4	MT
<i>ethacrynic acid tabs 25mg</i>	2	MT
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	MT
LASIX TABS 20mg, 40mg, 80mg	4	MT
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM SPARING DIURETICS		
ALDACTONE TABS 25mg, 50mg, 100mg	4	MT
<i>amiloride hcl tabs 5mg</i>	1	MT
DYRENIUM CAPS 50mg, 100mg	4	MT
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	MT
<i>triamterene caps 50mg, 100mg</i>	1	MT
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MT
DIURIL SUSP 250mg/5ml	4	MT
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	MT
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	MT
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	MT
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
ADRENAL STEROID INHIBITORS		
ISTURISA TABS 1mg, 5mg, 10mg	6	PA; LD
RECORLEV TABS 150mg	6	PA; LD
BONE DENSITY REGULATORS		
ACTONEL TABS 35mg, 150mg	4	MT
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	MT
ATELVIA TBEC 35mg	4	MT
BINOSTO TBEF 70mg	4	MT
BONIVA TABS 150mg	4	MT
<i>calcitonin (salmon) soln 200unit/act</i>	1	MT
<i>calcitonin (salmon) soln 200unit/ml</i>	1	
FORTEO SOPN 600mcg/2.4ml	5	
FOSAMAX TABS 70mg	4	MT
FOSAMAX + D TAB 70-2800	4	MT
FOSAMAX + D TAB 70-5600	4	MT
<i>ibandronate sodium tabs 150mg</i>	1	MT
MIACALCIN SOLN 200unit/ml	4	
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	6	PA; LD
<i>risedronate sodium tabs 5mg, 35mg, 150mg; tbec 35mg</i>	1	MT
<i>risedronate sodium tabs 30mg</i>	1	
TYMLOS SOPN 3120mcg/1.56ml	5	LD
GNRH/LHRH ANTAGONISTS		
ORILISSA TABS 150mg, 200mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	6	PA; LD
GROWTH HORMONES		
GENOTROPIN CART 5mg, 12mg	5	PA
GENOTROPIN MINIUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	PA
NORDITROPIN FLEXPOR SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TABS 60mg	4	MT
OSPHEA TABS 60mg	3	MT
raloxifene hcl tabs 60mg	1	ACA, MT
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOLN 2mg/ml	4	
METABOLIC MODIFIERS		
*betaine powder for oral solution***	5	LD
BUPHENYL POWD 3gm/tsp	6	QL (750 gm every 30 days); LD
BUPHENYL TABS 500mg	6	QL (1200 tabs every 30 days); LD
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	2	MT
CARBAGLU TBSO 200mg	4	LD, MT
carglumic acid tbso 200mg	2	LD
CARNITOR SOLN 1gm/10ml; TABS 330mg	4	MT
CARNITOR SF SOLN 1gm/10ml	4	MT
cinacalcet hcl tabs 30mg, 60mg, 90mg	5	
CYSTADANE POW	6	LD
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	2	MT
GALAFOLD CAPS 123mg	6	PA; LD
javygtor pack 100mg, 500mg; tabs 100mg	5	LD
KUVAN PACK 100mg, 500mg; TABS 100mg	6	LD
levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg	2	MT
MYALEPT SOLR 11.3mg	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	5	
NITYR TABS 2mg, 5mg, 10mg	6	LD
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg	6	LD
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	6	PA; LD
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	2	MT
RAVICTI LIQD 1.1gm/ml	6	LD
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	4	MT
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	5	
SENSIPAR TABS 30mg, 60mg, 90mg	6	
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	QL (750 gm every 30 days)
<i>sodium phenylbutyrate tabs 500mg</i>	5	QL (1200 tabs every 30 days)
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	5	PA; LD
ZEMPLAR CAPS 1mcg, 2mcg	4	MT
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs every 30 days)
POSTERIOR PITUITARY HORMONES		
DDAVP TABS .1mg, .2mg	4	
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	2	
<i>desmopressin acetate spray soln .01%</i>	2	
<i>desmopressin acetate spray refrigerated soln .01%, .1mg/ml</i>	2	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	2	QL (16 tabs every 28 days)
SOMATOSTATIC AGENTS		
MYCAPSSA CPDR 20mg	6	PA; LD
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	5	PA
SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	6	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	6	LD
JYNARQUE PAK 30-15MG	6	LD
JYNARQUE PAK 45-15MG	6	LD
JYNARQUE PAK 60-30MG	6	LD
JYNARQUE PAK 90-30MG	6	LD
SAMSCA TABS 15mg, 30mg	6	LD
<i>tolvaptan tabs 15mg, 30mg</i>	5	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	4	MT
<i>amabelz</i>	2	MT
ANGELIQ TAB 0.5-1MG	4	MT
ANGELIQ TAB 0.25-0.5	4	MT
CLIMARA PRO DIS WEEKLY	4	MT
COMBIPATCH DIS	3	MT
DUAVEE TAB 0.45-20	4	MT
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	MT
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	MT
FEMHRT TAB 0.5-2.5	4	MT
<i>fyavolv</i>	2	MT
<i>jinteli</i>	2	MT
<i>mimvey</i>	2	MT
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	MT
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	MT
ORIAHNN CAP	3	PA
PREFEST TAB	4	MT
PREMPHASE TAB	3	MT
PREMPRO TAB	3	MT
PREMPRO TAB 0.3-1.5	3	MT
PREMPRO TAB 0.45-1.5	3	MT
PREMPRO TAB 0.625-5	3	MT
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	MT

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	4	MT
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
DEPO-ESTRADIOL OIL 5mg/ml	4	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	MT
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MT
ELESTRIN GEL .06%	4	MT
ESTRACE TABS .5mg, 1mg, 2mg	4	MT
<i>estradiol gel .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; 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>	2	MT
<i>estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml</i>	2	
ESTROGEL GEL .06%	4	MT
EVAMIST SOLN 1.53mg/spray	3	MT
<i>lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MT
MENEST TABS 2.5mg	4	
MENEST TABS .3mg, .625mg, 1.25mg	4	MT
MENOSTAR PTWK 14mcg/24hr	4	MT
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	MT
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	MT
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	MT
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABs 250mg, 500mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin susr 5gm/100ml, 500mg/5ml</i>	2	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hcl tabs 400mg</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAPS 50mg, 250mg	6	PA; LD
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FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TABS 5mg, 10mg	6	PA; LD
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GALLSTONE SOLUBILIZING AGENTS

CHENODAL TABS 250mg	6	LD
URSO 250 TABS 250mg	4	MT
URSO FORTE TABS 500mg	4	MT
ursodiol caps 300mg; tabs 250mg, 500mg	2	MT

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn sodium (mastocytosis) conc 100mg/5ml	1	MT
GASTROCROM CONC 100mg/5ml	4	MT

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

lubiprostone caps 8mcg, 24mcg	2	MT
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GASTROINTESTINAL STIMULANTS

metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg	1	
REGLAN TABS 5mg, 10mg	4	

ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS

BYLVAY CAPS 400mcg, 1200mcg	6	PA; LD
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	6	PA; LD
LIVMARLI SOLN 9.5mg/ml	6	PA; LD

INFLAMMATORY BOWEL AGENTS

AZULFIDINE TABS 500mg	4	MT
AZULFIDINE EN-TABS TBEC 500mg	4	MT
balsalazide disodium caps 750mg	2	
CANASA SUPP 1000mg	4	
COLAZAL CAPS 750mg	4	
mesalamine cp24 .375gm; tbec 1.2gm	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine cpr 500mg; enem 4gm; supp 1000mg; tbec 800mg</i>	2	
<i>mesalamine w/ cleanser kit 4gm</i>	2	
PENTASA CPCR 250mg, 500mg	3	MT
ROWASA KIT 4gm	4	
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	PA, QL (1 injection every 56 days)
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	2	MT
INTESTINAL ACIDIFIERS		
<i>enulose soln 10gm/15ml</i>	1	MT
<i>generlac soln 10gm/15ml</i>	1	MT
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	MT
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tabs .5mg, 1mg</i>	2	MT
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	MT
LOTRONEX TABS .5mg, 1mg	4	MT
VIBERZI TABS 75mg, 100mg	3	PA, QL (60 tabs every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5mg, 25mg	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	4	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	4	MT
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	2	MT
FOSRENOL CHEW 500mg, 750mg, 1000mg; PACK 750mg, 1000mg	4	MT
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	2	MT
PHOSLYRA SOLN 667mg/5ml	3	MT
RENAGEL TABS 800mg	4	MT
REVELA PACK .8gm, 2.4gm; TABS 800mg	4	MT
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	2	MT
<i>sevelamer hcl tabs 400mg, 800mg</i>	2	MT
VELPHORO CHEW 500mg	3	MT
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5mg	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250mg	6	PA; LD
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ACIDIFIERS		
K-PHOS TAB NO 2	4	
ALKALINIZERS		
<i>potassium citrate (alkalinizer) tbc</i> <i>10meq, 15meq, 540mg, 1080mg,</i> <i>1620mg</i>	2	
UROCIT-K 5 TBCR 540mg	4	
UROCIT-K 10 TBCR 1080mg	4	
UROCIT-K 15 TBCR 15meq	4	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50mg, 150mg	6	PA; LD
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	6	PA; LD
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	2	
<i>argyle sterile saline soln .9%</i>	2	
<i>curity sterile saline soln .9%</i>	2	
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
<i>sodium chloride (gu irrigant) soln .9%</i>	2	
SORBITOL SOLN 3%	4	
SORBITOL-MAN SOL	4	
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TABS 200mg, 400mg	6	PA, QL (30 tabs every 30 days); LD
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100mg	4	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	MT
AVODART CAPS .5mg	4	MT
CARDURA XL TB24 4mg, 8mg	4	MT
<i>dutasteride caps .5mg</i>	2	MT
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	2	MT
<i>finasteride tabs 5mg</i>	1	MT
FLOMAX CAPS .4mg	4	MT
JALYN CAP	4	MT
PROSCAR TABS 5mg	4	MT
RAPAFLO CAPS 4mg, 8mg	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>silodosin caps 4mg, 8mg</i>	2	MT
<i>tamsulosin hcl caps .4mg</i>	1	MT
UROXATRAL TB24 10mg	4	MT

URINARY ANALGESICS

<i>phenazo tabs 200mg</i>	1	
<i>phenazopyridine hcl tabs 200mg</i>	1	

URINARY STONE AGENTS

LITHOSTAT TABS 250mg	4	MT
THIOLA TABS 100mg	6	LD
THIOLA EC TBEC 100mg, 300mg	6	LD
tiopronin tabs 100mg	5	

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	MT
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GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tabs 100mg, 300mg</i>	1	MT
<i>colchicine tabs .6mg</i>	2	
<i>febuxostat tabs 40mg, 80mg</i>	2	MT
ULORIC TABS 40mg, 80mg	4	MT
ZYLOPRIM TABS 100mg	4	MT

URICOSURICS

<i>probenecid tabs 500mg</i>	2	MT
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HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

ANTIHEMOPHILIC PRODUCTS

ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	6	PA; LD
ALPHANATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit	6	PA; LD
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	6	PA; LD
BENEFIX KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	6	PA; LD
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	6	PA; LD
HUMATE-P SOL 250-600	6	PA; LD
HUMATE-P SOL 500-1200	6	PA; LD
HUMATE-P SOL 2400UNIT	6	PA; LD
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	6	PA; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR SOSY 30mg/3ml	6	PA; LD
<i>icatibant acetate soln 30mg/3ml; sosal 30mg/3ml</i>	5	PA
<i>sajazir sosal 30mg/3ml</i>	5	PA; LD
COMPLEMENT INHIBITORS		
BERINERT KIT 500unit	6	PA; LD
CINRYZE SOLR 500unit	6	PA; LD
EMPAVELI SOLN 1080mg/20ml	6	PA; LD
HAEGARDA SOLR 2000unit, 3000unit	6	PA; LD
RUCONEST SOLR 2100unit	6	PA; LD
TAVNEOS CAPS 10mg	6	PA, QL (180 caps every 30 days); LD
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100mg, 150mg	6	PA, QL (60 tabs every 30 days); LD
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbc 400mg</i>	1	MT
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	6	PA; LD
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAPS .5mg	4	MT
<i>anagrelide hcl caps .5mg, 1mg</i>	1	MT
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	MT
BRILINTA TABS 60mg, 90mg	3	MT
CABLIVI KIT 11mg	6	PA; LD
<i>cilostazol tabs 50mg, 100mg</i>	1	MT
<i>clopidogrel bisulfate tabs 75mg</i>	1	MT
<i>clopidogrel bisulfate tabs 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	MT
EFFIENT TABS 5mg, 10mg	4	MT
PLAVIX TABS 75mg	4	MT
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	MT
ZONTIVITY TABS 2.08mg	4	MT
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TABS 5mg, 20mg, 50mg	6	PA, QL (60 tabs every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAB 20MGX5MG	6	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAB 50MGX20M	6	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAPER PACK TBPK 5mg	6	PA, QL (7 tabs every 180 days); LD

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAPS 84mg	6	PA; LD
<i>miglustat caps 100mg</i>	5	
ZAVESCA CAPS 100mg	6	LD

AGENTS FOR SICKLE CELL DISEASE

DROXIA CAPS 200mg, 300mg, 400mg	4	MT
OXBRYTA TABS 300mg; TBSO 300mg	6	PA, QL (270 tabs every 30 days); LD
OXBRYTA TABS 500mg	6	PA, QL (150 tabs every 30 days); LD
SIKLOS TABS 100mg, 1000mg	4	

COBALAMINS

<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>dodex soln 1000mcg/ml</i>	1	

FOLIC ACID/FOLATES

<i>cvs folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>fa-8 caps .8mg</i>	1	QL (100 caps per fill), OTC; ACA, MT
<i>folate tabs 400mcg</i>	1	QL (100 tabs per fill), OTC; ACA
<i>folic acid caps 800mcg</i>	1	QL (100 caps per fill), OTC; ACA, MT
<i>folic acid tabs 1mg</i>	1	MT
<i>folic acid tabs 400mcg</i>	1	QL (100 tabs per fill), OTC; ACA
<i>folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>kp folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>qc folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>ra folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT

Drug Name	Drug Tier	Requirements/Limits
<i>sm folic acid tabs 400mcg</i>	1	QL (100 tabs per fill), OTC; ACA
<i>yl folic acid tabs 400mcg</i>	1	QL (100 tabs per fill), OTC; ACA

HEMATOPOIETIC GROWTH FACTORS

DOPTelet TABS 20mg	6	PA; LD
MULPLETA TABS 3mg	6	PA
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	6	LD
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	

HEMATOPOIETIC MIXTURES

FOLTABS 800 TAB	1	OTC
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STEM CELL MOBILIZERS

MOZOBIL SOLN 24mg/1.2ml	6	LD
<i>plerixafor soln 24mg/1.2ml</i>	5	

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

AMICAR SOLN .25gm/ml; TABS 500mg, 1000mg	4	
<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	2	
LYSTEDA TABS 650mg	4	
<i>tranexamic acid tabs 650mg</i>	2	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

BARBITURATE HYPNOTICS

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
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NON-BARBITURATE HYPNOTICS

AMBIEN TABS 5mg, 10mg	4	QL (30 tabs every 30 days)
AMBIEN CR TBCR 6.25mg, 12.5mg	4	QL (30 tabs every 30 days)
DORAL TABS 15mg	4	QL (30 tabs every 30 days)
<i>estazolam tabs 1mg</i>	2	QL (60 tabs every 30 days)
<i>estazolam tabs 2mg</i>	2	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	QL (30 tabs every 30 days)
<i>flurazepam hcl caps 15mg, 30mg</i>	2	QL (30 caps every 30 days)
HALCION TABS .25mg	4	QL (60 tabs every 30 days)
LUNESTA TABS 1mg, 2mg, 3mg	4	QL (30 tabs every 30 days)
<i>midazolam hcl syrp 2mg/ml</i>	2	
<i>quazepam tabs 15mg</i>	2	QL (30 tabs every 30 days)
RESTORIL CAPS 7.5mg	4	QL (120 caps every 30 days)
RESTORIL CAPS 15mg	4	QL (60 caps every 30 days)
RESTORIL CAPS 22.5mg, 30mg	4	QL (30 caps every 30 days)
<i>temazepam caps 7.5mg</i>	2	QL (120 caps every 30 days)
<i>temazepam caps 15mg</i>	2	QL (60 caps every 30 days)
<i>temazepam caps 22.5mg, 30mg</i>	2	QL (30 caps every 30 days)
<i>triazolam tabs .25mg</i>	2	QL (60 tabs every 30 days)
<i>triazolam tabs .125mg</i>	2	QL (120 tabs every 30 days)
<i>zaleplon caps 5mg</i>	2	QL (30 caps every 30 days)
<i>zaleplon caps 10mg</i>	2	QL (60 caps every 30 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	2	QL (30 tabs every 30 days)

SELECTIVE MELATONIN RECEPTOR AGONISTS

<i>ramelteon tabs 8mg</i>	2	QL (30 tabs every 30 days)
ROZEREM TABS 8mg	4	QL (30 tabs every 30 days)

LAXATIVES - DRUGS TO TREAT CONSTIPATION **LAXATIVE COMBINATIONS**

CLENPIQ SOL	3	ACA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOL	4	
NULYTELY SOL LMN/LIME	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i>	1	ACA
<i>peg-3350/sodium sulf/nacl</i>	1	ACA
PEG-PREP KIT	4	ACA
PLENVU SOL	4	ACA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	ACA
SUFLAVE SOL	4	ACA
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	4	ACA

LAXATIVES - MISCELLANEOUS

<i>constulose soln 10gm/15ml</i>	1	MT
KRISTALOSE PACK 10gm, 20gm	3	MT
LACTULOSE PACK 10gm	3	MT
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	1	MT

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
ZITHROMAX PACK 1gm; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	4	
ZITHROMAX TRI-PAK TABS 500mg	4	
ZITHROMAX Z-PAK TABS 250mg	4	

CLARITHROMYCIN

<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	2	
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ERYTHROMYCINS

<i>e.e.s. 400 tabs 400mg</i>	2	
E.E.S. GRANULES SUSR 200mg/5ml	4	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	2	
ERYPED 200 SUSR 200mg/5ml	4	
ERYPED 400 SUSR 400mg/5ml	4	
<i>erythrocin stearate tabs 250mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	2	

FIDAXOMICIN

DIFICID SUSR 40mg/ml; TABS 200mg	4	
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MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR	4	QL (1 each every 300 days); ACA
CONDOMS (MALE)	4	OTC; ACA
FC2 FEMALE MIS CONDOM	4	OTC; ACA
FEMCAP MIS 22MM	4	QL (1 each every 300 days); ACA
FEMCAP MIS 26MM	4	QL (1 each every 300 days); ACA
FEMCAP MIS 30MM	4	QL (1 each every 300 days); ACA
OMNIFLEX DPR	4	QL (1 each every 300 days); ACA
WIDE-SEAL SILICONE DIAPHR DPRH 2%	4	QL (1 each every 300 days); ACA

DIABETIC SUPPLIES

CONTOUR KIT NEXT	3	QL (1 box every year), OTC
CONTOUR KIT NEXT EZ	3	QL (1 box every year), OTC
CONTOUR KIT NEXT LNK	3	QL (1 box every year), OTC
CONTOUR MIS MONITOR	3	QL (1 each every year), OTC
CONTOUR NEXT KIT GEN	3	QL (1 box every year), OTC
CONTOUR NEXT KIT ONE	3	QL (1 kit every year), OTC
CONTOUR NXT KIT LINK 2.4	3	QL (1 box every year), OTC
DEXCOM G5 MIS RECEIVER	4	QL (1 each every year)
DEXCOM G5 MIS TRANSMIT	4	QL (1 box every 90 days)
DEXCOM G6 MIS RECEIVER	4	QL (1 each every year)

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

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS SENSOR	4	QL (9 each every 90 days)
DEXCOM G6 MIS TRANSMIT	4	QL (1 box every 90 days)
DEXCOM G7 MIS RECEIVER	4	QL (1 each every year)
DEXCOM G7 MIS SENSOR	4	QL (9 each every 90 days)
FREESTY LIBR KIT 2 SENSOR	4	QL (2 boxes every 30 days)
FREESTY LIBR KIT 3 SENSOR	4	QL (2 boxes every 30 days)
FREESTY LIBR MIS 2 READER	4	QL (1 each every year)
FREESTYLE KIT SENSOR	4	QL (2 boxes every 30 days)
FREESTYLE MIS READER	4	QL (1 each every year)
G4 PLAT PED MIS RVC/SHAR	4	QL (1 each every year)
G4 PLATINUM MIS PEDIATRC	4	QL (1 each every year)
G4 PLATINUM MIS RCV/SHAR	4	QL (1 each every year)
G4 PLATINUM MIS RECEIVER	4	QL (1 each every year)
G4 PLATINUM MIS TRANSMIT	4	QL (1 box every 90 days)
G5/G4 MIS SENSOR	4	QL (12 each every 84 days)
LANCETS	3	OTC
OMNIPOD 5 G6 KIT INTRO	3	
OMNIPOD 5 G6 MIS PODS	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD GO KIT 10UNT/DY	3	
OMNIPOD GO KIT 15UNT/DY	3	
OMNIPOD GO KIT 20UNT/DY	3	
OMNIPOD GO KIT 25UNT/DY	3	
OMNIPOD GO KIT 30UNT/DY	3	
OMNIPOD GO KIT 35UNT/DY	3	
OMNIPOD GO KIT 40UNT/DY	3	
OMNIPOD MIS CLASSIC	3	
OMNIPOD PDM KIT CLASSIC	3	
ONE TCH SLVR KIT ULT MINI	3	QL (1 box every year), OTC
ONETOUCH KIT ULTRA 2	3	QL (1 box every year), OTC
ONETOUCH KIT VERIO FL	3	QL (1 box every year), OTC

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

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH KIT VERIO IQ	3	QL (1 box every year), OTC
ONETOUCH KIT VERIO RE	3	QL (1 box every year), OTC
ONETOUCH SOL KIT COMPLETE	3	QL (1 kit every 365 days), OTC
ONETOUCH SOL KIT FIT	3	QL (1 box every year), OTC
ONETOUCH SOL KIT REFILL	3	QL (1 kit every 365 days), OTC
ONETOUCH SOL KIT STARTER	3	QL (1 box every year), OTC
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	

MISC. DEVICES

ALCOHOL SWABS	3	QL (300 ea every 30 days)
ALCOHOL SWABS PADS 70%	3	QL (300 ea every 30 days), OTC

PARENTERAL THERAPY SUPPLIES

INSULIN PEN NEEDLE	3	QL (1000 each every 30 days)
INSULIN PEN NEEDLE	3	QL (1000 each every 30 days), OTC
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30 days)
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30 days), OTC
NEEDLE	3	QL (1000 each every 30 days)
NEEDLE	3	QL (1000 each every 30 days), OTC
SYRINGE/NEEDLE	3	QL (1000 each every 30 days), OTC

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	PA, QL (1 pen every 28 days)
EMGALITY SOAJ 120mg/ml	3	PA, QL (1 pen every 28 days)
EMGALITY SOSY 100mg/ml	3	PA, QL (3 syringes every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 120mg/ml	3	PA, QL (1 syringe every 28 days)
NURTEC TBDP 75mg	3	PA, QL (16 tabs every 30 days)
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	4	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>migergot</i>	2	
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
D.H.E. 45 SOLN 1mg/ml	4	
<i>dihydroergotamine mesylate soln 1mg/ml</i>	2	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	2	QL (8 mL every 30 days)
ERGOMAR SUBL 2mg	4	
MIGRANAL SOLN 4mg/ml	4	QL (8 mL every 30 days)
SEROTONIN AGONISTS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	2	QL (18 tabs every 30 days)
AMERGE TABS 1mg, 2.5mg	4	QL (18 tabs every 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	QL (18 tabs every 30 days)
<i>frovatriptan succinate tabs 2.5mg</i>	2	QL (18 tabs every 30 days)
IMITREX SOLN 5mg/act, 20mg/act	4	QL (12 inhalers every 30 days)
IMITREX SOLN 6mg/0.5ml	4	QL (10 injections every 30 days)
IMITREX TABS 25mg, 50mg, 100mg	4	QL (18 tabs every 30 days)
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	4	QL (10 injections every 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	4	QL (10 injections every 30 days)
MAXALT TABS 10mg	4	QL (18 tabs every 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	2	QL (18 tabs every 30 days)
RELPAK TABS 20mg, 40mg	4	QL (18 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	2	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	2	QL (12 inhalers every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml</i>	2	QL (10 injections every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	2	QL (18 tabs every 30 days)
<i>zolmitriptan soln 2.5mg, 5mg</i>	2	QL (12 inhalers every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	2	QL (18 tabs every 30 days)
ZOMIG SOLN 2.5mg	4	QL (12 inhalers every 30 days)
ZOMIG SOLN 5mg	4	QL (12 bottles every 30 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

FLUORIDE

<i>fluoritab soln .125mg/drop</i>	1	ACA, MT
<i>nafrinse chew 2.2mg</i>	1	MT
<i>nafrinse drops soln .125mg/drop</i>	1	ACA, MT
<i>sodium fluoride chew 1mg, 2.2mg</i>	1	MT
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	ACA, MT

PHOSPHATE

K-PHOS TABS 500mg	4	MT
<i>phospho-trin k500 tabs 500mg</i>	2	

POTASSIUM

<i>effer-k tbef 25meq</i>	1	MT
EFFER-K TAB 10MEQ	4	
EFFER-K TAB 20MEQ	4	
<i>k-prime tbef 25meq</i>	1	MT
K-TAB TBCR 8meq, 10meq, 20meq	4	MT
<i>klor-con pack 20meq</i>	1	MT
<i>klor-con 8 tbcr 8meq</i>	1	MT
<i>klor-con 10 tbcr 10meq</i>	1	MT
<i>klor-con m10 tbcr 10meq</i>	1	MT
<i>klor-con m15 tbcr 15meq</i>	1	MT
<i>klor-con m20 tbcr 20meq</i>	1	MT
<i>klor-con/ef tbef 25meq</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq</i>	1	MT
<i>potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq</i>	1	MT

SODIUM

<i>sodium chloride soln .9%</i>	1	
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ZINC

GALZIN CAPS 50mg	4	
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MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

DEPEN TITRATABS TABS 250mg	4	
<i>penicillamine tabs 250mg</i>	2	

FECAL INCONTINENCE BULKING AGENTS

SOLESTA INJ 50-15ML	6	LD
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IMMUNOMODULATORS

<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	6	PA, QL (28 caps every 28 days); LD
<i>lenalidomide caps 20mg, 25mg</i>	6	PA, QL (21 caps every 28 days); LD
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	6	PA, QL (28 caps every 28 days); LD
REVLIMID CAPS 20mg, 25mg	6	PA, QL (21 caps every 28 days); LD
REZUROCK TABS 200mg	6	PA, QL (60 tabs every 30 days); LD
THALOMID CAPS 50mg, 100mg	6	PA, QL (28 caps every 28 days); LD
THALOMID CAPS 150mg, 200mg	6	PA, QL (56 caps every 28 days); LD

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CP24 .5mg, 1mg, 5mg	6	
<i>azasan tabs 75mg, 100mg</i>	2	MT
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	2	MT
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	MT
<i>cyclosporine caps 25mg, 100mg</i>	2	MT
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	2	MT
ENSPRYNG SOSY 120mg/ml	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	5	
<i>engraft caps 25mg, 100mg; soln 100mg/ml</i>	2	MT
IMURAN TABS 50mg	4	MT
LUPKYNIS CAPS 7.9mg	6	PA; LD
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	2	MT
<i>mycophenolate sodium tbec 180mg, 360mg</i>	2	MT
MYFORTIC TBEC 180mg, 360mg	4	MT
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	4	MT
PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg	4	MT
RAPAMUNE SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	MT
SANDIMMUNE CAPS 25mg, 100mg; SOLN 100mg/ml	4	MT
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	2	MT
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	MT
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	6	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powd 100%</i>	2	
<i>*sodium polystyrene sulfonate powder**</i>	2	
<i>sps susp 15gm/60ml</i>	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAPS 50mg, 75mg	6	PA; LD
PROSTAGLANDINS		
<i>alprostadil soln 500mcg/ml</i>	2	
PROSTIN VR PEDIATRIC SOLN 500mcg/ml	4	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	6	PA; LD
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	2	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	2	
ORAVIG TABS 50mg	4	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
PERIDEX SOLN .12%	4	
<i>periogard soln .12%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq pste .1%</i>	2	QL (20 gm every 30 days)
<i>oralone dental paste pste .1%</i>	2	QL (20 gm every 30 days)
<i>triamcinolone acetonide (mouth) pste .1%</i>	2	QL (20 gm every 30 days)
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl caps 30mg</i>	2	MT
EVOXAC CAPS 30mg	4	MT
ORAMAGICRX SUS	4	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	2	MT
SALAGEN TABS 5mg, 7.5mg	4	MT
MULTIVITAMINS - DRUGS FOR NUTRITION		
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride</i>	1	OTC
<i>multi-vitamin/fluoride/ir</i>	1	
<i>multivitamin/fluoride/iro</i>	1	OTC
PED MV W/ FLUORIDE		
<i>multi-vitamin/fluoride dr</i>	1	
<i>multivitamin with fluorid</i>	1	
<i>multivitamin with fluorid</i>	1	OTC
<i>multivitamin/fluoride</i>	1	
<i>multivitamin/fluoride</i>	1	OTC
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	1	
<i>tri-vite/fluoride</i>	1	
<i>vitamins a/c/d/fluoride</i>	1	
PRENATAL VITAMINS		
C-NATE DHA CAP 28-1-200	3	
CO-NATAL FA TAB 29-1MG	3	
COMPLETENATE CHW	3	

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

Drug Name	Drug Tier	Requirements/Limits
CONCEPT DHA CAP	3	
<i>elite-ob</i>	1	
JENLIVA CAP	3	
M-NATAL PLUS TAB	3	
NEONATAL PLS TAB 27-1MG	3	
NEONATAL TAB COMPLETE	3	
NEONATAL TAB COMPLTE	3	
NEONATAL TAB PLUS	3	
NIVA-PLUS TAB	3	
ONE VITE TAB 1MG PLUS	3	
PNV TABS TAB 29-1MG	3	
<i>pnv-dha</i>	1	
PNV-OMEGA CAP	3	
<i>pnv-select</i>	1	
PRENA1 PEARL CAP	3	
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
PRENATAL+FE TAB 29-1MG	3	
PRENATAL-U CAP 106.5-1	3	
PRENATRIX TAB	3	
PRENATRYL TAB	3	
PREPLUS TAB 27-1MG	3	
PRETAB TAB 29-1MG	3	
RELNATE DHA CAP	3	
SE-NATAL 19 CHW	3	
SE-NATAL 19 TAB	3	
TARON-C DHA CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRICARE TAB PRENATAL	3	
<i>trinate</i>	1	
VIRT-C DHA CAP	3	
VIRT-NATE CAP DHA	3	
VIRT-PN PLUS CAP	3	
VITAFOL-OB TAB 65-1MG	3	
VITAPEARL CAP	3	
VITATHELY TAB	3	
VIVA DHA CAP	3	
WESCAP-C DHA CAP	3	
WESNATE DHA CAP	3	

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

Drug Name	Drug Tier	Requirements/Limits
WESTAB PLUS TAB 27-1MG	3	
ZATEAN-PN CAP PLUS	3	

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 10mg, 20mg</i>	1	
<i>carisoprodol tabs 250mg, 350mg</i>	2	QL (120 tabs every 30 days)
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 tabs every 30 days)
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	2	QL (90 tabs every 30 days)
<i>metaxalone tabs 800mg</i>	2	QL (90 tabs every 30 days)
<i>methocarbamol tabs 500mg</i>	2	QL (240 tabs every 30 days)
<i>methocarbamol tabs 750mg</i>	2	QL (160 tabs every 30 days)
<i>orphenadrine citrate tb12 100mg</i>	2	QL (60 tabs every 30 days)
SKELAXIN TABS 800mg	4	QL (90 tabs every 30 days)
SOMA TABS 250mg, 350mg	4	QL (120 tabs every 30 days)
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	2	
<i>vanadom tabs 350mg</i>	2	QL (120 tabs every 30 days)
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	4	

DIRECT MUSCLE RELAXANTS

DANTRIUM CAPS 25mg, 50mg	4	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	2	

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	2	PA, QL (240 tabs every 30 days)
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NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL ANTIALLERGY

<i>azelastine hcl soln .1%, .15%, 137mcg/spray</i>	2	
<i>olopatadine hcl (nasal) soln .6%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PATANASE SOLN .6%	4	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	MT
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	1	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	2	
<i>mometasone furoate (nasal) susp 50mcg/act</i>	2	
XHANCE EXHU 93mcg/act	4	PA, QL (32 mL every 30 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOLN .1%	4	
<i>epinephrine hcl (nasal) soln .1%</i>	2	
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
EXSERVAN FILM 50mg	6	
RADICAVA ORS SUSP 105mg/5ml	6	PA; LD
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	6	PA; LD
RELYVRIO PAK 3-1GM	6	PA, QL (60 packs every 30 days); LD
RILUTEK TABS 50mg	6	
<i>riluzole tabs 50mg</i>	5	
TIGLUTIK SUSP 50mg/10ml	6	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLR .75mg/ml	6	PA; LD
NUTRIENTS - DRUGS FOR NUTRITION		
CARBOHYDRATES		
<i>cvs glucose liquid shot</i>	2	OTC
<i>gluco shot</i>	2	OTC
<i>*glucose oral liquid**</i>	2	OTC
LIPIDS		
DOJOLVI LIQD 100%	6	PA; LD
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT INST 5mg	4	QL (60 vials every 30 days)
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl (ophth) soln .5%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>carteolol hcl (ophth) soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT SOL 2-0.5%OP	4	
DORZOL/TIMOL SOL 2-0.5%OP	4	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	2	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	2	
<i>timolol maleate (ophth) soln .25%, .5%</i>	1	
<i>timolol maleate in ocudos soln .5%</i>	2	
<i>timolol maleate preservative free (ophth) soln .25%</i>	2	
TIMOPTIC SOLN .25%	4	
TIMOPTIC OCUDOSE SOLN .25%, .5%	4	
TIMOPTIC-XE SOLG .25%, .5%	4	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin soln 2.5%, 10%</i>	2	
ATROPINE SULFATE SOLN 1%	4	
<i>atropine sulfate (ophthalmic) soln 1%</i>	2	
CYCLOGYL SOLN .5%, 1%, 2%	4	
CYCLOMYDRIL SOL OP	4	
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	2	
ISOPTO ATROPINE SOLN 1%	4	
MYDRIACYL SOLN 1%	4	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	2	
<i>tropicamide soln .5%, 1%</i>	2	
MIOTICS		
ISOPTO CARPINE SOLN 1%, 2%	4	QL (30 mL every 30 days)
MIOCHOL-E SOLR 20mg	4	
PHOSPHOLINE IODIDE SOLR .125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	QL (30 mL every 30 days)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%	3	
ALPHAGAN P SOLN .15%	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>apraclonidine hcl soln .5%</i>	2	
<i>brimonidine tartrate soln .15%, .2%</i>	2	
IOPIDINE SOLN 1%	4	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
AZASITE SOLN 1%	4	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
BETADINE OPHTHALMIC PREP SOLN 5%	4	
BLEPH-10 SOLN 10%	4	
CILOXAN SOLN .3%	4	QL (30 mL every 30 days)
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	2	
<i>gentak oint .3%</i>	2	QL (18 gm every 30 days)
<i>gentamicin sulfate (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
KLARITY-A SOLN 1%	4	
<i>levofloxacin (ophth) soln .5%</i>	2	QL (30 mL every 30 days)
MITOSOL KIT .2mg	4	
<i>moxifloxacin hcl (ophth) soln .5%</i>	2	QL (30 mL every 30 days)
NATACYN SUSP 5%	4	
<i>neo-polycin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
OCUFLOX SOLN .3%	4	QL (30 mL every 30 days)
<i>ofloxacin (ophth) soln .3%</i>	2	QL (30 mL every 30 days)
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	4	
POVIDONE IODINE SOLN 5%	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	2	
<i>tobramycin (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
TOBREX OINT .3%	4	QL (18 gm every 30 days)
<i>trifluridine soln 1%</i>	2	
VIGAMOX SOLN .5%	4	QL (30 mL every 30 days)
ZIRGAN GEL .15%	4	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOLN .09%	3	QL (60 vials every 30 days)
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	3	QL (60 vials every 30 days)
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	4	
<i>altacaine soln .5%</i>	2	
<i>proparacaine hcl soln .5%</i>	2	
<i>tetracaine hcl (ophth) soln .5%</i>	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	6	PA; LD
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	4	
BLEPHAMIDE SUS OP	4	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	2	QL (30 mL every 30 days)
<i>difluprednate emul .05%</i>	2	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) susp .1%</i>	2	
FML OINT .1%	4	
FML FORTE SUSP .25%	4	
FML LIQUIFILM SUSP .1%	4	
LOTEMAX GEL .5%	4	
LOTEMAX OINT .5%	3	

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

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SM GEL .38%	3	
<i>loteprednol etabonate gel .5%; susp .5%</i>	2	
MAXIDEX SUSP .1%	4	
MAXITROL OIN 0.1% OP	4	
MAXITROL SUS 0.1% OP	4	
<i>neo-polycin hc</i>	2	
<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>	2	QL (30 mL every 30 days)
PRED FORTE SUSP 1%	4	
PRED MILD SUSP .12%	4	
PRED-G S.O.P OIN OP	4	
PRED-G SUS OP	4	
<i>prednisolone acetate (ophth) susp 1%</i>	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX SUS 0.3-0.1%	4	QL (30 mL every 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	QL (30 mL every 30 days)
OPHTHALMICS - MISC.		
<i>azelastine hcl (ophth) soln .05%</i>	2	
<i>bromfenac sodium (ophth) soln .09%</i>	2	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
CYSTARAN SOLN .44%	6	LD
<i>diclofenac sodium (ophth) soln .1%</i>	2	QL (30 mL every 30 days)
<i>dorzolamide hcl soln 2%</i>	2	
<i>epinastine hcl (ophth) soln .05%</i>	2	
<i>flurbiprofen sodium soln .03%</i>	1	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	2	
PAREMYD SOL 1-0.25%	4	
PROLENSA SOLN .07%	3	
TRUSOPT SOLN 2%	4	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost soln .03%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost soln .005%</i>	2	
LATANOPROST SOLN .005%	4	
LUMIGAN SOLN .01%	3	
<i>tafluprost soln .015mg/ml</i>	2	
<i>travoprost soln .004%</i>	2	
XALATAN SOLN .005%	4	
ZIOPTAN SOLN .015mg/ml	3	

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid (otic) soln 2%</i>	1	
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OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl (otic) soln .2%</i>	2	QL (56 ea every 30 days)
<i>ofloxacin (otic) soln .3%</i>	2	QL (30 mL every 30 days)

OTIC COMBINATIONS

CIPRO HC SUS OTIC	4	
CIPRODEX SUS 0.3-0.1%	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	
CORTISPORIN SUS -TC OTIC	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	QL (30 mL every 30 days)
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	QL (30 mL every 30 days)
OTOVEL DRO	4	

OTIC STEROIDS

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	QL (30 mL every 30 days)
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PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS

IMMUNE SERUMS

CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	6	PA; LD
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	6	PA; LD
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	6	PA; LD
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	6	PA; LD
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	6	PA; LD
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	6	PA; LD

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

HYQVIA INJ 2.5-200	6	PA; LD
HYQVIA INJ 5-400	6	PA; LD
HYQVIA INJ 10-800	6	PA; LD
HYQVIA INJ 20-1600	6	PA; LD
HYQVIA INJ 30-2400	6	PA; LD

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>ampicillin caps 500mg</i>	1	

NATURAL PENICILLINS

<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
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PENICILLIN COMBINATIONS

<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	4	
AUGMENTIN SUS ES-600	4	
AUGMENTIN TAB 500MG	4	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium caps 250mg, 500mg</i>	1
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PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING

LIQUID VEHICLES

<i>glycine diluent for injection</i>	6
STERILE DILU SOL TREPROST	6

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TABS 5mg	4	MT
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	2	MT
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	2	MT
<i>norethindrone acetate tabs 5mg</i>	2	MT
<i>progesterone caps 100mg, 200mg</i>	2	MT
PROMETRIUM CAPS 100mg, 200mg	4	MT
PROVERA TABS 2.5mg, 5mg, 10mg	4	MT

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	2
<i>disulfiram tabs 250mg, 500mg</i>	2
LUCEMYRA TABS .18mg	4

ANTIDEMENTIA AGENTS

ARICEPT TABS 5mg, 10mg, 23mg	4
<i>donepezil hydrochloride tabs 5mg, 10mg</i>	1
<i>donepezil hydrochloride tabs 23mg; tbdp 5mg, 10mg</i>	2
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	2
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
NAMENDA TABS 5mg, 10mg	4	
NAMENDA TAB 5-10MG	4	
NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg	4	
NAMZARIC CAP	3	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
RAZADYNE ER CP24 8mg, 16mg, 24mg	4	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	2	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	2	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	PA
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	PA
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	PA
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	PA
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	4	PA
SYMBYAX CAP 6-25MG	4	PA
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg, 9mg, 12mg	6	PA
AUSTEDO XR TB24 6mg, 12mg, 24mg	6	PA
AUSTEDO XR TAB TITR KIT	6	PA
INGREZZA CAPS 40mg, 60mg, 80mg	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAP 40-80MG	6	PA; LD
<i>tetrabenazine tabs 12.5mg, 25mg</i>	5	PA
XENAZINE TABS 12.5mg, 25mg	6	PA; LD
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	5	PA, QL (60 tabs every 30 days); LD
AUBAGIO TABS 7mg, 14mg	5	PA, QL (30 tabs every 30 days); LD
AVONEX PSKT 30mcg/0.5ml	5	PA, QL (4 injections every 30 days)
AVONEX PEN AJKT 30mcg/0.5ml	5	PA, QL (4 injections every 30 days)
BETASERON KIT .3mg	5	PA, QL (14 injections every 28 days)
COPAXONE SOSY 20mg/ml	5	PA, QL (30 injections every 30 days)
COPAXONE SOSY 40mg/ml	5	PA, QL (12 injections every 28 days)
<i>dalfampridine tb12 10mg</i>	5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	5	PA, QL (56 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (1 kit every 180 days)
<i>fingolimod hcl caps .5mg</i>	5	PA, QL (30 caps every 30 days)
GILENYA CAPS .25mg, .5mg	5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate sosy 20mg/ml</i>	5	PA, QL (30 injections every 30 days)
<i>glatiramer acetate sosy 40mg/ml</i>	5	PA, QL (12 injections every 28 days)
<i>glatopa sosy 20mg/ml</i>	5	PA, QL (30 injections every 30 days)
<i>glatopa sosy 40mg/ml</i>	5	PA, QL (12 injections every 28 days)
KESIMPTA SOAJ 20mg/0.4ml	5	PA, QL (1 pen every 28 days); LD
MAYZENT TABS 1mg, 2mg	5	PA, QL (30 tabs every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS .25mg	5	PA, QL (120 tabs every 30 days); LD
MAYZENT PAK STARTER 1 MG/DOSE TBPk .25mg	5	PA, QL (7 tabs every 4 days); LD
MAYZENT PAK STARTER 2 MG/DOSE TBPk .25mg	5	PA, QL (12 tabs every 5 days); LD
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	5	PA, QL (2 injections every 28 days); LD
PLEGRIDY INJ STARTER	5	PA, QL (1 mL every 28 days); LD
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pen every 28 days); LD
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN	5	PA, QL (12 injections every 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	5	PA, QL (12 injections every 28 days)
<i>teriflunomide tabs 7mg, 14mg</i>	5	PA, QL (30 tabs every 30 days)
VUMERITY CPDR 231mg	5	PA, QL (120 caps every 30 days); LD
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
LYRICA CR TB24 82.5mg, 165mg	4	PA, QL (30 tabs every 30 days)
LYRICA CR TB24 330mg	4	PA, QL (60 tabs every 30 days)
<i>pregabalin (once-daily) tb24 82.5mg, 165mg</i>	2	PA, QL (30 tabs every 30 days)
<i>pregabalin (once-daily) tb24 330mg</i>	2	PA, QL (60 tabs every 30 days)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	4	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>ergoloid mesylates tabs 1mg</i>	2	
<i>pimozide tabs 1mg, 2mg</i>	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TBCR 300mg, 600mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
APO-VARENICLINE TABS .5mg, 1mg	4	QL (168 day supply every 365 days); ACA
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	QL (168 day supply every 365 days); ACA
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	1	QL (168 day supply every 365 days), OTC; ACA
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	1	QL (168 day supply every 365 days), OTC; ACA
NICOTINE SYS KIT TRANSDER	4	OTC; ACA
NICOTROL INHALER INHA 10mg	4	QL (168 day supply every 365 days); ACA
NICOTROL NS SOLN 10mg/ml	4	QL (168 day supply every 365 days); ACA
<i>varenicline tartrate tabs .5mg, 1mg</i>	2	QL (168 day supply every 365 days); ACA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (168 day supply every 365 days); ACA
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284mg/1.5ml	6	PA; LD
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	6	PA, QL (56 packets every 28 days); LD
KALYDECO TABS 150mg	6	PA, QL (60 tabs every 30 days); LD
ORKAMBI GRA 75-94MG	6	PA, QL (60 packs every 30 days); LD
ORKAMBI GRA 100-125	6	PA, QL (60 packs every 30 days); LD
ORKAMBI GRA 150-188	6	PA, QL (60 packs every 30 days); LD
ORKAMBI TAB 100-125	6	PA, QL (120 tabs every 30 days); LD
ORKAMBI TAB 200-125	6	PA, QL (120 tabs every 30 days); LD
PULMOZYME SOLN 2.5mg/2.5ml	6	LD
SYMDEKO TAB 50-75MG	6	PA, QL (60 tabs every 30 days); LD
SYMDEKO TAB 100-150	6	PA, QL (60 tabs every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 59.5MG	6	PA, QL (56 packets every 28 days); LD
TRIKAFTA PAK 75MG	6	PA, QL (56 packets every 28 days); LD
TRIKAFTA TAB	6	PA, QL (90 tabs every 30 days); LD

PULMONARY FIBROSIS AGENTS

ESBRIET CAPS 267mg; TABS 267mg, 801mg	6	PA; LD
OFEV CAPS 100mg, 150mg	6	PA; LD
pirfenidone caps 267mg; tabs 267mg, 801mg	5	PA

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

sulfadiazine tabs 500mg	2	
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

AMINOMETHYLCYCLINES

NUZYRA TABS 150mg	4	PA
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

avidoxy tabs 100mg	1	
demeclocycline hcl tabs 150mg, 300mg	2	
doxycycline (monohydrate) caps 50mg, 100mg, 150mg; tabs 50mg, 75mg, 100mg, 150mg	1	
doxycycline (monohydrate) susr 25mg/5ml	2	
doxycycline hyclate caps 50mg, 100mg; tabs 20mg; tbec 75mg, 150mg	2	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	1	
mondoxylene nl caps 100mg	1	
tetracycline hcl caps 250mg, 500mg	1	
VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml	4	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

methimazole tabs 5mg, 10mg	1	MT
propylthiouracil tabs 50mg	1	MT

THYROID HORMONES

ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	1	MT
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
CYTOMEL TABS 5mcg, 25mcg, 50mcg	4	MT
euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	MT
levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	MT
levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	MT
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	MT
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	MT
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	1	MT
NIVA THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg	1	MT
NP THYROID 15 TABS 15mg	1	MT
NP THYROID 30 TABS 30mg	1	MT
NP THYROID 60 TABS 60mg	1	MT
NP THYROID 90 TABS 90mg	1	MT
NP THYROID 120 TABS 120mg	1	MT
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	MT
THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg	1	MT
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	4	MT
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	MT

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	4	ACA
BOOSTRIX INJ	4	ACA
DAPTACEL INJ	4	ACA
DIP/TET PED INJ 25-5LFU	4	ACA
INFANRIX INJ	4	ACA
KINRIX INJ	4	ACA
PEDIARIX INJ 0.5ML	4	ACA
PENTACEL INJ	4	ACA
QUADRACEL INJ	4	ACA
QUADRACEL INJ 0.5ML	4	ACA
TDVAX INJ 2-2 LF	4	ACA
TENIVAC INJ 5-2LF	4	ACA
TET/DIP TOX INJ 2-2 LF	4	ACA
VAXELIS INJ	4	ACA

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	2	
CUVPOSA SOLN 1mg/5ml	4	MT
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	2	
<i>ed-spaz tbdp .125mg</i>	1	MT
<i>glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg</i>	2	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg</i>	1	MT
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</i>	1	MT
LEVSIN TABS .125mg	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
LEVSIN/SL SUBL .125mg	4	MT
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
<i>nulev tbdp .125mg</i>	1	MT
<i>oscimin subl .125mg; tabs .125mg</i>	1	MT
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>phenohydro</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine tabs 300mg, 400mg, 800mg</i>	2	MT
<i>cimetidine hcl soln 300mg/5ml, 400mg/6.67ml</i>	2	MT
<i>famotidine susr 40mg/5ml</i>	1	
<i>famotidine tabs 40mg</i>	1	MT
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	1	MT
PEPCID TABS 40mg	4	MT
MISC. ANTI-ULCER		
CARAFATE SUSP 1gm/10ml; TABS 1gm	4	MT
<i>sucralfate susp 1gm/10ml</i>	2	MT
<i>sucralfate tabs 1gm</i>	1	MT
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	4	QL (30 caps every 30 days); MT
<i>dexlansoprazole cpdr 30mg, 60mg</i>	2	QL (30 caps every 30 days)
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	QL (30 caps every 30 days); MT
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	2	QL (30 packs every 30 days); MT
<i>lansoprazole cpdr 30mg</i>	2	QL (30 caps every 30 days); MT
<i>lansoprazole tbdd 15mg, 30mg</i>	2	QL (30 tabs every 30 days); MT
NEXIUM CPDR 20mg, 40mg	4	QL (30 caps every 30 days); MT
NEXIUM PACK 2.5mg, 5mg	4	MT
NEXIUM PACK 10mg, 20mg, 40mg	4	QL (30 packs every 30 days); MT
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	2	QL (30 caps every 30 days); MT
<i>pantoprazole sodium pack 40mg</i>	2	QL (30 packs every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tbec 20mg, 40mg</i>	2	QL (30 tabs every 30 days); MT
PREVACID CPDR 30mg	4	QL (30 caps every 30 days); MT
PREVACID SOLUTAB TBDD 15mg, 30mg	4	QL (30 tabs every 30 days); MT
PRILOSEC PACK 2.5mg, 10mg	4	MT
PROTONIX PACK 40mg	4	QL (30 packs every 30 days); MT
PROTONIX TBEC 20mg, 40mg	4	QL (30 tabs every 30 days); MT
<i>rabeprazole sodium tbec 20mg</i>	2	QL (30 tabs every 30 days); MT

ULCER DRUGS - PROSTAGLANDINS

CYTOTEC TABS 100mcg, 200mcg	4	MT
<i>misoprostol tabs 100mcg, 200mcg</i>	2	MT

ULCER THERAPY COMBINATIONS

<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	2	
OMECLAMOX- MIS PAK	3	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	2	MT
DITROPAN XL TB24 5mg, 10mg	4	MT
GELNIQUE GEL 10%	3	MT
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	2	MT
OXYTROL PTTW 3.9mg/24hr	4	MT
<i>solifenacin succinate tabs 5mg, 10mg</i>	2	MT
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	2	MT
<i>trospium chloride cp24 60mg; tabs 20mg</i>	2	MT
VESICARE TABS 5mg, 10mg	4	MT

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3	MT
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URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tabs 100mg</i>	2	MT
VACCINES - DRUGS TO PREVENT INFECTIONS		
BACTERIAL VACCINES		
ACTHIB INJ	4	ACA
BCG VACCINE SOLR 50mg	4	
BEXSERO INJ	4	ACA
BIOTHRAX INJ	4	
HIBERIX SOLR 10mcg	4	ACA
MENACTRA INJ	4	ACA
MENQUADFI INJ	4	ACA
MENVEO INJ	4	ACA
MENVEO SOL	4	ACA
PEDVAX HIB SUSP 7.5mcg/0.5ml	4	ACA
PNEUMOVAX 23 INJ 25mcg/0.5ml	4	ACA
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	4	ACA
PREVNAR 13 INJ	4	ACA
PREVNAR 20 INJ	4	ACA
TRUMENBA INJ	4	ACA
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	4	
VAXNEUVANCE INJ	4	ACA
VIRAL VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	4	
AREXVY SUSR 120mcg/0.5ml	4	
DENGVAXIA SUS	4	ACA
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	4	ACA
GARDASIL 9 INJ	4	ACA
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	4	ACA
HEPLISAV-B SOSY 20mcg/0.5ml	4	ACA
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	4	
INFLUENZA VIRUS VACCINE	3	ACA
IPOX INJ INACTIVE	4	ACA
IXIARO INJ	4	
M-M-R II INJ	4	ACA
MODERNA COVID-19 VACCINE SUSP 25mcg/0.25ml	3	ACA
MODERNA COVID-19 VACCINE/ SUSP 10mcg/0.2ml, 50mcg/0.5ml	3	ACA

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

Drug Name	Drug Tier	Requirements/Limits
NOVAVAX COVID-19 VACCINE SUSP 5mcg/0.5ml	3	ACA
NOVAVAX COVID-19 VACCINE/ SUSP 5mcg/0.5ml	3	ACA
PFIZER-BIONTECH COVID-19 SUSP 3mcg/0.2ml, 3mcg/0.3ml, 10mcg/0.2ml, 10mcg/0.3ml, 30mcg/0.3ml	3	ACA
PREHEVBRIO SUSP 10mcg/ml	4	ACA
PRIORIX INJ	4	ACA
PROQUAD INJ	4	ACA
RABAVERT INJ	4	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	4	ACA
ROTARIX SUS	4	ACA
ROTATEQ SOL	4	ACA
SHINGRIX SUSR 50mcg/0.5ml	4	ACA
SPIKEVAX COVID-19 VACCINE SUSP 50mcg/0.5ml	3	ACA
STAMARIL INJ	4	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	4	
TWINRIX INJ	4	ACA
VAQTA SUSP 25unit/0.5ml, 50unit/ml	4	ACA
VARIVAX INJ 1350pfu/0.5ml	4	ACA
YF-VAX INJ	4	

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA INST 6.5mg	3	MT
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SPERMICIDES

ENCARE SUPP 100mg	4	OTC; ACA
OPTIONS GYNOL II VAGINAL GEL 3%	4	OTC; ACA
TODAY SPONGE MISC 1000mg	4	OTC; ACA
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	4	OTC; ACA

VAGINAL ANTI-INFECTIVES

CLEOCIN CREA 2%; SUPP 100mg	4	
<i>clindamycin phosphate vaginal crea 2%</i>	2	
CLINDESSE CREA 2%	4	
GYNAZOLE-1 CREA 2%	4	
<i>metronidazole vaginal gel .75%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole 3 supp 200mg</i>	2	
NUVESSA GEL 1.3%	4	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	2	
VANDAZOLE GEL .75%	2	

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	4	ACA
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VAGINAL ESTROGENS

ESTRACE CREA .1mg/gm	4	MT
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	2	MT
ESTRING RING 2mg, 7.5mcg/24hr	4	MT
FEMRING RING .05mg/24hr, .1mg/24hr	4	MT
PREMARIN CREA .625mg/gm	3	MT
VAGIFEM TABS 10mcg	4	MT
<i>yuvaferm tabs 10mcg</i>	2	MT

VAGINAL PROGESTINS

CRINONE GEL 4%	4	
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VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

ADRENALIN SOLN 30mg/30ml	4	
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	2	QL (4 pens every 30 days)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	2	QL (2 pens every 30 days)
<i>epinephrine (anaphylaxis) soln 30mg/30ml</i>	2	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	4	QL (4 pens every 30 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	4	QL (4 pens every 30 days)
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa caps 100mg, 200mg, 300mg</i>	5	PA
NORTHERA CAPS 100mg, 200mg, 300mg	6	PA; LD

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	2	
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VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	MT
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
MEPHYTON TABS 5mg	4	
<i>phytonadione tabs 5mg</i>	2	
<i>WATER SOLUBLE VITAMINS</i>		
POTABA CAPS 500mg	4	MT

Index

*		ACTHIB INJ	151
<i>*betaine powder for oral</i>		ACTIMMUNE	71
<i>solution***</i>	111	ACTIQ	21
<i>*glucose oral liquid**</i>	134	ACTIVELLA TAB 1-0.5MG	113
<i>*pediatric vitamins acd w/ fluoride</i>		ACTONEL	110
<i>soln 0.5 mg/ml***</i>	131	ACTOPLUS MET TAB 15-500MG....	42
<i>*sodium polystyrene sulfonate</i>		ACTOPLUS MET TAB 15-850MG....	42
<i>powder**</i>	130	ACTOS.....	47
A		<i>acyclovir</i>	82
<i>abacavir sulfate</i>	76	<i>acyclovir topical</i>	102
<i>abacavir sulfate-lamivudine tab</i>		ADACEL INJ.....	148
<i>600-300 mg</i>	76	<i>adapalene</i>	98
ABILIFY	75	<i>adapalene-benzoyl peroxide gel 0.1-</i>	
ABILIFY ASIMTUFII	75	<i>2.5%</i>	98
ABILIFY MAINTENA.....	75	<i>adapalene-benzoyl peroxide gel 0.3-</i>	
<i>abiraterone acetate</i>	64	<i>2.5%</i>	98
ABRYSVO	151	ADCIRCA	87
<i>acamprosate calcium</i>	141	<i>adefovir dipivoxil</i>	81
<i>acarbose</i>	42	ADEMPAS.....	88
ACCOLATE.....	31	ADRENALIN.....	134, 153
ACCUPRIL	54	ADVAIR DISKU AER 100/50.....	32
ACCURETIC TAB 10-12.5.....	55	ADVAIR DISKU AER 250/50.....	32
ACCURETIC TAB 20-12.5.....	55	ADVAIR DISKU AER 500/50.....	32
ACCURETIC TAB 20-25MG.....	55	ADVAIR HFA AER 115/21	32
<i>accutane</i>	98	ADVAIR HFA AER 230/21	32
<i>acebutolol hcl</i>	83	ADVAIR HFA AER 45/21	32
<i>acetaminophen w/ codeine soln</i>		ADVATE	118
<i>120-12 mg/5ml</i>	23	AEMCOLO	26
<i>acetaminophen w/ codeine tab 300-</i>		AFINITOR.....	66
<i>15 mg</i>	23	AFINITOR DISPERZ	66
<i>acetaminophen w/ codeine tab 300-</i>		<i>afirmelle</i>	89
<i>30 mg</i>	23	AFREZZA	45
<i>acetaminophen w/ codeine tab 300-</i>		AFREZZA POW 4-8 UNIT	46
<i>60 mg</i>	23	AFREZZA POW 4-8-12	46
<i>acetaminophen-caffeine-</i>		AFREZZA POW 8-12UNIT	46
<i>dihydrocodeine cap 320.5-30-16</i>		<i>aftera</i>	95
<i>mg</i>	23	<i>afterpill</i>	95
<i>acetazolamide</i>	109	AGRYLIN.....	119
<i>acetic acid</i>	117	AIMOVIG	126
<i>acetic acid (otic)</i>	139	<i>ak-poly-bac</i>	136
<i>acetylcysteine</i>	98	AKTEN	137
<i>acitretin</i>	101	<i>ala-cort</i>	102

<i>albendazole</i>	26	AMERGE	127
ALBENZA	26	<i>amethia</i>	89
<i>albuterol sulfate</i>	32	<i>amethyst</i>	89
<i>alclometasone dipropionate</i>	102	AMICAR	121
ALCOHOL SWABS	126	<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	109
ALDACTAZIDE TAB 25/25	109	<i>amiloride hcl</i>	110
ALDACTAZIDE TAB 50/50	109	<i>aminocaproic acid</i>	121
ALDACTONE	110	<i>amiodarone hcl</i>	30
ALDARA	105	<i>amitriptyline hcl</i>	41
ALECENSA	66	<i>amlodipine besylate</i>	84
<i>alendronate sodium</i>	110	<i>amlodipine besylate-atorvastatin</i> calcium tab 10-10 mg	86
<i>alfuzosin hcl</i>	117	<i>amlodipine besylate-atorvastatin</i> calcium tab 10-20 mg	86
ALINIA	27	<i>amlodipine besylate-atorvastatin</i> calcium tab 10-40 mg	86
<i>aliskiren fumarate</i>	60	<i>amlodipine besylate-atorvastatin</i> calcium tab 10-80 mg	86
ALKERAN	62	<i>amlodipine besylate-atorvastatin</i> calcium tab 2.5-10 mg	86
<i>allopurinol</i>	118	<i>amlodipine besylate-atorvastatin</i> calcium tab 2.5-20 mg	86
<i>almotriptan malate</i>	127	<i>amlodipine besylate-atorvastatin</i> calcium tab 2.5-40 mg	86
ALORA	113	<i>amlodipine besylate-atorvastatin</i> calcium tab 5-10 mg	86
<i>alosetron hcl</i>	116	<i>amlodipine besylate-atorvastatin</i> calcium tab 5-40 mg	86
ALPHAGAN P	135	<i>amlodipine besylate-atorvastatin</i> calcium tab 5-80 mg	86
ALPHANATE	118	<i>amlodipine besylate-benazepril hcl</i> cap 10-20 mg	56
<i>alprazolam</i>	29	<i>amlodipine besylate-benazepril hcl</i> cap 10-40 mg	56
ALPRAZOLAM INTENSOL	29	<i>amlodipine besylate-benazepril hcl</i> cap 2.5-10 mg	55
<i>alprazolam xr</i>	29	<i>amlodipine besylate-benazepril hcl</i> cap 5-10 mg	56
ALPROLIX	118	<i>amlodipine besylate-benazepril hcl</i> cap 5-20 mg	56
<i>alprostadil</i>	130		
ALTABAX	100		
<i>altacaine</i>	137		
ALTACE	54		
<i>altafrin</i>	135		
<i>altavera</i>	89		
ALUNBRIG	66		
ALUNBRIG PAK	66		
<i>alyacen 1/35</i>	89		
<i>alyacen 7/7/7</i>	89		
<i>alyq</i>	88		
<i>amabelz</i>	113		
<i>amantadine hcl</i>	72		
AMARYL	48		
AMBIEN	121		
AMBIEN CR	121		
<i>ambrisentan</i>	87		
<i>amcinonide</i>	102		

amlodipine besylate-benazepril hcl
 cap 5-40 mg 56
 amlodipine besylate-olmesartan
 medoxomil tab 10-20 mg 56
 amlodipine besylate-olmesartan
 medoxomil tab 10-40 mg 56
 amlodipine besylate-olmesartan
 medoxomil tab 5-20 mg 56
 amlodipine besylate-olmesartan
 medoxomil tab 5-40 mg 56
 amlodipine besylate-valsartan tab
 10-160 mg 56
 amlodipine besylate-valsartan tab
 10-320 mg 56
 amlodipine besylate-valsartan tab 5-
 160 mg 56
 amlodipine besylate-valsartan tab 5-
 320 mg 56
 amlodipine-valsartan-
 hydrochlorothiazide tab 10-160-
 12.5 mg 56
 amlodipine-valsartan-
 hydrochlorothiazide tab 10-160-25
 mg 56
 amlodipine-valsartan-
 hydrochlorothiazide tab 10-320-25
 mg 56
 amlodipine-valsartan-
 hydrochlorothiazide tab 5-160-
 12.5 mg 56
 amlodipine-valsartan-
 hydrochlorothiazide tab 5-160-25
 mg 56
 amnesteem 98
 amoxapine 41
 amoxicil cap & clarithro tab
 & lansopraz cap dr 500 & 500
 & 30mg 150
 amoxicillin 140
 amoxicillin & k clavulanate chew tab
 200-28.5 mg 140
 amoxicillin & k clavulanate chew tab
 400-57 mg 140

amoxicillin & k clavulanate for susp
 200-28.5 mg/5ml 140
 amoxicillin & k clavulanate for susp
 250-62.5 mg/5ml 140
 amoxicillin & k clavulanate for susp
 400-57 mg/5ml 140
 amoxicillin & k clavulanate for susp
 600-42.9 mg/5ml 140
 amoxicillin & k clavulanate tab 250-
 125 mg 140
 amoxicillin & k clavulanate tab 500-
 125 mg 140
 amoxicillin & k clavulanate tab 875-
 125 mg 141
 amoxicillin & k clavulanate tab er
 12hr 1000-62.5 mg 141
 amphetamine-dextroamphetamine
 cap er 24hr 10 mg 14
 amphetamine-dextroamphetamine
 cap er 24hr 15 mg 14
 amphetamine-dextroamphetamine
 cap er 24hr 20 mg 14
 amphetamine-dextroamphetamine
 cap er 24hr 25 mg 14
 amphetamine-dextroamphetamine
 cap er 24hr 30 mg 14
 amphetamine-dextroamphetamine
 cap er 24hr 5 mg 14
 amphetamine-dextroamphetamine
 tab 10 mg 14
 amphetamine-dextroamphetamine
 tab 12.5 mg 14
 amphetamine-dextroamphetamine
 tab 15 mg 14
 amphetamine-dextroamphetamine
 tab 20 mg 14
 amphetamine-dextroamphetamine
 tab 30 mg 14
 amphetamine-dextroamphetamine
 tab 5 mg 14
 amphetamine-dextroamphetamine
 tab 7.5 mg 14
 ampicillin 140

AMPYRA	143	<i>ascomp/codeine</i>	23
ANAFRANIL	41	<i>asenapine maleate</i>	74
<i>anagrelide hcl</i>	119	<i>ashlyna</i>	89
ANAPROX DS	19	ASMANEX HFA	31
<i>anastrozole</i>	64	ASMANEX TWISTHALER 120 ME...32	
ANCOBON	50	ASMANEX TWISTHALER 14 MET...31	
ANDRODERM	25	ASMANEX TWISTHALER 30 MET...31	
ANGELIQ TAB 0.25-0.5	113	ASMANEX TWISTHALER 60 MET...32	
ANGELIQ TAB 0.5-1MG	113	ASMANEX TWISTHALER 7 METE...31	
ANNOVERA MIS	94	<i>aspirin</i>	21
ANORO ELLIPT AER 62.5-25	32	<i>aspirin-dipyridamole cap er 12hr 25-</i>	
APOKYN	72	<i>200 mg</i>	119
<i>apomorphine hydrochloride</i>	72	ASTAGRAF XL	129
APO-VARENICLINE	145	ATACAND	55
<i>apraclonidine hcl</i>	136	ATACAND HCT TAB 16-12.5	56
<i>aprepitant</i>	50	ATACAND HCT TAB 32-12.5	56
<i>aprepitant capsule therapy pack 80</i>		ATACAND HCT TAB 32-25MG	56
<i>& 125 mg</i>	50	<i>atazanavir sulfate</i>	76
APRETUDE	76	ATELVIA	110
<i>apri</i>	89	<i>atenolol</i>	83
APTIOM	35	<i>atenolol & chlorthalidone tab 100-25</i>	
APTIVUS	76	<i>mg</i>	56
ARAKODA	61	<i>atenolol & chlorthalidone tab 50-25</i>	
<i>aranelle</i>	89	<i>mg</i>	56
ARAVA	20	ATIVAN	29
ARAZLO	98	<i>atomoxetine hcl</i>	15
ARCALYST	18	<i>atorvastatin calcium</i>	53
AREXVY	151	<i>atovaquone</i>	27
<i>arformoterol tartrate</i>	32	<i>atovaquone-proguanil hcl tab 250-</i>	
<i>argyle sterile saline</i>	117	<i>100 mg</i>	61
ARICEPT	141	<i>atovaquone-proguanil hcl tab 62.5-</i>	
ARIKAYCE	17	<i>25 mg</i>	61
ARIMIDEX	64	ATROPINE SULFATE	135
<i>aripiprazole</i>	75	<i>atropine sulfate (ophthalmic)</i>	135
ARISTADA	75	ATROVENT HFA	31
ARISTADA INITIO	75	AUBAGIO	143
ARIXTRA	34	<i>aubra</i>	89
<i>armodafinil</i>	16	<i>aubra eq</i>	89
ARMOUR THYROID	146	AUGMENTIN SUS 125/5ML	141
ARNUITY ELLIPTA	31	AUGMENTIN SUS ES-600	141
AROMASIN	64	AUGMENTIN TAB 500MG	141
ARTHROTEC 50 TAB	19	<i>aurovela 1.5/30</i>	89
ARTHROTEC 75 TAB	19	<i>aurovela 1/20</i>	89

<i>aurovela 24 fe</i>	89	BACTRIM DS TAB 800-160	26
<i>aurovela fe 1.5/30</i>	89	BACTRIM TAB 400-80MG	26
<i>aurovela fe 1/20</i>	89	BALCOLTRA TAB 0.1-20	89
AURYXIA	116	<i>balsalazide disodium</i>	115
AUSTEDO	142	BALVERSA	66
AUSTEDO XR	142	<i>balziva</i>	89
AUSTEDO XR TAB TITR KIT	142	BANZEL	35
AVALIDE TAB 150-12.5	56	BAQSIMI ONE PACK	44
AVALIDE TAB 300-12.5	56	BAQSIMI TWO PACK	44
AVAPRO	55	BARACLUDE	81
<i>aviane</i>	89	BCG VACCINE	151
<i>avidoxy</i>	146	BELBUCA	24
<i>avita</i>	98	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	57
AVODART	117	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	57
AVONEX	143	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	57
AVONEX PEN	143	<i>benazepril & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	57
AYGESTIN	141	<i>benazepril hcl</i>	54
<i>ayuna</i>	89	BENEFIX	118
AYVAKIT	65	BENICAR	55
<i>azasan</i>	129	BENICAR HCT TAB 20-12.5	57
AZASITE	136	BENICAR HCT TAB 40-12.5	57
<i>azathioprine</i>	129	BENICAR HCT TAB 40-25MG	57
<i>azelaic acid</i>	106	BENLYSTA	130
<i>azelastine hcl</i>	133	BENZAMYCIN GEL 5-3%	98
<i>azelastine hcl (ophth)</i>	138	<i>benzonatate</i>	97
AZELEX	98	<i>benzoyl peroxide-erythromycin gel</i> <i>5-3%</i>	98
AZILECT	73	<i>benztropine mesylate</i>	71
<i>azithromycin</i>	123	BERINERT	119
AZOR TAB 10-20MG	57	BESIVANCE	136
AZOR TAB 10-40MG	57	BESREMI	71
AZOR TAB 5-20MG	57	BETADINE OPHTHALMIC PREP ...	136
AZOR TAB 5-40MG	57	<i>betamethasone dipropionate</i> <i>(topical)</i>	102
AZULFIDINE	115	<i>betamethasone dipropionate</i> <i>augmented</i>	103
AZULFIDINE EN-TABS	115	<i>betamethasone valerate</i>	103
<i>azurette</i>	89	BETAPACE	84
B		BETAPACE AF	84
<i>bac</i>	20		
<i>bacitracin (ophthalmic)</i>	136		
<i>bacitracin-polymyxin b ophth oint</i>	136		
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	137		
<i>baclofen</i>	133		

BETASERON	143	<i>bromfenac sodium (ophth)</i>	138
<i>betaxolol hcl</i>	83	<i>bromocriptine mesylate</i>	72
<i>betaxolol hcl (ophth)</i>	134	BROVANA	33
<i>bethanechol chloride</i>	150	BRUKINSA	66
<i>bexarotene</i>	71	<i>budesonide</i>	96
<i>bexarotene (topical)</i>	101	<i>budesonide (inhalation)</i>	32
BEXSERO INJ	151	<i>bumetanide</i>	109
BEYAZ TAB	89	<i>bupap</i>	21
<i>bicalutamide</i>	64	BUPHENYL	111
BIDIL TAB	86	<i>buprenorphine</i>	24
BIKTARVY TAB	76	<i>buprenorphine hcl-naloxone hcl sl</i>	
BILTRICIDE	26	<i>film 12-3 mg (base equiv)</i>	24
<i>bimatoprost</i>	138	<i>buprenorphine hcl-naloxone hcl sl</i>	
BINOSTO	110	<i>film 2-0.5 mg (base equiv)</i>	24
BIOTHRAX INJ	151	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>film 4-1 mg (base equiv)</i>	24
10-6.25 mg	57	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>film 8-2 mg (base equiv)</i>	24
2.5-6.25 mg	57	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>tab 2-0.5 mg (base equiv)</i>	24
5-6.25 mg	57	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol fumarate</i>	83	<i>tab 8-2 mg (base equiv)</i>	24
BLEPH-10	136	<i>bupropion hcl</i>	40
BLEPHAMIDE OIN S.O.P.	137	<i>bupropion hcl (smoking deterrent)</i>	
BLEPHAMIDE SUS OP	137		145
<i>blisovi 24 fe</i>	89	<i>buspirone hcl</i>	28
<i>blisovi fe 1.5/30</i>	89	<i>butalbital-acetaminophen tab 50-</i>	
<i>blisovi fe 1/20</i>	89	300 mg	21
BONIVA	110	<i>butalbital-acetaminophen tab 50-</i>	
BOOSTRIX INJ	148	325 mg	21
<i>bosentan</i>	87	<i>butalbital-acetaminophen-caff w/</i>	
BOSULIF	66	<i>cod cap 50-300-40-30 mg</i>	23
BRAFTOVI	66	<i>butalbital-acetaminophen-caff w/</i>	
BREO ELLIPTA INH 100-25	32	<i>cod cap 50-325-40-30 mg</i>	23
BREO ELLIPTA INH 200-25	32	<i>butalbital-acetaminophen-caffeine</i>	
BREZTRI AERO AER SPHERE	33	<i>cap 50-300-40 mg</i>	21
<i>briellyn</i>	89	<i>butalbital-acetaminophen-caffeine</i>	
BRILINTA	119	<i>cap 50-325-40 mg</i>	21
<i>brimonidine tartrate</i>	136	<i>butalbital-acetaminophen-caffeine</i>	
<i>brimonidine tartrate-timolol maleate</i>		<i>tab 50-325-40 mg</i>	21
<i>ophth soln 0.2-0.5%</i>	135	<i>butalbital-aspirin-caff w/ codeine</i>	
BRIVIACT	35	<i>cap 50-325-40-30 mg</i>	23
<i>bromfed dm</i>	97		

<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	21
<i>butorphanol tartrate</i>	24
BUTRANS	24
BYLVAY	115
BYLVAY (PELLETS)	115
BYSTOLIC	83
C	
CABENUVA SUS 400-600	76
CABENUVA SUS 600-900	76
<i>cabergoline</i>	112
CABLIVI	119
CABOMETYX	66
CADUET TAB 10-10MG	87
CADUET TAB 10-20MG	87
CADUET TAB 10-40MG	87
CADUET TAB 10-80MG	87
CADUET TAB 5-10MG	86
CADUET TAB 5-20MG	86
CADUET TAB 5-40MG	86
CADUET TAB 5-80MG	86
CAFERGOT TAB 1-100MG	127
<i>caffeine citrate</i>	15
CALAN SR	84
<i>calcipotriene</i>	101
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	103
<i>calcitonin (salmon)</i>	110
<i>calcitrene</i>	101
<i>calcitriol</i>	111
<i>calcitriol (topical)</i>	101
<i>calcium acetate (phosphate binder)</i>	116
CALQUENCE	66
CAM PRO COMP BAR GLYTACTI ..	108
<i>camila</i>	96
<i>camrese</i>	89
<i>camrese lo</i>	89
CAMZYOS	86
CANASA	115
<i>candesartan cilexetil</i>	55

<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	57
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	57
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	57
CAPCOF SYP 5-2-10MG	97
<i>capecitabine</i>	62
CAPEX	103
CAPLYTA	73
CAPRELSA	66, 67
<i>captopril</i>	54
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	57
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	57
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	57
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	57
CARAFATE	149
CARBAGLU	111
<i>carbamazepine</i>	36
CARBATROL	36
<i>carbidopa</i>	71
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	72
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	72
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	72
<i>carbidopa & levodopa tab 10-100 mg</i>	72
<i>carbidopa & levodopa tab 25-100 mg</i>	72
<i>carbidopa & levodopa tab 25-250 mg</i>	72
<i>carbidopa & levodopa tab er 25-100 mg</i>	72

<i>carbidopa & levodopa tab er 50-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	72
<i>carbinoxamine maleate</i>	51
CARDIZEM	84
CARDIZEM CD	84
CARDIZEM LA	84
CARDURA	55
CARDURA XL	117
<i>carglumic acid</i>	111
<i>carisoprodol</i>	133
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	133
CARNITOR	111
CARNITOR SF	111
<i>carteolol hcl (ophth)</i>	135
<i>cartia xt</i>	84
<i>carvedilol</i>	83
<i>carvedilol phosphate</i>	83
CASODEX	64
<i>cataflam</i>	19
CATAPRES-TTS-1	55
CATAPRES-TTS-2	55
CATAPRES-TTS-3	55
CAYA DPR	124
CAYSTON	27
<i>caziant</i>	89
<i>cefaclor</i>	88
CEFACLOR ER	88
<i>cefadroxil</i>	88
<i>cefdinir</i>	89
<i>cefixime</i>	89

<i>cefpodoxime proxetil</i>	89
<i>cefprozil</i>	88
<i>cefuroxime axetil</i>	88
CELEBREX	19
<i>celecoxib</i>	19
CELEXA	40
CELLCEPT	129
CELONTIN	39
CENTANY	100
<i>cephalexin</i>	88
CEQUA	137
CERDELGA	120
<i>cevimeline hcl</i>	131
<i>charlotte 24 fe</i>	89
<i>chateal</i>	90
<i>chateal eq</i>	90
CHEMET	49
CHEMSTRIP 10 TES MD	107
CHEMSTRIP 2 TES GP	106
CHEMSTRIP 5 TES OB	107
CHEMSTRIP 7 TES	107
CHEMSTRIP 9 TES STRIPS	107
CHEMSTRIP K TES	107
CHEMSTRIP TES -10 SG	107
CHEMSTRIP TES UGK	107
CHENODAL	115
<i>chlordiazepoxide hcl</i>	29
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	148
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	142
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	142
<i>chlorhexidine gluconate (mouth-throat)</i>	131
<i>chloroquine phosphate</i>	61
<i>chlorpromazine hcl</i>	75
<i>chlorthalidone</i>	110
<i>chlorzoxazone</i>	133
CHOLBAM	115
<i>cholestyramine</i>	52
<i>cholestyramine light</i>	52
<i>ciclodan</i>	100

<i>ciclopirox</i>	100	<i>clindamycin phosphate-benzoyl</i>	
<i>ciclopirox olamine</i>	100	<i>peroxide gel 1-5%</i>	99
<i>cilostazol</i>	119	<i>clindamycin phosph-benzoyl</i>	
CILOXAN	136	<i>peroxide (refrig) gel 1.2 (1)-5%</i>	99
CIMDUO TAB 300-300	76	CLINDESSE	152
<i>cimetidine</i>	149	<i>clobazam</i>	35
<i>cimetidine hcl</i>	149	<i>clobetasol propionate</i>	103
<i>cinacalcet hcl</i>	111	CLOBEX	103
CINRYZE	119	<i>clodan</i>	103
CIPRO	114	<i>clomipramine hcl</i>	41
CIPRO HC SUS OTIC	139	<i>clonazepam</i>	35
CIPRODEX SUS 0.3-0.1%	139	<i>clonidine</i>	55
<i>ciprofloxacin</i>	115	<i>clonidine hcl</i>	55
<i>ciprofloxacin hcl</i>	115	<i>clonidine hcl (adhd)</i>	15
<i>ciprofloxacin hcl (ophth)</i>	136	<i>clopidogrel bisulfate</i>	119
<i>ciprofloxacin hcl (otic)</i>	139	<i>clorazepate dipotassium</i>	29
<i>ciprofloxacin-dexamethasone otic</i>		<i>clotrimazole</i>	131
<i>susp 0.3-0.1%</i>	139	<i>clotrimazole (topical)</i>	100
<i>ciprofloxacin-fluocinolone acetone</i>		<i>clotrimazole w/ betamethasone</i>	
<i>(pf) otic soln 0.3-0.025%</i>	139	<i>cream 1-0.05%</i>	100
<i>citalopram hydrobromide</i>	40	<i>clozapine</i>	74
<i>claravis</i>	98	CLOZARIL	74
CLARINEX	51	C-NATE DHA CAP 28-1-200	131
CLARINEX-D TAB 2.5-120	97	COARTEM TAB 20-120MG	61
<i>clarithromycin</i>	123	<i>codeine sulfate</i>	21
<i>clemastine fumarate</i>	51	CODEINE SULFATE	21
CLENPIQ SOL	122	COLAZAL	115
CLEOCIN	27, 152	<i>colchicine</i>	118
CLEOCIN PEDIATRIC GRANULE ...	27	<i>colchicine w/ probenecid tab 0.5-</i>	
CLEOCIN-T	99	<i>500 mg</i>	118
CLIMARA	114	<i>colesevelam hcl</i>	52
CLIMARA PRO DIS WEEKLY	113	COLESTID	52
<i>clindacin</i>	99	COLESTID FLAVORED	52
<i>clindacin etz pledgets</i>	99	<i>colestipol hcl</i>	52
<i>clindacin-p</i>	99	COMBIGAN SOL 0.2/0.5%	135
<i>clindamycin hcl</i>	27	COMBIPATCH DIS	113
<i>clindamycin palmitate hydrochloride</i>		COMBIVENT AER 20-100	33
.....	27	COMBIVIR TAB 150-300	76
<i>clindamycin phosphate (topical)</i> ..	99	COMETRIQ	67
<i>clindamycin phosphate vaginal</i> ...	152	COMETRIQ KIT 100MG	67
<i>clindamycin phosphate-benzoyl</i>		COMETRIQ KIT 140MG	67
<i>peroxide gel 1.2-2.5%</i>	99	COMPLERA TAB	76
		COMPLETENATE CHW	131

<i>compro</i>	75	CRINONE	153
COMTAN	71	<i>cromolyn sodium</i>	30
CO-NATAL FA TAB 29-1MG	131	<i>cromolyn sodium (mastocytosis)</i>	115
CONCEPT DHA CAP.....	132	<i>cromolyn sodium (ophth)</i>	138
CONDOMS (MALE).....	124	<i>cryselle-28</i>	90
CONDYLOX	105	<i>curae</i>	95
<i>constulose</i>	123	<i>curity sterile saline</i>	117
CONTOUR KIT NEXT	124	CUTAQUIG	139
CONTOUR KIT NEXT EZ.....	124	CUVITRU.....	139
CONTOUR KIT NEXT LNK.....	124	CUVPOSA.....	148
CONTOUR MIS MONITOR	124	<i>cvs folic acid</i>	120
CONTOUR NEXT KIT GEN	124	<i>cvs glucose</i>	44
CONTOUR NEXT KIT ONE	124	<i>cvs glucose liquid shot</i>	44, 134
CONTOUR NXT KIT LINK 2.4.....	124	<i>cvs glucose shot</i>	44
CONTOUR TES BLD GLUC.....	107	CVS KETONE TES CARE	107
CONTOUR TES NEXT.....	107	<i>cyanocobalamin</i>	120
COPAXONE	143	<i>cyclafem 1/35</i>	90
COPIKTRA	67	<i>cyclafem 7/7/7</i>	90
CORDRAN	103	<i>cyclobenzaprine hcl</i>	133
COREG	83	CYCLOGYL.....	135
COREG CR.....	83	CYCLOMYDRIL SOL OP.....	135
CORGARD	84	<i>cyclopentolate hcl</i>	135
CORLANOR.....	88	<i>cyclophosphamide</i>	62
CORTEF	96	CYCLOPHOSPHAMIDE	62
CORTENEMA	25	<i>cycloserine</i>	61
CORTIFOAM	25	CYCLOSET.....	45
CORTISPORIN SUS -TC OTIC	139	<i>cyclosporine</i>	129
COSENTYX	101	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	129
COSENTYX 300 MG DOSE.....	101	CYMBALTA	41
COSENTYX SENSOREADY PEN....	101	<i>cyproheptadine hcl</i>	52
COSENTYX SENSOREADY PEN 300		<i>cyred</i>	90
MG DOSE	101	<i>cyred eq</i>	90
COSENTYX UNOREADY.....	101	CYSTADANE POW.....	111
COSOPT SOL 2-0.5%OP	135	CYSTAGON.....	117
COTELLIC.....	67	CYSTARAN	138
COZAAR.....	55	CYTOMEL	147
CREON CAP 12000UNT	108	CYTOTEC	150
CREON CAP 24000UNT	109	D	
CREON CAP 3000UNIT	108	D.H.E. 45.....	127
CREON CAP 36000UNT	109	<i>dalfampridine</i>	143
CREON CAP 6000UNIT	108	DALIRESP	31
CRESEMBA	50	<i>danazol</i>	25
CRESTOR	53		

DANTRIUM	133	<i>desogest-eth estrad & eth estrad</i>	
<i>dantrolene sodium</i>	133	<i>tab 0.15-0.02/0.01 mg(21/5) ...</i>	90
<i>dapsone</i>	27	<i>desogestrel & ethinyl estradiol tab</i>	
DAPTACEL INJ	148	<i>0.15 mg-30 mcg</i>	90
DARAPRIM	61	<i>desonide</i>	103
<i>darifenacin hydrobromide</i>	150	DESOWEN	103
<i>darunavir</i>	76	<i>desoximetasone</i>	103
<i>dasetta 1/35</i>	90	<i>desvenlafaxine succinate</i>	41
<i>dasetta 7/7/7</i>	90	<i>dexamethasone</i>	96
DAURISMO	64	DEXAMETHASONE INTENSOL	96
DAYPRO	19	<i>dexamethasone sodium phosphate</i>	
<i>daysee</i>	90	<i>(ophth)</i>	137
DAYTRANA	16	DEXCOM G5 MIS RECEIVER	124
DDAVP	112	DEXCOM G5 MIS TRANSMIT	124
<i>deblitane</i>	96	DEXCOM G6 MIS RECEIVER	124
<i>decadron</i>	96	DEXCOM G6 MIS SENSOR	125
<i>deferasirox</i>	49	DEXCOM G6 MIS TRANSMIT	125
<i>deferiprone</i>	49	DEXCOM G7 MIS RECEIVER	125
DELESTROGEN	114	DEXCOM G7 MIS SENSOR	125
DELSTRIGO TAB	76	DEXILANT	149
<i>delyla</i>	90	<i>dexlansoprazole</i>	149
<i>demeclocycline hcl</i>	146	<i>dexmethylphenidate hcl</i>	16
DENAVIR	102	<i>dextroamphetamine sulfate</i>	14
DENG VAXIA SUS	151	<i>dextrose (diabetic use)</i>	44
DEPAKOTE	39	DIACOMIT	36
DEPAKOTE ER	39	DIASTAT ACUDIAL	35
DEPAKOTE SPRINKLES	39	DIASTAT PEDIATRIC	35
DEPEN TITRATABS	129	DIASTIX TES STRIPS	107
DEPO-ESTRADIOL	114	<i>diazepam</i>	29
DEPO-PROVERA CONTRACEPTIV .	95	<i>diazepam (anticonvulsant)</i>	35
DEPO-SUBQ PROVERA 104	95	<i>diazoxide</i>	44
<i>depo-testosterone</i>	25	DIBENZYLIN	54
DERMA-SMOOTH/FS BODY	103	<i>dichlorphenamide</i>	109
DERMA-SMOOTH/FS SCALP	103	<i>diclofenac potassium</i>	19
DESCOVY TAB 120-15MG	76	<i>diclofenac sodium</i>	19
DESCOVY TAB 200/25MG	76	<i>diclofenac sodium (actinic</i>	
<i>desipramine hcl</i>	41	<i>keratoses)</i>	101
<i>desloratadine</i>	51	<i>diclofenac sodium (ophth)</i>	138
<i>desmopressin acetate</i>	112	<i>diclofenac w/ misoprostol tab</i>	
<i>desmopressin acetate spray</i>	112	<i>delayed release 50-0.2 mg</i>	19
<i>desmopressin acetate spray</i>		<i>diclofenac w/ misoprostol tab</i>	
<i>refrigerated</i>	112	<i>delayed release 75-0.2 mg</i>	19
		<i>dicloxacillin sodium</i>	141

<i>dicyclomine hcl</i>	148	DIVIGEL	114
DIFICID	124	<i>dodex</i>	120
<i>diflorasone diacetate</i>	103	<i>dofetilide</i>	30
DIFLUCAN	50	DOJOLVI	134
<i>diflunisal</i>	21	<i>dolishale</i>	90
<i>difluprednate</i>	137	<i>donepezil hydrochloride</i>	141
<i>digitek</i>	86	DOPTelet	121
<i>digox</i>	86	DORAL	121
<i>digoxin</i>	86	DORZOL/TIMOL SOL 2-0.5%OP .	135
<i>dihydroergotamine mesylate</i>	127	<i>dorzolamide hcl</i>	138
DILANTIN	39	<i>dorzolamide hcl-timolol maleate</i>	
DILANTIN INFATABS	39	<i>ophth soln 2-0.5%</i>	135
DILANTIN-125	39	<i>dorzolamide hcl-timolol maleate pf</i>	
DILAUDID	21	<i>ophth soln 2-0.5%</i>	135
<i>diltiazem hcl</i>	85	<i>dotti</i>	114
<i>diltiazem hcl coated beads</i>	85	DOVATO TAB 50-300MG	77
<i>diltiazem hcl extended release</i>		<i>doxazosin mesylate</i>	55
<i>beads</i>	85	<i>doxepin hcl</i>	41
<i>dilt-xr</i>	84	<i>doxercalciferol</i>	111
<i>dimethyl fumarate</i>	143	<i>doxycycline (monohydrate)</i>	146
<i>dimethyl fumarate capsule dr starter</i>		<i>doxycycline hyclate</i>	146
<i>pack 120 mg & 240 mg</i>	143	<i>dronabinol</i>	50
DIOVAN	55	<i>drospirenone-ethinyl estradiol tab 3-</i>	
DIOVAN HCT TAB 160-12.5	57	<i>0.02 mg</i>	90
DIOVAN HCT TAB 160-25MG	57	<i>drospirenone-ethinyl estradiol tab 3-</i>	
DIOVAN HCT TAB 320-12.5	57	<i>0.03 mg</i>	90
DIOVAN HCT TAB 320-25MG	57	<i>drospirenone-ethinyl estrad-</i>	
DIOVAN HCT TAB 80/12.5	57	<i>levomefolate tab 3-0.02-0.451 mg</i>	
DIP/TET PED INJ 25-5LFU	148		90
<i>diphen</i>	51	<i>drospirenone-ethinyl estrad-</i>	
<i>di-phen</i>	51	<i>levomefolate tab 3-0.03-0.451 mg</i>	
<i>diphenhydramine hcl</i>	51		90
<i>diphenoxylate w/ atropine liq 2.5-</i>		DROXIA	120
<i>0.025 mg/5ml</i>	48	<i>droxidopa</i>	153
<i>diphenoxylate w/ atropine tab 2.5-</i>		DUAVEE TAB 0.45-20	113
<i>0.025 mg</i>	49	DUETACT TAB 30-2MG	42
DIPROLENE	103	DUETACT TAB 30-4MG	42
<i>dipyridamole</i>	119	<i>duloxetine hcl</i>	41
<i>disopyramide phosphate</i>	30	DUOPA SUS 4.63-20	72
<i>disulfiram</i>	141	DUPIXENT	105
DITROPAN XL	150	DUREZOL	137
DIURIL	110	<i>dutasteride</i>	117
<i>divalproex sodium</i>	39		

<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	117
DUTOPROL TAB 100-12.5	57
DUTOPROL TAB 25-12.5	57
DUTOPROL TAB 50-12.5	57
DY-O-DERM VITILIGO STAIN	106
DYRENIUM	110
E	
<i>e.e.s. 400</i>	123
E.E.S. GRANULES	123
EC-NAPROSYN	19
<i>ec-naproxen</i>	19
<i>econazole nitrate</i>	100
<i>econtra ez</i>	95
<i>econtra one-step</i>	95
EDARBI	55
EDARBYCLOR TAB 40-12.5	58
EDARBYCLOR TAB 40-25MG	58
EDECRIIN	109
<i>ed-spaz</i>	148
EDURANT	77
<i>efavirenz</i>	77
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	77
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	77
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	77
<i>effer-k</i>	128
EFFER-K TAB 10MEQ	128
EFFER-K TAB 20MEQ	128
EFFEXOR XR	41
EFFIENT	119
EFUDEX	101
ELESTRIN	114
<i>eletriptan hydrobromide</i>	127
ELIDEL	105
<i>elinest</i>	90
ELIQUIS	34
ELIQUIS STARTER PACK	34
<i>elite-ob</i>	132
<i>elixophyllin</i>	34
ELLA	95

ELMIRON	117
<i>eluryng</i>	95
EMCYT	64
EMEND	50
EMEND TRIPAC PAK 80 & 125	50
EMFLAZA	96
EMGALITY	126, 127
<i>emoquette</i>	90
EMPAVELI	119
EMSAM	40
<i>emtricitabine</i>	77
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	77
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	77
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	77
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	77
EMTRIVA	77
<i>enalapril maleate</i>	54
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	58
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	58
ENBREL	20
ENBREL MINI	20
ENBREL SURECLICK	20
ENCARE	152
<i>endocet</i>	23
ENERGIX-B	151
<i>enilloring</i>	95
<i>enoxaparin sodium</i>	34
<i>enpresse-28</i>	90
<i>enskyce</i>	90
ENSPRYNG	129
ENSTILAR AER	103
<i>entacapone</i>	71
<i>entecavir</i>	81
ENTOCORT EC	96
ENTRESTO TAB 24-26MG	87

ENTRESTO TAB 49-51MG	87	ESBRIET	146
ENTRESTO TAB 97-103MG	87	<i>escitalopram oxalate</i>	40
<i>enulose</i>	116	<i>esgic</i>	21
EPANED	54	ESGIC TAB	21
EPCLUSA PAK 150-37.5	82	<i>esomeprazole magnesium</i>	149
EPCLUSA PAK 200-50MG	82	<i>estarylla</i>	90
EPCLUSA TAB 200-50MG	82	<i>estazolam</i>	121
EPCLUSA TAB 400-100	82	ESTRACE	114, 153
EPIDIOLEX	36	<i>estradiol</i>	114
EPIDUO FORTE GEL 0.3-2.5%	99	<i>estradiol & norethindrone acetate</i>	
EPIDUO GEL 0.1-2.5%	99	<i>tab 0.5-0.1 mg</i>	113
<i>epinastine hcl (ophth)</i>	138	<i>estradiol & norethindrone acetate</i>	
<i>epinephrine (anaphylaxis)</i>	153	<i>tab 1-0.5 mg</i>	113
<i>epinephrine hcl (nasal)</i>	134	<i>estradiol vaginal</i>	153
EPIPEN 2-PAK	153	<i>estradiol valerate</i>	114
EPIPEN-JR 2-PAK	153	ESTRING	153
<i>epitol</i>	36	ESTROGEL	114
EPIVIR	77	ESTROSTEP FE TAB	90
EPIVIR HBV	82	<i>eszopiclone</i>	122
<i>eplerenone</i>	60	<i>ethacrynic acid</i>	109
<i>epoprostenol sodium</i>	87	<i>ethambutol hcl</i>	61
EPZICOM TAB 600-300	77	<i>ethosuximide</i>	39
EQUETRO	73	<i>ethynodiol diacetate & ethinyl</i>	
<i>ergocalciferol</i>	153	<i>estradiol tab 1 mg-35 mcg</i>	90
<i>ergoloid mesylates</i>	144	<i>ethynodiol diacetate & ethinyl</i>	
ERGOMAR	127	<i>estradiol tab 1 mg-50 mcg</i>	90
<i>ergotamine w/ caffeine tab 1-100</i>		<i>etodolac</i>	19
<i>mg</i>	127	<i>etonogestrel-ethinyl estradiol va</i>	
ERIVEDGE	64	<i>ring 0.120-0.015 mg/24hr</i>	95
ERLEADA	64	<i>etoposide</i>	71
<i>erlotinib hcl</i>	63	<i>etravirine</i>	77
<i>errin</i>	96	EUCRISA	106
ERTACZO	100	<i>euthyrox</i>	147
<i>ery</i>	99	EVAMIST	114
ERYGEL	99	<i>everolimus</i>	67
ERYPED 200	123	<i>everolimus (immunosuppressant)</i>	
ERYPED 400	123		130
<i>ery-tab</i>	123	EVISTA	111
<i>erythrocin stearate</i>	123	EVOCLIN	99
<i>erythromycin (acne aid)</i>	99	EVOTAZ TAB 300-150	78
<i>erythromycin (ophth)</i>	136	EVOXAC	131
<i>erythromycin base</i>	124	EVRYSDI	134
<i>erythromycin ethylsuccinate</i>	124	EXELDERM	100

<i>exemestane</i>	64	FEMCAP MIS 30MM.....	124
EXFORGE TAB 10-160MG	58	FEMHRT TAB 0.5-2.5	113
EXFORGE TAB 10-320MG	58	FEMRING	153
EXFORGE TAB 5-160MG.....	58	<i>femynor</i>	90
EXFORGE TAB 5-320MG.....	58	<i>fenofibrate</i>	52, 53
EXFORGEH/10- TAB 160-12.5.....	58	<i>fenofibrate micronized</i>	53
EXFORGEH/10- TAB 160-25	58	<i>fenofibric acid</i>	53
EXFORGEH/10- TAB 320-25	58	<i>fenoprofen calcium</i>	19
EXFORGEH/5- TAB 160-12.5	58	<i>fentanyl</i>	21
EXFORGEH/5- TAB 160-25	58	<i>fentanyl citrate</i>	22
EXJADE.....	49	FENTORA	22
EXKIVITY	63	FERRIPROX	49
EXODERM LOT 25-1%.....	100	FERRIPROX TWICE-A-DAY.....	49
EXSERVAN	134	FIASP FLEX INJ TOUCH.....	46
<i>ezetimibe</i>	53	FIASP INJ 100/ML	46
<i>ezetimibe-simvastatin tab 10-10 mg</i>	52	FIASP PENFIL INJ U-100	46
<i>ezetimibe-simvastatin tab 10-20 mg</i>	52	FIASP PMPCRT INJ U-100.....	46
<i>ezetimibe-simvastatin tab 10-40 mg</i>	52	FIBRICOR	53
<i>ezetimibe-simvastatin tab 10-80 mg</i>	52	FILSPARI	117
F		FINACEA.....	106
<i>fa-8</i>	120	<i>finasteride</i>	117
FABIOR.....	99	<i>ingolimod hcl</i>	143
<i>falmina</i>	90	FINTEPLA.....	36
<i>famciclovir</i>	82	<i>finzala</i>	90
<i>famotidine</i>	149	FIORICET CAP	21
FANAPT.....	73	FIORICET CAP CODEINE	23
FANAPT PAK	73	FIRAZYR	119
FARESTON	64	FIRDAPSE	61
FARXIGA.....	47	FIRVANQ.....	27
<i>fayosim</i>	90	FLAGYL.....	26
FC2 FEMALE MIS CONDOM	124	FLAREX.....	137
<i>febuxostat</i>	118	<i>flavoxate hcl</i>	151
<i>felbamate</i>	38	<i>flecainide acetate</i>	30
FELBATOL	38	FLOLAN	87
FELDENE.....	19	FLOMAX.....	117
<i>felodipine</i>	85	FLOVENT DISKUS	32
FEMARA	64	FLOVENT HFA	32
FEMCAP MIS 22MM.....	124	<i>fluconazole</i>	50
FEMCAP MIS 26MM.....	124	<i>flucytosine</i>	50
		<i>flucytosine cap 500 mg</i>	50
		<i>fludrocortisone acetate</i>	97
		<i>flunisolide (nasal)</i>	134
		<i>fluocinolone acetonide</i>	103

fluocinonide..... 103, 104
fluocinonide emulsified base104
fluoritab128
fluorometholone (ophth)137
fluorouracil (topical)101
fluoxetine hcl..... 40
fluphenazine hcl..... 75
flurandrenolide104
flurazepam hcl.....122
flurbiprofen 19
flurbiprofen sodium138
flutamide 64
fluticasone propionate.....104
fluticasone propionate (nasal)....134
fluticasone-salmeterol aer powder
ba 100-50 mcg/act 33
fluticasone-salmeterol aer powder
ba 250-50 mcg/act 33
fluticasone-salmeterol aer powder
ba 500-50 mcg/act 33
fluvastatin sodium..... 53
fluvoxamine maleate 40
FML137
FML FORTE137
FML LIQUIFILM137
folate.....120
folic acid120
FOLTABS 800 TAB121
fondaparinux sodium 34
FORA GTTEL TES KETONE107
FORA TEST GO TES ADV VOIC ...107
formoterol fumarate 33
FORTEO110
FOSAMAX110
FOSAMAX + D TAB 70-2800110
FOSAMAX + D TAB 70-5600110
fosamprenavir calcium 78
fosfomycin tromethamine..... 27
fosinopril sodium..... 54
fosinopril sodium &
hydrochlorothiazide tab 10-12.5
mg 58

fosinopril sodium &
hydrochlorothiazide tab 20-12.5
mg58
FOSRENOL 116
FOTIVDA.....67
FRAGMIN34
FREESTY LIBR KIT 2 SENSOR ... 125
FREESTY LIBR KIT 3 SENSOR ... 125
FREESTY LIBR MIS 2 READER... 125
FREESTYLE KIT SENSOR 125
FREESTYLE MIS READER..... 125
frovatriptan succinate..... 127
furosemide.....109
FUZEON.....78
fyavolv 113
FYCOMPA35

G

g tussin ac97
G4 PLAT PED MIS RVC/SHAR..... 125
G4 PLATINUM MIS PEDIATRC ... 125
G4 PLATINUM MIS RCV/SHAR... 125
G4 PLATINUM MIS RECEIVER ... 125
G4 PLATINUM MIS TRANSMIT ... 125
G5/G4 MIS SENSOR 125
gabapentin.....36
GABITRIL.....38
GALAFOLD 111
galantamine hydrobromide..... 141
GALZIN..... 129
GAMMAGARD LIQUID 139
GAMMAKED 140
GAMUNEX-C 140
GARDASIL 9 INJ 151
GASTROCROM 115
gatifloxacin (ophth)..... 136
GATTEX 116
gavilyte-c..... 122
gavilyte-g 122
GAVRETO67
gefitinib63
GELNIQUE..... 150
gemfibrozil53
gemmily90

GENERESS FE CHW	90
<i>generlac</i>	116
<i>gengraf</i>	130
GENOTROPIN.....	111
GENOTROPIN MINIQUICK.....	111
<i>gentak</i>	136
<i>gentamicin sulfate (ophth)</i>	136
<i>gentamicin sulfate (topical)</i>	100
GENVOYA TAB	78
GILENYA	143
GILOTRIF	63
<i>glatiramer acetate</i>	143
<i>glatopa</i>	143
GLEEVEC.....	67
GLEOSTINE	62
<i>glimepiride</i>	48
<i>glipizide</i>	48
<i>glipizide xl</i>	48
<i>glipizide-metformin hcl tab 2.5-250</i> <i>mg</i>	42
<i>glipizide-metformin hcl tab 2.5-500</i> <i>mg</i>	42
<i>glipizide-metformin hcl tab 5-500</i> <i>mg</i>	42
GLUCAGEN DIAGNOSTIC.....	106
GLUCAGEN HYPOKIT	44
<i>glucagon (rdna)</i>	44
GLUCAGON EMERGENCY KIT	44
GLUCAGON EMERGENCY KIT FO..	44
<i>gluco shot</i>	134
<i>gluco to go 15</i>	45
GLUCOTROL XL.....	48
<i>glutose 15</i>	45
<i>glutose 45</i>	45
<i>glutose 5</i>	45
<i>glyburide</i>	48
<i>glyburide micronized</i>	48
<i>glyburide-metformin tab 1.25-250</i> <i>mg</i>	42
<i>glyburide-metformin tab 2.5-500</i> <i>mg</i>	42
<i>glyburide-metformin tab 5-500 mg</i>	42

<i>glycine diluent for injection</i>	141
<i>glycopyrrolate</i>	148
<i>glydo</i>	106
GLYNASE	48
GLYTAC COMPL BAR 10PE	108
GLYTACTIN PAK BTMK/DLT	108
GLYTACTIN PAK SWIRL 15	108
GLYTACTIN POW APPLE	108
GLYTACTIN POW BD 20/20	108
GLYTACTIN POW BETMLK15	108
GLYTACTIN POW BLD 10PE	108
GLYTACTIN POW BLD PKU.....	108
GLYTACTIN POW PUNCH	108
GLYTACTIN POW RESTOR 5.....	108
GLYTACTIN POW RST LT10	108
GLYTACTIN POW TROPICAL.....	108
GLYXAMBI TAB 10-5 MG	43
GLYXAMBI TAB 25-5 MG	43
GOJJI BLOOD TES KETONE.....	107
GOLYTELY SOL	123
<i>granisetron hcl</i>	50
GRASTEK	17
<i>griseofulvin microsize</i>	50
<i>griseofulvin ultramicrosize</i>	50
<i>guaifatussin ac</i>	97
<i>guaifenesin ac</i>	97
<i>guaifenesin-codeine soln 100-10</i> <i>mg/5ml</i>	98
<i>guanfacine hcl</i>	55
<i>guanfacine hcl (adhd)</i>	15
GVOKE HYPOPEN 1-PACK.....	45
GVOKE HYPOPEN 2-PACK.....	45
GVOKE KIT.....	45
GVOKE PFS	45
GYNAZOLE-1	152
H	
HAEGARDA.....	119
<i>hailey 1.5/30</i>	90
<i>hailey 24 fe</i>	90
<i>hailey fe 1.5/30</i>	90
<i>hailey fe 1/20</i>	91
HALCION	122
<i>halobetasol propionate</i>	104

<i>haloette</i>	95	<i>hydrocod polst-chlorphen polst er</i>	
HALOG.....	104	<i>susp 10-8 mg/5ml</i>	98
<i>haloperidol</i>	74	<i>hydrocodone bitart-homatropine</i>	
<i>haloperidol lactate</i>	74	<i>methylbrom soln 5-1.5 mg/5ml.</i>	97
HARVONI PAK.....	82	<i>hydrocodone bitart-homatropine</i>	
HARVONI PAK 45-200MG	82	<i>methylbromide tab 5-1.5 mg</i>	97
HARVONI TAB 45-200MG	82	<i>hydrocodone-acetaminophen soln</i>	
HARVONI TAB 90-400MG	82	<i>10-325 mg/15ml</i>	23
HAVRIX.....	151	<i>hydrocodone-acetaminophen soln</i>	
HCU EASY TAB.....	108	<i>7.5-325 mg/15ml</i>	23
<i>heather</i>	96	<i>hydrocodone-acetaminophen tab</i>	
HEMLIBRA.....	118	<i>10-300 mg</i>	23
HEPARIN SODIUM	35	<i>hydrocodone-acetaminophen tab</i>	
<i>heparin sodium (porcine)</i>	35	<i>10-325 mg</i>	23
<i>heparin sodium (porcine) lock flush</i>		<i>hydrocodone-acetaminophen tab 5-</i>	
.....	35	<i>300 mg</i>	23
HEPLISAV-B	151	<i>hydrocodone-acetaminophen tab 5-</i>	
HEPSERA	82	<i>325 mg</i>	23
<i>her style</i>	95	<i>hydrocodone-acetaminophen tab</i>	
HIBERIX.....	151	<i>7.5-300 mg</i>	23
HIPREX	28	<i>hydrocodone-acetaminophen tab</i>	
HIZENTRA	140	<i>7.5-325 mg</i>	23
HOMACTIN AA POW PLUS.....	108	<i>hydrocodone-ibuprofen tab 10-200</i>	
HORIZANT	144	<i>mg</i>	23
HUMATE-P SOL 2400UNIT	118	<i>hydrocodone-ibuprofen tab 5-200</i>	
HUMATE-P SOL 250-600	118	<i>mg</i>	23
HUMATE-P SOL 500-1200	118	<i>hydrocodone-ibuprofen tab 7.5-200</i>	
HUMIRA	18	<i>mg</i>	23
HUMIRA PEDIA INJ CROHNS.....	18	<i>hydrocortisone</i>	96
HUMIRA PEDIATRIC CROHNS D ..	18	<i>hydrocortisone (intrarectal)</i>	25
HUMIRA PEN.....	18	<i>hydrocortisone (rectal)</i>	26
HUMIRA PEN KIT PS/UV	18	<i>hydrocortisone (topical)</i>	104
HUMIRA PEN-CD/UC/HS START...	18	<i>hydrocortisone acetate w/</i>	
HUMIRA PEN-PEDIATRIC UC S	18	<i>pramoxine perianal cream 1-1%</i>	26
HUMIRA PEN-PS/UV STARTER.....	18	<i>hydrocortisone butyrate</i>	104
HUMULIN R U-500 (CONCENTR...	46	<i>hydrocortisone butyrate hydrophilic</i>	
HUMULIN R U-500 KWIKPEN	46	<i>lipo base</i>	104
HYCANTIN.....	71	<i>hydrocortisone valerate</i>	104
<i>hydralazine hcl</i>	61	<i>hydrocortisone w/ acetic acid otic</i>	
HYDREA	71	<i>soln 1-2%</i>	139
HYDRO 40 FOAM.....	105	<i>hydromet</i>	97
<i>hydrochlorothiazide</i>	110	<i>hydromorphone hcl</i>	22
		<i>hydroxychloroquine sulfate</i>	61

<i>hydroxyurea</i>	71
<i>hydroxyzine hcl</i>	28
<i>hydroxyzine pamoate</i>	28
<i>hyoscyamine sulfate</i>	148
<i>hyosyne</i>	148
HYQVIA INJ 10-800	140
HYQVIA INJ 2.5-200	140
HYQVIA INJ 20-1600	140
HYQVIA INJ 30-2400	140
HYQVIA INJ 5-400.....	140
HYZAAR TAB 100-12.5.....	58
HYZAAR TAB 100-25	58
HYZAAR TAB 50-12.5	58

I

<i>ibandronate sodium</i>	110
IBRANCE	67
<i>ibu</i>	19
<i>ibuprofen</i>	19
<i>icatibant acetate</i>	119
<i>iclevia</i>	91
ICLUSIG.....	67
IDHIFA	67
ILARIS	19
<i>imatinib mesylate</i>	67
IMBRUVICA	67
<i>imipramine hcl</i>	41
<i>imipramine pamoate</i>	41
<i>imiquimod</i>	105
IMITREX	127
IMITREX STATDOSE REFILL.....	127
IMITREX STATDOSE SYSTEM	127
IMOVAX RABIES (H.D.C.V.)	151
IMURAN	130
<i>incassia</i>	96
<i>indapamide</i>	110
INDERAL LA.....	84
INDERAL XL.....	84
<i>indocin</i>	19
INDOCIN.....	19
<i>indomethacin</i>	19
INFANRIX INJ	148
INFLUENZA VIRUS VACCINE.....	151
INGREZZA.....	142
INGREZZA CAP 40-80MG	143
INLYTA	62
INNOPRAN XL.....	84
INQOVI TAB 35-100MG.....	65
INREBIC	68
INSPIRA.....	60
INSULIN PEN NEEDLE.....	126
INSULIN SYRINGE/NEEDLE	126
INTELENCE	78
INTRAROSA.....	152
INTRON A	71
<i>introvale</i>	91
INVEGA	73
INVEGA HAFYERA	73
INVEGA SUSTENNA	74
INVEGA TRINZA.....	74
INVIRASE	78
<i>iodoquimez-hc</i>	100
<i>iodoquinol-hydrocortisone in aloe</i> <i>vehicle cream 1-1.9%</i>	100
IOPIDINE	136
IPOL INJ INACTIVE.....	151
<i>ipratropium bromide</i>	31
<i>ipratropium bromide (nasal)</i>	134
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	33
<i>irbesartan</i>	55
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	58
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	58
IRESSA.....	63
ISENTRESS	78
ISENTRESS HD	78
<i>isibloom</i>	91
<i>isoniazid</i>	61
ISOPTO ATROPINE	135
ISOPTO CARPINE	135
ISORDIL TITRADOSE	28
<i>isosorbide dinitrate</i>	28
<i>isosorbide dinitrate-hydralazine hcl</i> <i>tab 20-37.5 mg</i>	87
<i>isosorbide mononitrate</i>	28

<i>isotretinoin</i>	99
ISOVACTIN AA POW PLUS	108
<i>isradipine</i>	85
ISTURISA	110
<i>itraconazole</i>	51
<i>ivermectin</i>	26
IXIARO INJ	151

J

JADENU	49
JADENU SPRINKLE	49
<i>jaimiess</i>	91
JAKAFI	68
JALYN CAP	117
<i>jantoven</i>	34
JANUMET TAB 50-1000	43
JANUMET TAB 50-500MG	43
JANUMET XR TAB 100-1000	43
JANUMET XR TAB 50-1000	43
JANUMET XR TAB 50-500MG	43
JANUVIA	45
JARDIANCE	47
<i>jasmiel</i>	91
<i>javygtor</i>	111
JAYPIRCA	68
<i>jencycla</i>	96
JENLIVA CAP	132
<i>jinteli</i>	113
JIVI	118
<i>jolessa</i>	91
<i>joyeaux</i>	91
<i>juleber</i>	91
JULUCA TAB 50-25MG	78
<i>junel 1.5/30</i>	91
<i>junel 1/20</i>	91
<i>junel fe 1.5/30</i>	91
<i>junel fe 1/20</i>	91
<i>junel fe 24</i>	91
JUXTAPID	53
JYNARQUE	113
JYNARQUE PAK 30-15MG	113
JYNARQUE PAK 45-15MG	113
JYNARQUE PAK 60-30MG	113
JYNARQUE PAK 90-30MG	113

K

<i>kaitlib fe</i>	91
KALETRA SOL	78
KALETRA TAB 100-25MG	78
KALETRA TAB 200-50MG	78
<i>kalliga</i>	91
KALYDECO	145
<i>kariva</i>	91
KEFLEX	88
<i>kelnor 1/35</i>	91
<i>kelnor 1/50</i>	91
KEPPRA	36
KEPPRA XR	36
KERENDIA	112
KESIMPTA	143
<i>ketoconazole</i>	51
<i>ketoconazole (topical)</i>	100
KETO-DIASTIX TES	107
KETONE TES	107
KETONE TEST TES	107
<i>ketoprofen</i>	19
<i>ketorolac tromethamine</i>	19
KETOROLAC TROMETHAMINE	19
<i>ketorolac tromethamine (ophth)</i>	138
KETOSTIX TES STRIP	107
KEVEYIS	109
KINRIX INJ	148
KISQALI 200 MG DAILY DOSE	68
KISQALI 200 PAK FEMARA	65
KISQALI 400 MG DAILY DOSE	68
KISQALI 400 PAK FEMARA	66
KISQALI 600 MG DAILY DOSE	68
KISQALI 600 PAK FEMARA	66
KITABIS PAK	17
KLARITY-A	136
KLARON	99
KLONOPIN	35
<i>klor-con</i>	128
<i>klor-con 10</i>	128
<i>klor-con 8</i>	128
<i>klor-con m10</i>	128
<i>klor-con m15</i>	128
<i>klor-con m20</i>	128

<i>klor-con/ef</i>	128
KLOXXADO	49
KORLYM	45
KOSELUGO	68
<i>kourzeq</i>	131
KOVALTRY	119
<i>kp folic acid</i>	120
K-PHOS	128
K-PHOS TAB NO 2	117
<i>k-prime</i>	128
KRAZATI	68
KRINTAFEL	61
KRISTALOSE.....	123
K-TAB.....	128
<i>kurvelo</i>	91
KUVAN.....	111
KYLEENA.....	96
KYNMOBI	72
L	
<i>labetalol hcl</i>	83
<i>lacosamide</i>	36
<i>lacosamide tab 50 mg</i>	36
LACRISERT	134
<i>lactulose</i>	123
LACTULOSE	123
<i>lactulose (encephalopathy)</i>	116
LAGEVRIO	83
LAMICTAL	36
LAMICTAL CHEWABLE DISPERS ..	36
LAMICTAL KIT START 49	36
LAMICTAL KIT START 98	36
LAMICTAL ODT	36
LAMICTAL ODT KIT.....	36
LAMICTAL STARTER/TAKING V....	36
LAMICTAL XR.....	36
LAMICTAL XR KIT	36
<i>lamivudine</i>	78
<i>lamivudine (hbv)</i>	82
<i>lamivudine-zidovudine tab 150-300</i> <i>mg</i>	78
<i>lamotrigine</i>	36, 37
<i>lamotrigine tab 25 mg (42) & 100</i> <i>mg (7) starter kit</i>	37

<i>lamotrigine tab 84 x 25 mg & 14 x</i> <i>100 mg starter kit</i>	37
<i>lamotrigine tab disint 21 x 25 mg &</i> <i>7 x 50 mg titration kit</i>	37
<i>lamotrigine tab disint 25 (14) & 50</i> <i>mg (14) & 100 mg (7) kit</i>	37
<i>lamotrigine tab disint 42 x 50mg &</i> <i>14 x 100mg titration kit</i>	37
LANCETS	125
LANOXIN	86
<i>lansoprazole</i>	149
<i>lanthanum carbonate</i>	116
LANTUS	46
LANTUS SOLOSTAR	46
<i>lapatinib ditosylate</i>	68
<i>larin 1.5/30</i>	91
<i>larin 1/20</i>	91
<i>larin 24 fe</i>	91
<i>larin fe 1.5/30</i>	91
<i>larin fe 1/20</i>	91
<i>larissia</i>	91
LASIX	109
<i>latanoprost</i>	139
LATANOPROST.....	139
LATUDA	73
<i>layolis fe</i>	91
LEDIP-SOFOSB TAB 90-400MG	82
<i>leena</i>	91
<i>leflunomide</i>	20
<i>lenalidomide</i>	129
LENVIMA 10 MG DAILY DOSE	63
LENVIMA 12MG DAILY DOSE	63
LENVIMA 20 MG DAILY DOSE	63
LENVIMA 4 MG DAILY DOSE	62
LENVIMA 8 MG DAILY DOSE	63
LENVIMA CAP 14 MG	63
LENVIMA CAP 18 MG	63
LENVIMA CAP 24 MG	63
LESCOL XL	53
<i>lessina</i>	91
<i>letrozole</i>	64
<i>leucovorin calcium</i>	71
LEUKERAN	62

<i>leuprolide acetate</i>	64	<i>lidocaine</i>	106
<i>levabuterol hcl</i>	33	<i>lidocaine hcl</i>	106
<i>levabuterol tartrate</i>	33	<i>lidocaine hcl (mouth-throat)</i>	130
LEVEMIR	46	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	106
LEVEMIR FLEXPEN.....	46	<i>lidocan</i>	106
LEVEMIR FLEXTOUCH	46	LIDODERM	106
<i>levetiracetam</i>	37	LILETTA.....	96
<i>levobunolol hcl</i>	135	<i>lillow</i>	92
<i>levocarnitine (metabolic modifiers)</i>	111	<i>linezolid</i>	27
<i>levofloxacin</i>	115	LINZESS	116
<i>levofloxacin (ophth)</i>	136	<i>liothyronine sodium</i>	147
<i>levonest</i>	91	LIPITOR.....	53
<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &eth est 0.01</i> <i>mg</i>	91	LIPOFEN	53
<i>levonorgestrel & ethinyl estradiol</i> <i>(91-day) tab 0.15-0.03 mg</i>	91	<i>lisdexamphetamine dimesylate</i> . 14, 15	
<i>levonorgestrel & ethinyl estradiol</i> <i>tab 0.1 mg-20 mcg</i>	91	<i>lisinopril</i>	54
<i>levonorgestrel & ethinyl estradiol</i> <i>tab 0.15 mg-30 mcg</i>	91	<i>lisinopril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	58
<i>levonorgestrel (emergency oc)</i>	95	<i>lisinopril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	58
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i> . 92		<i>lisinopril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	58
<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	92	<i>lithium carbonate</i>	73
<i>levonorgestrel-ethinyl estradiol-fe</i> <i>tab 0.1 mg-20 mcg (21)</i>	92	LITHOBID	73
<i>levonorg-eth est tab 0.1-</i> <i>0.02mg(84) & eth est tab</i> <i>0.01mg(7)</i>	91	LITHOSTAT	118
<i>levonorg-eth est tab 0.15-</i> <i>0.03mg(84) & eth est tab</i> <i>0.01mg(7)</i>	91	LIVALO	53
<i>levora 0.15/30-28</i>	92	LIVMARLI.....	115
<i>levo-t</i>	147	LO LOESTRIN TAB 1-10-10	92
<i>levothyroxine sodium</i>	147	LOCOID	104
<i>levoxyl</i>	147	LOCOID LIPOCREAM.....	104
LEVSIN	148	LODINE	19
LEVSIN/SL	149	LODOSYN.....	71
LEXAPRO.....	40	<i>loestrin 1.5/30-21</i>	92
LEXIVA	78	<i>loestrin 1/20-21</i>	92
		<i>loestrin fe 1.5/30</i>	92
		<i>loestrin fe 1/20</i>	92
		<i>lojaimiess</i>	92
		LOMOTIL TAB 2.5MG	49
		LONHALA MAGNAIR REFILL KI	31
		LONHALA MAGNAIR STARTER K...31	
		LONSURF TAB 15-6.14	66
		LONSURF TAB 20-8.19	66
		LOPID.....	53

<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	78	LUNESTA	122
<i>lopinavir-ritonavir tab 100-25 mg</i>	79	LUPKYNIS	130
<i>lopinavir-ritonavir tab 200-50 mg</i>	79	<i>lurasidone hcl</i>	73
LOPRESSOR	83	<i>lutera</i>	92
LOPROX SHAMPOO	100	<i>lyleq</i>	96
<i>lorazepam</i>	29	<i>lyllana</i>	114
LORBRENA	68	LYNPARZA	68
LORTAB ELX 10-300MG	23	LYRICA	37
<i>loryna</i>	92	LYRICA CR	144
<i>losartan potassium</i>	55	LYSODREN	64
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	58	LYSTEDA	121
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	58	<i>lyza</i>	96
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	58	M	
LOSEASONIQUE TAB	92	MACROBID	28
LOTEMAX	137	MACRODANTIN	28
LOTEMAX SM	138	<i>mafenide acetate</i>	102
LOTENSIN	54	MALARONE TAB 250-100	61
LOTENSIN HCT TAB 10-12.5	58	MALARONE TAB 62.5-25	61
LOTENSIN HCT TAB 20-12.5	58	<i>malathion</i>	106
LOTENSIN HCT TAB 20-25MG	58	<i>maraviroc</i>	79
<i>loteprednol etabonate</i>	138	MAR-COF BP LIQ 30-2-7.5	98
LOTREL CAP 10-20MG	59	MAR-COF CG LIQ 225-7.5	98
LOTREL CAP 10-40MG	59	MARINOL	50
LOTREL CAP 5-10MG	58	<i>marlissa</i>	92
LOTREL CAP 5-20MG	58	MARPLAN	40
LOTRONEX	116	MATULANE	71
<i>lovastatin</i>	53	<i>matzim la</i>	85
LOVAZA CAP 1GM	52	MAXALT	127
LOVENOX	35	MAXIDEX	138
<i>low-ogestrel</i>	92	MAXITROL OIN 0.1% OP	138
<i>loxapine succinate</i>	74	MAXITROL SUS 0.1% OP	138
<i>lo-zumandimine</i>	92	<i>maxi-tuss ac</i>	98
<i>lubiprostone</i>	115	MAXZIDE TAB 75-50	109
LUCEMYRA	141	MAXZIDE-25 TAB	109
LUMAKRAS	68	MAYZENT	143, 144
LUMIGAN	139	MAYZENT PAK STARTER 1 MG/DOSE	144
		MAYZENT PAK STARTER 2 MG/DOSE	144
		<i>meclizine hcl</i>	50
		<i>meclofenamate sodium</i>	19
		MEDROL	97
		MEDROL DOSEPAK	97

<i>medroxyprogesterone acetate</i> ...	141	METHITEST	25
<i>medroxyprogesterone acetate</i> (contraceptive).....	95	<i>methocarbamol</i>	133
<i>mefenamic acid</i>	19	<i>methotrexate sodium</i>	62
<i>mefloquine hcl</i>	61	<i>methoxsalen rapid</i>	102
<i>megestrol acetate</i>	64	<i>methscopolamine bromide</i>	149
<i>megestrol acetate (appetite)</i>	141	<i>methsuximide</i>	39
MEKINIST	68	<i>methyldopa</i>	55
MEKTOVI	68	<i>methylphenidate</i>	16
<i>meloxicam</i>	20	<i>methylphenidate hcl</i>	16
<i>melphalan</i>	62	<i>methylprednisolone</i>	97
<i>memantine hcl</i>	141	<i>methyltestosterone</i>	25
<i>memantine hcl tab 28 x 5 mg & 21</i> <i>x 10 mg titration pack</i>	142	<i>metoclopramide hcl</i>	115
MENACTRA INJ	151	<i>metolazone</i>	110
M-END PE LIQ.....	98	<i>metoprolol & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	59
MENEST	114	<i>metoprolol & hydrochlorothiazide</i> <i>tab 100-50 mg</i>	59
MENOSTAR.....	114	<i>metoprolol & hydrochlorothiazide</i> <i>tab 50-25 mg</i>	59
MENQUADFI INJ.....	151	<i>metoprolol succinate</i>	83
MENVEO INJ	151	<i>metoprolol tartrate</i>	83
MENVEO SOL.....	151	METROCREAM	106
<i>mepерidine hcl</i>	22	METROLOTION	106
MEPHYTON	154	<i>metronidazole</i>	26
<i>meprobamate</i>	29	<i>metronidazole (topical)</i>	106
MEPRON	27	<i>metronidazole vaginal</i>	152
<i>mercaptapurine</i>	62	<i>mexiletine hcl</i>	30
<i>merzee</i>	92	MIACALCIN	110
<i>mesalamine</i>	115, 116	<i>mibelas 24 fe</i>	92
<i>mesalamine w/ cleanser</i>	116	MICARDIS.....	55
MESNEX.....	71	MICARDIS HCT TAB 40/12.5.....	59
MESTINON	61	MICARDIS HCT TAB 80/12.5.....	59
MESTINON TIMESPAN.....	61	MICARDIS HCT TAB 80-25MG.....	59
<i>metaxalone</i>	133	<i>miconazole 3</i>	153
<i>metformin hcl</i>	44	<i>miconazole-zinc oxide-white</i> <i>petrolatum oint 0.25-15-81.35%</i>	100
<i>methadone hcl</i>	22	<i>microgestin 1.5/30</i>	92
<i>methadose</i>	22	<i>microgestin 1/20</i>	92
METHADOSE.....	22	<i>microgestin 24 fe</i>	92
METHADOSE SUGAR-FREE	22	<i>microgestin fe 1.5/30</i>	92
<i>methamphetamine hcl</i>	15	<i>microgestin fe 1/20</i>	92
<i>methazolamide</i>	109	<i>midazolam hcl</i>	122
<i>methenamine hippurate</i>	28		
<i>methenamine mandelate</i>	28		
<i>methimazole</i>	146		

<i>midodrine hcl</i>	153
<i>migergot</i>	127
<i>miglitol</i>	42
<i>miglustat</i>	120
MIGRANAL	127
<i>mili</i>	92
<i>millipred</i>	97
MILLIPRED	97
<i>mimvey</i>	113
MINASTRIN 24 CHW FE.....	92
MINIPRESS.....	55
MINIVELLE	114
<i>minocycline hcl</i>	146
<i>minoxidil</i>	61
MIOCHOL-E.....	135
MIRAPEX ER	72
MIRCETTE TAB 28 DAY	92
MIRENA	96
<i>mirtazapine</i>	39
<i>misoprostol</i>	150
MITOSOL	136
M-M-R II INJ.....	151
M-NATAL PLUS TAB	132
MOBIC.....	20
<i>modafinil</i>	16
MODERNA COVID-19 VACCINE ..	151
MODERNA COVID-19 VACCINE/	151
<i>moexipril hcl</i>	54
<i>molindone hcl</i>	75
<i>mometasone furoate</i>	104
<i>mometasone furoate (nasal)</i>	134
<i>mondoxylene nl</i>	146
<i>mono-linyah</i>	92
<i>montelukast sodium</i>	31
MONUROL	28
<i>morphine sulfate</i>	22
<i>morphine sulfate beads</i>	22
MOTOFEN TAB 1-0.025	49
MOVANTIK	116
<i>moxifloxacin hcl</i>	115
<i>moxifloxacin hcl (ophth)</i>	136
MOZOBIL	121
MS CONTIN	22

MSUD EASY TAB	108
MULPLETA.....	121
MULTAQ.....	30
MULTISTIX 10 TES SG	107
<i>multi-vit/iron/fluoride</i>	131
<i>multivitamin with fluorid</i>	131
<i>multivitamin/fluoride</i>	131
<i>multi-vitamin/fluoride dr</i>	131
<i>multi-vitamin/fluoride/ir</i>	131
<i>multivitamin/fluoride/iro</i>	131
<i>mupirocin</i>	100
<i>mupirocin calcium (topical)</i>	100
<i>my choice</i>	95
<i>my way</i>	95
MYALEPT.....	111
MYAMBUTOL.....	61
MYCAPSSA	112
MYCOBUTIN	61
<i>mycophenolate mofetil</i>	130
<i>mycophenolate sodium</i>	130
MYDAYIS CAP 12.5MG	15
MYDAYIS CAP 25MG	15
MYDAYIS CAP 37.5MG	15
MYDAYIS CAP 50MG	15
MYDRIACYL.....	135
MYFORTIC.....	130
MYLERAN	62
<i>myorisan</i>	99
MYRBETRIQ.....	150
MYSOLINE.....	37
MYTESI.....	48

N

<i>nabumetone</i>	20
<i>nadolol</i>	84
<i>nafrinse</i>	128
<i>nafrinse drops</i>	128
<i>naftifine hcl</i>	100
NALFON	20
<i>naloxone hcl</i>	49
<i>naltrexone hcl</i>	49
NAMENDA	142
NAMENDA TAB 5-10MG.....	142
NAMENDA XR	142

NAMZARIC CAP	142	NEONATAL TAB COMPLETE	132
NAMZARIC CAP 14-10MG	142	NEONATAL TAB COMPLTE.....	132
NAMZARIC CAP 21-10MG	142	NEONATAL TAB PLUS.....	132
NAMZARIC CAP 28-10MG	142	<i>neo-polycin</i>	136
NAMZARIC CAP 7-10MG	142	<i>neo-polycin hc</i>	138
NAPROSYN	20	NEORAL	130
<i>naproxen</i>	20	NEO-SYNALAR KIT	100
<i>naproxen sodium</i>	20	NERLYNX	68
<i>naratriptan hcl</i>	127	<i>neuac</i>	99
NARCAN	49	NEUPRO	72
NARDIL	40	NEURONTIN	37
NATACYN	136	<i>nevirapine</i>	79
NATAZIA TAB	92	<i>new day</i>	95
<i>nateglinide</i>	47	NEXAVAR	68
NATPARA	110	NEXIUM	149
NATROBA	106	NEXPLANON	95
<i>nebivolol hcl</i>	83	NEXTSTELLIS TAB 3-14.2MG	92
NEBUPENT	26	<i>niacin (antihyperlipidemic)</i>	53
<i>necon 0.5/35-28</i>	92	<i>niacor</i>	53
NEEDLE	126	NIASPAN	54
<i>nefazodone hcl</i>	40	<i>nicardipine hcl</i>	85
<i>neomycin sulfate</i>	17	<i>nicotine</i>	145
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	136	<i>nicotine polacrilex</i>	145
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	136	NICOTINE SYS KIT TRANSDER... 145	
<i>neomycin-polymyxin b gu irrigation</i> <i>soln</i>	117	NICOTROL INHALER	145
<i>neomycin-polymyxin-</i> <i>dexamethasone ophth oint 0.1%</i>	138	NICOTROL NS.....	145
<i>neomycin-polymyxin-</i> <i>dexamethasone ophth susp 0.1%</i>	138	<i>nifedipine</i>	85
<i>neomycin-polymyxin-hc ophth susp</i>	138	<i>nikki</i>	92
<i>neomycin-polymyxin-hc otic soln</i> <i>1%</i>	139	NILANDRON	64
<i>neomycin-polymyxin-hc otic susp</i> <i>3.5 mg/ml-10000 unit/ml-1%</i> .	139	<i>nilutamide</i>	64
NEONATAL PLS TAB 27-1MG.....	132	<i>nimodipine</i>	85
		NINLARO	68
		<i>nisoldipine</i>	85
		<i>nitazoxanide</i>	27
		<i>nitisinone</i>	112
		NITRO-BID	28
		NITRO-DUR	28
		<i>nitrofurantoin</i>	28
		<i>nitrofurantoin macrocrystal</i>	28
		<i>nitrofurantoin monohyd macro</i>	28
		<i>nitroglycerin</i>	28
		NITROLINGUAL PUMPSPRAY	28
		NITROMIST	28

NITROSTAT	28	NORTHERA.....	153
NITYR.....	112	<i>nortrel 0.5/35 (28)</i>	93
NIVA THYROID.....	147	<i>nortrel 1/35</i>	93
NIVA-PLUS TAB.....	132	<i>nortrel 7/7/7</i>	93
<i>nizatidine</i>	149	<i>nortriptyline hcl</i>	41
<i>nolix</i>	104	NORVASC	85
<i>nora-be</i>	96	NORVIR	79
NORDITROPIN FLEXPEN.....	111	NOURIANZ	71
<i>norethindrone & ethinyl estradiol-fe</i>		NOVA MAX PLS TES KETONE	107
<i>chew tab 0.4 mg-35 mcg</i>	92	NOVAVAX COVID-19 VACCINE...	152
<i>norethindrone & ethinyl estradiol-fe</i>		NOVAVAX COVID-19 VACCINE/ .	152
<i>chew tab 0.8 mg-25 mcg</i>	92	NOVOLIN INJ 70/30	46
<i>norethindrone (contraceptive)</i>	96	NOVOLIN INJ 70/30 FP	46
<i>norethindrone ace & ethinyl</i>		NOVOLIN N	46
<i>estradiol tab 1 mg-20 mcg</i>	92	NOVOLIN N FLEXPEN.....	46
<i>norethindrone ace & ethinyl</i>		NOVOLIN N FLEXPEN RELION	46
<i>estradiol tab 1.5 mg-30 mcg</i>	93	NOVOLIN N RELION	46
<i>norethindrone ace & ethinyl</i>		NOVOLIN R	46
<i>estradiol-fe tab 1 mg-20 mcg</i> ...	93	NOVOLIN R FLEXPEN	46
<i>norethindrone ace & ethinyl</i>		NOVOLIN R FLEXPEN RELION	46
<i>estradiol-fe tab 1.5 mg-30 mcg</i>	93	NOVOLIN R RELION.....	46
<i>norethindrone ace-eth estradiol-fe</i>		NOVOLIN70/30 INJ RELION.....	46
<i>chew tab 1 mg-20 mcg (24)</i>	93	NOVOLOG	46
<i>norethindrone ace-ethinyl estradiol-</i>		NOVOLOG FLEXPEN.....	46
<i>fe cap 1 mg-20 mcg (24)</i>	93	NOVOLOG FLEXPEN RELION	47
<i>norethindrone acetate</i>	141	NOVOLOG MIX INJ 70/30	47
<i>norethindrone acetate-ethinyl</i>		NOVOLOG MIX INJ FLEX REL	47
<i>estradiol tab 0.5 mg-2.5 mcg</i> ..	113	NOVOLOG MIX INJ FLEXPEN	47
<i>norethindrone acetate-ethinyl</i>		NOVOLOG PENFILL.....	47
<i>estradiol tab 1 mg-5 mcg</i>	113	NOVOLOG RELI INJ 70/30	47
<i>norethindrone ac-ethinyl estrad-fe</i>		NOVOLOG RELION	47
<i>tab 1-20/1-30/1-35 mg-mcg</i>	92	NOXAFIL.....	51
<i>norgestimate & ethinyl estradiol tab</i>		NP THYROID 120	147
<i>0.25 mg-35 mcg</i>	93	NP THYROID 15	147
<i>norgestimate-eth estrad tab 0.18-</i>		NP THYROID 30	147
<i>25/0.215-25/0.25-25 mg-mcg</i> .	93	NP THYROID 60	147
<i>norgestimate-eth estrad tab 0.18-</i>		NP THYROID 90	147
<i>35/0.215-35/0.25-35 mg-mcg</i> .	93	NUBEQA	64
<i>norlyda</i>	96	NUCALA.....	30, 31
<i>norlyroc</i>	96	NUCYNTA.....	22
NORPACE	30	NUCYNTA ER	22
NORPACE CR	30	NUEDEXTA CAP 20-10MG.....	144
NORPRAMIN	41	<i>nulev</i>	149

NULYTELY SOL LMN/LIME.....	123
NUPLAZID	73
NURTEC	127
NUVARING MIS.....	95
NUVESSA	153
NUVIGIL	16
NUZYRA	146
nyamyc.....	100
nylia 1/35	93
nylia 7/7/7	93
nymyo	93
nystatin	50
nystatin (mouth-throat)	131
nystatin (topical).....	100
nystatin-triamcinolone oint 100000- 0.1 unit/gm-%	101
nystop	101
O	
OICALIVA	115
ocella	93
octreotide acetate	112
OCUFLOX	136
ODACTRA SUB.....	17
ODEFSEY TAB	79
ODOMZO.....	64
OFEV	146
ofloxacin	115
ofloxacin (ophth).....	136
ofloxacin (otic).....	139
olanzapine.....	74
olanzapine-fluoxetine hcl cap 12-25 mg	142
olanzapine-fluoxetine hcl cap 12-50 mg	142
olanzapine-fluoxetine hcl cap 3-25 mg	142
olanzapine-fluoxetine hcl cap 6-25 mg	142
olanzapine-fluoxetine hcl cap 6-50 mg	142
olmesartan medoxomil.....	55

olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	59
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	59
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg	59
olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg	59
olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg	59
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg	59
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg	59
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg	59
olopatadine hcl (nasal)	133
OMECLAMOX- MIS PAK	150
omega-3-acid ethyl esters.....	52
omega-3-acid ethyl esters cap 1 gm	52
omeprazole	149
OMNIFLEX DPR	124
OMNIPOD 5 G6 KIT INTRO	125
OMNIPOD 5 G6 MIS PODS.....	125
OMNIPOD DASH KIT INTRO.....	125
OMNIPOD DASH MIS PODS	125
OMNIPOD GO KIT 10UNT/DY	125
OMNIPOD GO KIT 15UNT/DY	125
OMNIPOD GO KIT 20UNT/DY	125
OMNIPOD GO KIT 25UNT/DY	125
OMNIPOD GO KIT 30UNT/DY	125
OMNIPOD GO KIT 35UNT/DY	125
OMNIPOD GO KIT 40UNT/DY	125
OMNIPOD MIS CLASSIC.....	125

OMNIPOD PDM KIT CLASSIC.....125
ondansetron 50
ondansetron hcl 50
 ONE TCH SLVR KIT ULT MINI.....125
 ONE VITE TAB 1MG PLUS132
 ONETOUCH KIT ULTRA 2.....125
 ONETOUCH KIT VERIO FL.....125
 ONETOUCH KIT VERIO IQ126
 ONETOUCH KIT VERIO RE126
 ONETOUCH SOL KIT COMPLETE .126
 ONETOUCH SOL KIT FIT.....126
 ONETOUCH SOL KIT REFILL.....126
 ONETOUCH SOL KIT STARTER ...126
 ONETOUCH TES ULTRA107
 ONETOUCH TES VERIO108
 ONFI 35
 ONUREG 62
opcicon one-step..... 95
 OPSUMIT 87
option 2 95
 OPTIONS GYNOL II VAGINAL.....152
 ORALAIR SUB 300 IR..... 17
oralone dental paste131
 ORAMAGICRX SUS131
 ORAPRED ODT 97
 ORAVIG131
 ORENITRAM 87
 ORENITRAM TAB MONTH 1 87
 ORENITRAM TAB MONTH 2 87
 ORENITRAM TAB MONTH 3 87
 ORFADIN112
 ORGOVYX 64
 ORIAHNN CAP.....113
 ORILISSA.....110
 ORKAMBI GRA 100-125145
 ORKAMBI GRA 150-188145
 ORKAMBI GRA 75-94MG145
 ORKAMBI TAB 100-125.....145
 ORKAMBI TAB 200-125.....145
orphenadrine citrate133
 ORSERDU..... 65
orsythia 93
oscimin149

oseltamivir phosphate 82, 83
 OSPHENA.....111
 OTEZLA20
 OTEZLA TAB 10/20/30.....20
 OTOVEL DRO.....139
 OVIDE106
oxandrolone25
oxaprozin20
oxazepam29
 OXBRYTA120
oxcarbazepine37
 OXERVATE137
oxiconazole nitrate101
 OXISTAT101
 OXTELLAR XR37
oxybutynin chloride150
oxycodone hcl22
oxycodone w/ acetaminophen tab
 10-325 mg24
oxycodone w/ acetaminophen tab
 2.5-325 mg23
oxycodone w/ acetaminophen tab 5-
 325 mg24
oxycodone w/ acetaminophen tab
 7.5-325 mg24
oxymorphone hcl22
 OXYTROL150
 OZEMPIC45
 OZEMPIC 1 MG/DOSE.....45
 OZEMPIC 2 MG/DOSE.....45
P
pacerone30
 PALFORZIA CAP ESCALAT17
 PALFORZIA CAP LEVEL 1017
 PALFORZIA CAP LEVEL 3.....17
 PALFORZIA CAP LEVEL 7.....17
 PALFORZIA CAP LEVEL 8.....17
 PALFORZIA LEVEL 117
 PALFORZIA LEVEL 11 (MAINT17
 PALFORZIA LEVEL 11 (TITRA.....17
 PALFORZIA LEVEL 217
 PALFORZIA LEVEL 417
 PALFORZIA LEVEL 517

PALFORZIA LEVEL 6	17	<i>pentoxifylline</i>	119
PALFORZIA LEVEL 9	17	PEPCID	149
<i>paliperidone</i>	74	PERCOCET TAB 10-325MG	24
PALYNZIQ	112	PERCOCET TAB 2.5-325	24
PAMELOR	41	PERCOCET TAB 5-325MG	24
PANDEL	104	PERCOCET TAB 7.5-325	24
PANRETIN	101	PERFOROMIST	33
<i>pantoprazole sodium</i>	149, 150	PERIDEX	131
PARAGARD IUD T380A	95	<i>perindopril erbumine</i>	54
PAREMYD SOL 1-0.25%	138	<i>periogard</i>	131
<i>paricalcitol</i>	112	<i>permethrin</i>	106
PARLODEL	72	<i>perphenazine</i>	75
PARNATE.....	40	<i>perphenazine-amitriptyline tab 2-10</i>	
<i>paroxetine hcl</i>	40	<i>mg</i>	142
PASER	62	<i>perphenazine-amitriptyline tab 2-25</i>	
PATANASE.....	134	<i>mg</i>	142
PAXIL	40	<i>perphenazine-amitriptyline tab 4-10</i>	
PAXIL CR	40	<i>mg</i>	142
PAXLOVID TAB 150-100.....	81	<i>perphenazine-amitriptyline tab 4-25</i>	
PAXLOVID TAB 300-100.....	81	<i>mg</i>	142
<i>pb-hyoscy-atrop-scopol elix 16.2-</i>		<i>perphenazine-amitriptyline tab 4-50</i>	
<i>0.1037-0.0194-0.0065 mg/5ml</i>		<i>mg</i>	142
.....	149	PERSERIS	74
PEDIAPRED	97	PEXEVA	40
PEDIARIX INJ 0.5ML	148	PFIZER-BIONTECH COVID-19 ...	152
PEDVAX HIB	151	<i>phenazo</i>	118
<i>peg 3350-kcl-na bicarb-nacl-na</i>		<i>phenazopyridine hcl</i>	118
<i>sulfate for soln 236 gm</i>	123	<i>phenelzine sulfate</i>	40
<i>peg 3350-kcl-sod bicarb-nacl for</i>		<i>phenobarbital</i>	121
<i>soln 420 gm</i>	123	<i>phenohydro</i>	149
<i>peg-3350/electrolytes/asc</i>	123	<i>phenoxybenzamine hcl</i>	54
<i>peg-3350/sodium sulf/nacl</i>	123	<i>phenylephrine hcl (mydriatic)</i> ...	135
PEGASYS	82	<i>phenytek</i>	39
PEG-PREP KIT	123	PHENYTEK.....	39
PEMAZYRE	68	<i>phenytoin</i>	39
<i>penciclovir</i>	102	<i>phenytoin infatabs</i>	39
<i>penicillamine</i>	129	<i>phenytoin sodium extended</i>	39
<i>penicillin v potassium</i>	140	PHEXXI GEL	153
PENTACEL INJ.....	148	<i>philith</i>	93
<i>pentamidine isethionate</i>	26	PHOSLYRA	116
PENTASA.....	116	PHOSPHOLINE IODIDE	135
<i>pentazocine w/ naloxone hcl tab 50-</i>		<i>phospho-trin k500</i>	128
<i>0.5 mg</i>	24	<i>phytonadione</i>	154

PIFELTRO	79	POLYTRIM SOL OP.....	136
<i>pilocarpine hcl</i>	135	POMALYST	65
<i>pilocarpine hcl (oral)</i>	131	<i>portia-28</i>	93
<i>pimecrolimus</i>	105	<i>posaconazole</i>	51
<i>pimozide</i>	144	POTABA	154
<i>pimtrea</i>	93	<i>potassium chloride</i>	129
<i>pindolol</i>	84	<i>potassium chloride</i> <i>microencapsulated crystals er</i> .	129
<i>pioglitazone hcl</i>	47	<i>potassium citrate (alkalinizer)</i>	117
<i>pioglitazone hcl-glimepiride tab 30-2</i> <i>mg</i>	43	<i>potassium iodide (expectorant)</i>	98
<i>pioglitazone hcl-glimepiride tab 30-4</i> <i>mg</i>	43	POVIDONE IODINE.....	136
<i>pioglitazone hcl-metformin hcl tab</i> <i>15-500 mg</i>	43	<i>pramipexole dihydrochloride</i>	73
<i>pioglitazone hcl-metformin hcl tab</i> <i>15-850 mg</i>	43	<i>pramoxine-hc cream 1-2.5%</i>	104
PIQRAY 200MG DAILY DOSE.....	68	<i>prasugrel hcl</i>	119
PIQRAY 250MG TAB DOSE.....	69	<i>pravastatin sodium</i>	53
PIQRAY 300MG DAILY DOSE.....	69	<i>praziquantel</i>	26
<i>pirfenidone</i>	146	<i>prazosin hcl</i>	55
<i>pirmella 1/35</i>	93	PRECISN XTRA TES KETONE.....	108
<i>pirmella 7/7/7</i>	93	PRECOSE	42
<i>piroxicam</i>	20	PRED FORTE.....	138
PKU EASY TAB	108	PRED MILD.....	138
PKU EASY TAB MICROTAB	108	PRED-G S.O.P OIN OP	138
PKU GO POW	108	PRED-G SUS OP.....	138
PLAQUENIL.....	61	<i>prednicarbate</i>	104
PLAVIX	119	<i>prednisolone</i>	97
PLEGRIDY	144	<i>prednisolone acetate (ophth)</i>	138
PLEGRIDY INJ STARTER	144	PREDNISOLONE SODIUM PHOSP	138
PLEGRIDY PEN INJ STARTER.....	144	<i>prednisolone sodium phosphate</i> ...	97
PLENVU SOL.....	123	<i>prednisone</i>	97
<i>plerixafor</i>	121	PREDNISONE INTENSOL	97
PNEUMOVAX 23	151	PREFEST TAB	113
PNEUMOVAX 23/1 DOSE	151	<i>pregabalin</i>	37
PNV TABS TAB 29-1MG	132	<i>pregabalin (once-daily)</i>	144
<i>pnv-dha</i>	132	PREHEVBRIO	152
PNV-OMEGA CAP.....	132	PREMARIN	114, 153
<i>pnv-select</i>	132	PREMPHASE TAB.....	113
<i>podofilox</i>	105	PREMPRO TAB	113
<i>polycin</i>	136	PREMPRO TAB 0.3-1.5	113
<i>polymyxin b-trimethoprim ophth</i> <i>soln 10000 unit/ml-0.1%</i>	136	PREMPRO TAB 0.45-1.5	113
		PREMPRO TAB 0.625-5	113
		PRENA1 PEARL CAP	132
		PRENATAL 19 CHW 29-1MG.....	132
		PRENATAL 19 TAB 29-1MG.....	132

PRENATAL TAB 27-1MG	132
PRENATAL TAB PLUS	132
PRENATAL VIT TAB LOW IRON ...	132
PRENATAL+FE TAB 29-1MG	132
PRENATAL-U CAP 106.5-1	132
PRENATRIX TAB	132
PRENATRYL TAB.....	132
PREPLUS TAB 27-1MG	132
PRETAB TAB 29-1MG	132
PRETOMANID.....	62
PREVACID	150
PREVACID SOLUTAB	150
<i>prevalite</i>	52
<i>previfem</i>	93
PREVNAR 13 INJ	151
PREVNAR 20 INJ	151
PREZCOBIX TAB 800-150	79
PREZISTA.....	79
PRIFTIN	62
PRILOSEC	150
<i>primaquine phosphate</i>	61
PRIMAQUINE PHOSPHATE	61
<i>primidone</i>	37
PRIMSOL.....	26
PRIORIX INJ	152
PRISTIQ.....	41
PROAIR RESPICLICK.....	33
<i>probenecid</i>	118
PROCARDIA XL	85
<i>procentra</i>	15
<i>prochlorperazine</i>	75
<i>prochlorperazine maleate</i>	75
<i>procto-med hc</i>	26
<i>proctosol hc</i>	26
<i>proctozone-hc</i>	26
PROCYSBI	117
<i>progesterone</i>	141
PROGLYCEM	45
PROGRAF	130
PROLENSA	138
PROMACTA.....	121
<i>promethazine & phenylephrine</i> <i>syrup 6.25-5 mg/5ml</i>	98

<i>promethazine hcl</i>	52
<i>promethazine vc</i>	98
<i>promethazine vc/codeine</i>	98
<i>promethazine w/ codeine syrup</i> <i>6.25-10 mg/5ml</i>	98
<i>promethazine-dm syrup 6.25-15</i> <i>mg/5ml</i>	98
<i>promethazine-phenylephrine-</i> <i>codeine syrup 6.25-5-10 mg/5ml</i>	98
<i>promethegan</i>	52
PROMETRIUM	141
<i>propafenone hcl</i>	30
<i>proparacaine hcl</i>	137
<i>propranolol hcl</i>	84
<i>propylthiouracil</i>	146
PROQUAD INJ.....	152
PROSCAR.....	117
PROSTIN VR PEDIATRIC	130
PROTONIX	150
<i>protriptyline hcl</i>	41
PROVENTIL HFA	33
PROVERA	141
PROVIGIL.....	16, 17
PROZAC.....	40
<i>pseudoephed-bromphen-dm syrup</i> <i>30-2-10 mg/5ml</i>	98
PTS PANELS TES KETONE	108
PULMICORT.....	32
PULMOZYME.....	145
PURIXAN.....	62
<i>pyrazinamide</i>	62
<i>pyridostigmine bromide</i>	61
<i>pyrimethamine</i>	61
PYRUKYND	119
PYRUKYND TAB 20MGX5MG	120
PYRUKYND TAB 50MGX20M.....	120
PYRUKYND TAPER PACK.....	120
Q	
<i>qc folic acid</i>	120
QINLOCK	69
QUADRACEL INJ	148
QUADRACEL INJ 0.5ML	148

QUALAQUIN	61	REBIF TITRTN INJ PACK.....	144
QUARTETTE TAB	93	<i>reclipsen</i>	93
<i>quazepam</i>	122	RECOMBIVAX HB	152
QUDEXY XR	37	RECORLEV	110
QUESTRAN	52	REGLAN	115
QUESTRAN LIGHT	52	REGRANEX	106
<i>quetiapine fumarate</i>	74	<i>relafen</i>	20
QUILLICHEW ER.....	17	RELENZA DISKHALER	83
QUILLIVANT XR	17	<i>relion glucose</i>	45
<i>quinapril hcl</i>	54	RELION TES KETONE	108
<i>quinapril-hydrochlorothiazide tab</i>		RELISTOR	116
10-12.5 mg	59	RELNATE DHA CAP	132
<i>quinapril-hydrochlorothiazide tab</i>		RELPAK.....	127
20-12.5 mg	59	RELYVRIO PAK 3-1GM	134
<i>quinapril-hydrochlorothiazide tab</i>		REMERON	39
20-25 mg	59	REMERON SOLTAB	39
<i>quinidine gluconate</i>	30	REMODULIN	87
<i>quinidine sulfate</i>	30	RENAGEL	116
<i>quinine sulfate</i>	61	REVELA	116
QVAR REDIHALER	32	<i>repaglinide</i>	47
R		REPATHA	54
<i>ra folic acid</i>	120	REPATHA PUSHTRONEX SYSTEM..	54
RA TRUEPLUS GLUCOSE.....	45	REPATHA SURECLICK	54
RABAVERT INJ	152	RESTORIL	122
<i>rabeprazole sodium</i>	150	RETEVMO.....	69
RADICAVA ORS.....	134	RETIN-A	99
RADICAVA ORS STARTER KIT ...	134	RETROVIR.....	79
RADIOGARDASE	49	REVATIO.....	88
RAGWITEK	17	REVLIMID	129
<i>raloxifene hcl</i>	111	REXULTI	76
<i>ramelteon</i>	122	REYATAZ	79, 80
<i>ramipril</i>	54	REZLIDHIA.....	69
RANEXA	28	REZUROCK.....	129
<i>ranolazine</i>	28	RHOPRESSA	137
RAPAFLO.....	117	<i>ribavirin (hepatitis c)</i>	82
RAPAMUNE	130	RIDAURA	18
<i>rasagiline mesylate</i>	73	<i>rifabutin</i>	62
RAVICTI.....	112	<i>rifampin</i>	62
RAZADYNE ER	142	RILUTEK	134
<i>react</i>	95	<i>riluzole</i>	134
REBIF	144	<i>rimantadine hydrochloride</i>	83
REBIF REBIDO INJ TITRATN	144	RINVOQ.....	18
REBIF REBIDOSE	144	RIOMET	44

<i>risedronate sodium</i>	110	SCSEMBLIX.....	69
RISPERDAL.....	74	<i>scopolamine</i>	50
RISPERDAL CONSTA.....	74	SEASONIQUE TAB.....	93
<i>risperidone</i>	74	<i>selegiline hcl</i>	73
<i>ritonavir</i>	80	<i>selenium sulfide</i>	102
<i>rivastigmine</i>	142	SELZENTRY.....	80
<i>rivastigmine tartrate</i>	142	SE-NATAL 19 CHW.....	132
<i>rivelsa</i>	93	SE-NATAL 19 TAB.....	132
<i>rizatriptan benzoate</i>	128	SENSIPAR.....	112
ROCALTROL.....	112	SEREVENT DISKUS.....	33
ROCKLATAN DRO.....	137	SEROQUEL.....	75
<i>roflumilast</i>	31	SEROQUEL XR.....	75
<i>ropinirole hydrochloride</i>	73	<i>sertraline hcl</i>	40
<i>rosadan</i>	106	<i>setlakin</i>	93
<i>rosuvastatin calcium</i>	53	<i>sevelamer carbonate</i>	116
ROTARIX SUS.....	152	<i>sevelamer hcl</i>	116
ROTATEQ SOL.....	152	<i>sharobel</i>	96
ROWASA.....	116	SHINGRIX.....	152
<i>roweepra</i>	37	SIGNIFOR.....	112
ROXICODONE.....	22	SIKLOS.....	120
ROZEREM.....	122	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	88
ROZLYTREK.....	69	<i>silodosin</i>	118
RUBRACA.....	69	SILVADENE.....	102
RUCONEST.....	119	<i>silver sulfadiazine</i>	102
<i>rufinamide</i>	38	<i>simliya</i>	93
RUKOBIA.....	80	<i>simpesse</i>	93
RYBELSUS.....	45	<i>simvastatin</i>	53
RYDAPT.....	69	SINEMET TAB 10-100MG.....	73
RYTHMOL SR.....	30	SINGULAIR.....	31
S		<i>sirolimus</i>	130
SABRIL.....	38	SIRTURO.....	62
SAFYRAL TAB.....	93	SKELAXIN.....	133
<i>sajazir</i>	119	SKYLA.....	96
SALAGEN.....	131	SKYRIZI.....	102, 116
<i>salsalate</i>	21	SKYRIZI PEN.....	102
SAMSCA.....	113	SLYND.....	96
SANDIMMUNE.....	130	<i>sm folic acid</i>	121
SANDOSTATIN.....	112	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	123
SANTYL.....	105	<i>sodium chloride</i>	129
SAPHRIS.....	74	<i>sodium chloride (gu irrigant)</i>	117
<i>sapropterin dihydrochloride</i>	112	<i>sodium fluoride</i>	128
SAVELLA.....	142		
SAVELLA MIS TITR PAK.....	142		

<i>sodium phenylbutyrate</i>	112	STIVARGA.....	69
<i>sodium polystyrene sulfonate</i>	130	STRENSIQ.....	112
SOFOS/VELPAT TAB 400-100.....	82	STRIBILD TAB	80
SOLESTA INJ 50-15ML.....	129	STRIVERDI RESPIMAT	33
<i>solifenacin succinate</i>	150	STROMECTOL	26
SOLIQUEA INJ 100/33	43	SUBOXONE MIS 12-3MG.....	25
SOLOSEC	17	SUBOXONE MIS 2-0.5MG.....	24
SOLTAMOX.....	65	SUBOXONE MIS 4-1MG.....	24
SOMA	133	SUBOXONE MIS 8-2MG.....	24
SOMAVERT.....	111	<i>subvenite</i>	38
<i>sorafenib tosylate</i>	69	<i>subvenite starter kit/blu</i>	38
SORBITOL.....	117	<i>subvenite starter kit/gre</i>	38
SORBITOL-MAN SOL.....	117	<i>subvenite starter kit/ora</i>	38
SORIATANE.....	102	SUCRAID	109
<i>sorine</i>	84	<i>sucalfate</i>	149
<i>sotalol hcl</i>	84	SUFLAVE SOL	123
<i>sotalol hcl (afib/afl)</i>	84	SULAR	85
SOTYLIZE.....	84	<i>sulconazole nitrate</i>	101
SPIKEVAX COVID-19 VACCINE...152		<i>sulfacetamide sodium (acne)</i>	99
<i>spinosad</i>	106	<i>sulfacetamide sodium (ophth)</i> ...	137
SPIRIVA HANDIHALER	31	<i>sulfacetamide sodium-prednisolone</i>	
SPIRIVA RESPIMAT	31	<i>ophth soln 10-0.23(0.25)%</i> ...	138
<i>spironolactone</i>	110	<i>sulfadiazine</i>	146
<i>spironolactone &</i>		<i>sulfamethoxazole-trimethoprim susp</i>	
<i>hydrochlorothiazide tab 25-25 mg</i>		200-40 mg/5ml.....	26
.....	109	<i>sulfamethoxazole-trimethoprim tab</i>	
SPORANOX.....	51	400-80 mg	26
SPORANOX PULSEPAK	51	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sprintec 28</i>	93	800-160 mg	26
SPRITAM.....	38	SULFAMYLON	102
SPRIX.....	20	<i>sulfasalazine</i>	116
SPRYCEL.....	69	<i>sulfatrim pediatric</i>	26
<i>sps</i>	130	<i>sulindac</i>	20
<i>sronyx</i>	93	<i>sumatriptan</i>	128
<i>ssd</i>	102	<i>sumatriptan succinate</i>	128
SSKI.....	98	<i>sunitinib malate</i>	69
STALEVO 100 TAB.....	73	SUNLENCA TAB THERAPY PACK 4 X	
STALEVO 50 TAB.....	73	300 MG	80
STAMARIL INJ.....	152	SUNLENCA TAB THERAPY PACK 5 X	
<i>stavudine</i>	80	300 MG	80
STELARA.....	102	SUPRAX	89
STERILE DILU SOL TREPROST ...141		SUPREP BOWEL SOL PREP KIT...123	
STIOLTO AER 2.5-2.5	33	SUSTIVA.....	80

SUTAB TAB.....	123
SUTENT	69
<i>sweet cheeks</i>	45
<i>syeda</i>	93
SYMBICORT AER 160-4.5	33
SYMBICORT AER 80-4.5	33
SYMBYAX CAP 3-25MG.....	142
SYMBYAX CAP 6-25MG.....	142
SYMDEKO TAB 100-150	145
SYMDEKO TAB 50-75MG	145
SYMFI LO TAB.....	80
SYMFI TAB	80
SYMJEPI.....	153
SYMLINPEN 120	42
SYMLINPEN 60.....	42
SYMTUZA TAB	80
SYNALAR	104
SYNALAR CREAM KIT	104
SYNALAR OINTMENT KIT.....	104
SYNALAR TS	104
SYNAREL.....	111
SYNDROS.....	50
SYNERA DIS 70-70MG	106
SYNJARDY TAB	43
SYNJARDY TAB 12.5-500	43
SYNJARDY TAB 5-1000MG.....	43
SYNJARDY TAB 5-500MG.....	43
SYNJARDY XR TAB.....	43
SYNJARDY XR TAB 10-1000.....	43
SYNJARDY XR TAB 25-1000.....	43
SYNJARDY XR TAB 5-1000MG	43
SYNRIBO.....	71
SYNTHROID.....	147
SYRINGE/NEEDLE	126
T	
TABLOID	62
TABRECTA.....	69
TACLONEX OIN	104
<i>tacrolimus</i>	130
<i>tacrolimus (topical)</i>	105
<i>tadalafil (pulmonary hypertension)</i>	88
TAFINLAR.....	69

<i>tafluprost</i>	139
TAGRISSO	63
<i>take action</i>	95
TAKHZYRO	119
TALTZ.....	102
TALZENNA	69
TAMIFLU	83
<i>tamoxifen citrate</i>	65
<i>tamsulosin hcl</i>	118
TARCEVA	63
TARGRETIN	71, 101
<i>tarina 24 fe</i>	93
<i>tarina fe 1/20</i>	93
<i>tarina fe 1/20 eq</i>	94
TARON-C DHA CAP.....	132
TARPEYO	97
TASIGNA	69, 70
TASMAR.....	71
TAVALISSE.....	119
TAVNEOS	119
<i>taysofy</i>	94
<i>tazarotene</i>	102
TAZAROTENE	99
TAZORAC.....	102
<i>taztia xt</i>	85
TAZVERIK	70
TDVAX INJ 2-2 LF	148
TEGRETOL.....	38
TEGRETOL-XR	38
TEGSEDI.....	145
TEKTURNA	60
TEKTURNA HCT TAB 150-12.5	59
TEKTURNA HCT TAB 150-25MG ...	59
TEKTURNA HCT TAB 300-12.5	59
TEKTURNA HCT TAB 300-25MG ...	59
<i>telmisartan</i>	55
<i>telmisartan-amlodipine tab 40-10</i> <i>mg</i>	59
<i>telmisartan-amlodipine tab 40-5 mg</i>	59
<i>telmisartan-amlodipine tab 80-10</i> <i>mg</i>	59

<i>telmisartan-amlodipine tab 80-5 mg</i>	59	TIBSOVO	70
<i>telmisartan-hydrochlorothiazide tab</i> 40-12.5 mg	59	TICE BCG.....	71
<i>telmisartan-hydrochlorothiazide tab</i> 80-12.5 mg	60	TICOVAC.....	152
<i>telmisartan-hydrochlorothiazide tab</i> 80-25 mg	60	TIGLUTIK.....	134
<i>temazepam</i>	122	TIKOSYN.....	30
TEMODAR	62	<i>tilia fe</i>	94
TEMOVATE	104	<i>timolol maleate</i>	84
<i>temozolomide</i>	62	<i>timolol maleate (ophth)</i>	135
<i>tencon</i>	21	<i>timolol maleate in ocudos</i>	135
TENIVAC INJ 5-2LF.....	148	<i>timolol maleate preservative free</i> (ophth)	135
<i>tenofovir disoproxil fumarate</i>	80	TIMOPTIC	135
TENORETIC TAB 100	60	TIMOPTIC OCUDOSE	135
TENORETIC TAB 50	60	TIMOPTIC-XE	135
TENORMIN	84	<i>tinidazole</i>	26
TEPMETKO	70	<i>tiopronin</i>	118
<i>terazosin hcl</i>	55	<i>tiotropium bromide monohydrate</i> .	31
<i>terbinafine hcl</i>	50	TIROSINT	147
<i>terbutaline sulfate</i>	33	TIROSINT-SOL.....	148
<i>terconazole vaginal</i>	153	TIVICAY.....	80
<i>teriflunomide</i>	144	TIVICAY PD	80
<i>testosterone</i>	25	<i>tizanidine hcl</i>	133
<i>testosterone cypionate</i>	25	TOBI	17
TET/DIP TOX INJ 2-2 LF.....	148	TOBRADEX SUS 0.3-0.1%.....	138
<i>tetrabenazine</i>	143	<i>tobramycin</i>	18
<i>tetracaine hcl (ophth)</i>	137	<i>tobramycin (ophth)</i>	137
<i>tetracycline hcl</i>	146	<i>tobramycin-dexamethasone ophth</i> <i>susp 0.3-0.1%</i>	138
TEXACORT	105	TOBREX.....	137
THALOMID	129	TODAY SPONGE	152
THEO-24	34	<i>tolcapone</i>	71
<i>theophylline</i>	34	<i>tolmetin sodium</i>	20
THIOLA	118	<i>tolterodine tartrate</i>	150
THIOLA EC	118	<i>tolvaptan</i>	113
<i>thioridazine hcl</i>	75	TOPAMAX.....	38
<i>thiothixene</i>	76	TOPAMAX SPRINKLE.....	38
THRIVITE RX TAB 29-1MG.....	132	TOPICORT.....	105
THYROID.....	147	<i>topiramate</i>	38
<i>tiadylt er</i>	85	TOPROL XL.....	84
<i>tiagabine hcl</i>	39	<i>toremifene citrate</i>	65
TIAZAC	85	<i>toremide</i>	109
		TOUJEO MAX SOLOSTAR.....	47
		TOUJEO SOLOSTAR.....	47

TRACLEER	87	TRIBENZOR40- TAB 10-25MG.....	60
<i>tramadol hcl</i>	22	TRIBENZOR40- TAB 5-12.5MG.....	60
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	24	TRIBENZOR40- TAB 5-25MG	60
<i>trandolapril</i>	54	TRICARE TAB PRENATAL	132
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	60	TRICOR	53
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	60	<i>triderm</i>	105
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	60	TRIDESILON.....	105
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	60	<i>tri-estarylla</i>	94
<i>tranexamic acid</i>	121	<i>trifluoperazine hcl</i>	75
TRANSDERM-SCOP.....	50	<i>trifluridine</i>	137
<i>tranylcypromine sulfate</i>	40	<i>trihexyphenidyl hcl</i>	71
<i>travoprost</i>	139	TRIJARDY XR TAB 10-5-1000 MG.....	44
<i>trazodone hcl</i>	41	TRIJARDY XR TAB 12.5-2.5-1000 MG	44
TRECATOR	62	TRIJARDY XR TAB 25-5-1000 MG.....	44
TRELEGY AER 100MCG.....	33	TRIJARDY XR TAB 5-2.5-1000 MG.....	43
TRELEGY AER 200MCG.....	33	TRIKAFTA PAK 59.5MG	146
TREMFYA.....	102	TRIKAFTA PAK 75MG	146
<i>treprostinil</i>	87	TRIKAFTA TAB	146
TRESIBA	47	<i>tri-legest fe</i>	94
TRESIBA FLEXTOUCH	47	TRILEPTAL	38
<i>tretinoin</i>	99	<i>tri-lingen</i>	94
<i>tretinoin (chemotherapy)</i>	71	<i>tri-lo-estarylla</i>	94
TREXALL	62	<i>tri-lo-marzia</i>	94
<i>trezix</i>	24	<i>tri-lo-mili</i>	94
<i>tri femynor</i>	94	<i>tri-lo-sprintec</i>	94
<i>triamcinolone acetonide (mouth)</i>	131	<i>trimethobenzamide hcl</i>	50
<i>triamcinolone acetonide (topical)</i>	105	<i>trimethoprim</i>	26
<i>triamterene</i>	110	<i>tri-mili</i>	94
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	109	<i>trimipramine maleate</i>	41
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	109	<i>trinate</i>	132
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	109	TRINTELLIX.....	41
<i>trianex</i>	105	<i>tri-nymyo</i>	94
<i>triazolam</i>	122	<i>tri-previfem</i>	94
TRIBENZOR20- TAB 5-12.5MG....	60	<i>tri-sprintec</i>	94
TRIBENZOR40- TAB 10-12.5.....	60	<i>tritocin</i>	105
		TRIUMEQ PD TAB	80
		TRIUMEQ TAB.....	80
		<i>tri-vite/fluoride</i>	131
		<i>trivora-28</i>	94
		<i>tri-vylibra</i>	94
		<i>tri-vylibra lo</i>	94
		TRIZIVIR TAB	81

TROKENDI XR.....	38
<i>tropicamide</i>	135
<i>trospium chloride</i>	150
TRUEPLUS GLUCOSE	45
TRUEPLUS GLUCOSE GEL	45
TRUEPLUS GLUCOSE ON THE G ..	45
TRULICITY.....	45
TRUMENBA INJ	151
TRUSELTIQ PACK 100 & 25 MG (125 MG DAILY DOSE).....	70
TRUSELTIQ PACK 100 MG (100 MG DAILY DOSE)	70
TRUSELTIQ PACK 2 X 25 MG (50 MG DAILY DOSE)	70
TRUSELTIQ PACK 3 X 25 MG (75 MG DAILY DOSE)	70
TRUSOPT	138
TRUVADA TAB 100-150.....	81
TRUVADA TAB 133-200.....	81
TRUVADA TAB 167-250.....	81
TRUVADA TAB 200-300.....	81
TUKYSA	63
<i>tulana</i>	96
TURALIO	70
TUSSICAPS CAP 10-8MG.....	98
TWINRIX INJ	152
TWIRLA DIS 120-30	94
TYBLUME CHW 0.1-0.02.....	94
TYBOST	81
<i>tydemy</i>	94
TYKERB.....	70
TYLACTIN COM BAR 15 PE.....	108
TYLACTIN POW BLD 20PE.....	108
TYLACTIN POW RESTOR5	108
TYMLOS	110
TYPHIM VI.....	151
TYR EASY TAB	108
TYVASO	87
TYVASO DPI MAINTENANCE KI ...	87
TYVASO DPI POW 16-32-48.....	87
TYVASO DPI POW 16-32MCG	87
TYVASO DPI POW 32-48MCG	87
TYVASO REFILL.....	87

TYVASO STARTER	87
U	
UCERIS.....	97
ULORIC	118
ULTRACET TAB 37.5-325	24
ULTRAM.....	22
<i>umecta mousse</i>	105
<i>unithroid</i>	148
URAMAXIN	105
<i>urea nail</i>	105
UROCIT-K 10.....	117
UROCIT-K 15.....	117
UROCIT-K 5	117
UROXATRAL	118
URSO 250	115
URSO FORTE	115
<i>ursodiol</i>	115
UZEDY.....	74
V	
VAGIFEM	153
<i>valacyclovir hcl</i>	82
VALCHLOR	101
VALCYTE.....	81
<i>valganciclovir hcl</i>	81
VALIUM	29
<i>valproate sodium</i>	39
<i>valproic acid</i>	39
<i>valsartan</i>	55
<i>valsartan-hydrochlorothiazide tab</i> 160-12.5 mg	60
<i>valsartan-hydrochlorothiazide tab</i> 160-25 mg	60
<i>valsartan-hydrochlorothiazide tab</i> 320-12.5 mg	60
<i>valsartan-hydrochlorothiazide tab</i> 320-25 mg	60
<i>valsartan-hydrochlorothiazide tab</i> 80-12.5 mg	60
VALTOCO 10 MG DOSE	35
VALTOCO 15 MG DOSE	35
VALTOCO 20 MG DOSE	35
VALTOCO 5 MG DOSE.....	35
VALTREX.....	82

<i>vanadom</i>	133	<i>vigadrone</i>	39
VANCOCIN	27	VIGAMOX.....	137
<i>vancomycin hcl</i>	27	VIIBRYD	41
VANDAZOLE	153	VIIBRYD KIT STARTER.....	41
VAQTA	152	VILACTIN AA POW PLUS	108
<i>varenicline tartrate</i>	145	<i>vilazodone hcl</i>	41
<i>varenicline tartrate tab 11 x 0.5 mg</i> & 42 x 1 mg start pack.....	145	VIMPAT.....	38
VARIVAX.....	152	<i>violele</i>	94
VASCEPA	52	VIRACEPT	81
VASERETIC TAB 10-25MG	60	VIRAMUNE XR	81
VASOTEC	54	VIREAD	81
VAXELIS INJ.....	148	VIRT-C DHA CAP.....	132
VAXNEUVANCE INJ.....	151	VIRT-NATE CAP DHA	132
VCF VAGINAL CONTRACEPTIVE..	152	VIRT-PN PLUS CAP	132
VELETRI.....	87	<i>virtussin a/c</i>	98
<i>velivet</i>	94	<i>virtussin ac/alc</i>	98
VELPHORO	116	VISTARIL	29
VEMLIDY	82	VITAFOL-OB TAB 65-1MG	132
VENCLEXTA	63	<i>vitamins a/c/d/fluoride</i>	131
VENCLEXTA TAB START PK.....	63	VITAPEARL CAP	132
<i>venlafaxine hcl</i>	41	VITATHELY TAB	132
VENTAVIS	87	VITRAKVI.....	70
VENTOLIN HFA	34	VIVA DHA CAP	132
<i>verapamil hcl</i>	85	VIVELLE-DOT	114
VERAPAMIL HYDROCHLORIDE E..	85	VIZIMPRO	64
VERDESO	105	<i>volnea</i>	94
VEREGEN	100	VONJO.....	70
VERELAN.....	85	<i>voriconazole</i>	51
VERELAN PM.....	85	VOSEVI TAB	82
VERQUVO.....	88	VOTRIENT.....	70
VERZENIO.....	70	VRAYLAR	73
VESICARE	150	VRAYLAR CAP 1.5-3MG	73
<i>vestura</i>	94	VUMERITY.....	144
VFEND	51	VUSION OIN.....	101
V-GO 20 KIT.....	126	<i>vyfemla</i>	94
V-GO 30 KIT.....	126	<i>vylibra</i>	94
V-GO 40 KIT.....	126	VYNDAMAX	88
VIBERZI.....	116	VYNDAQEL	88
VIBRAMYCIN	146	VYTORIN TAB 10-10MG	52
VICTOZA.....	45	VYTORIN TAB 10-20MG	52
<i>vienva</i>	94	VYTORIN TAB 10-40MG	52
<i>vigabatrin</i>	39	VYTORIN TAB 10-80MG	52
		VYVANSE	15

W

<i>warfarin sodium</i>	34
WELCHOL.....	52
WELIREG	65
WELLBUTRIN SR	40
WELLBUTRIN XL.....	40
<i>wera</i>	94
WESCAP-C DHA CAP.....	132
WESNATE DHA CAP	132
WESTAB PLUS TAB 27-1MG.....	133
WIDE-SEAL SILICONE DIAPHR...	124
<i>wymzya fe</i>	94

X

XALATAN.....	139
XALKORI	70
XANAX	30
XANAX XR	30
XARELTO.....	34
XARELTO STAR TAB 15/20MG.....	34
XELJANZ	18
XELJANZ XR	18
XELODA	62
XEMBIFY	140
XENAZINE	143
XERMELO	117
XHANCE.....	134
XIFAXAN	26
XIGDUO XR TAB 10-1000.....	44
XIGDUO XR TAB 10-500MG.....	44
XIGDUO XR TAB 2.5-1000.....	44
XIGDUO XR TAB 5-1000MG.....	44
XIGDUO XR TAB 5-500MG.....	44
XIIDRA	137
XOFLUZA	83
XOLEGEL.....	101
XOPENEX	34
XOPENEX CONCENTRATE	34
XOPENEX HFA.....	34
XOSPATA	70
XPOVIO 100 MG ONCE WEEKLY ..	65
XPOVIO 40 MG ONCE WEEKLY	65
XPOVIO 40 MG TWICE WEEKLY...	65
XPOVIO 60 MG ONCE WEEKLY	65

XPOVIO 60 MG TWICE WEEKLY....	65
XPOVIO 80 MG ONCE WEEKLY	65
XPOVIO 80 MG TWICE WEEKLY....	65
XTAMPZA ER	22
XTANDI	65
<i>xulane</i>	94

Y

YASMIN 28 TAB 3-0.03MG	94
YAZ TAB 3-0.02MG	94
YF-VAX INJ.....	152
<i>yl folic acid</i>	121
YUPELRI	31
<i>yuvaferm</i>	153

Z

<i>zafemy</i>	94
<i>zafirlukast</i>	31
<i>zaleplon</i>	122
ZANAFLEX.....	133
ZARONTIN	39
ZARXIO	121
ZATEAN-PN CAP PLUS	133
ZAVESCA	120
<i>zebutal</i>	21
ZEJULA	70
ZELAPAR.....	73
ZELBORAF.....	70
ZEMPLAR	112
<i>zenatane</i>	99
ZENPEP CAP 10000UNT	109
ZENPEP CAP 15000UNT	109
ZENPEP CAP 20000UNT	109
ZENPEP CAP 25000UNT	109
ZENPEP CAP 3000UNIT	109
ZENPEP CAP 40000UNT	109
ZENPEP CAP 5000UNIT	109
<i>zenzedi</i>	15
ZESTORETIC TAB 10-12.5.....	60
ZESTORETIC TAB 20-12.5.....	60
ZESTORETIC TAB 20-25MG	60
ZESTRIL	54
ZETIA.....	53
ZIAC TAB 10/6.25.....	60
ZIAC TAB 2.5/6.25.....	60

ZIAC TAB 5-6.25MG	60	ZONTIVITY	119
ZIAGEN.....	81	ZORTRESS	130
<i>zidovudine</i>	81	<i>zovia 1/35</i>	94
ZIMHI	50	<i>zovia 1/35e</i>	94
ZIOPTAN	139	ZOVIRAX	82
<i>ziprasidone hcl</i>	73	ZTALMY	38
ZIRGAN	137	ZUBSOLV SUB 0.7-0.18	25
ZITHROMAX	123	ZUBSOLV SUB 1.4-0.36	25
ZITHROMAX TRI-PAK.....	123	ZUBSOLV SUB 11.4-2.9	25
ZITHROMAX Z-PAK.....	123	ZUBSOLV SUB 2.9-0.71	25
ZOCOR	53	ZUBSOLV SUB 5.7-1.4.....	25
ZOFRAN	50	ZUBSOLV SUB 8.6-2.1	25
ZOKINVY.....	130	<i>zumandimine</i>	94
ZOLINZA.....	70	ZYDELIG	71
<i>zolmitriptan</i>	128	ZYKADIA.....	71
ZOLOFT	40	ZYLOPRIM	118
<i>zolpidem tartrate</i>	122	ZYPREXA.....	75
ZOMIG.....	128	ZYPREXA RELPREVV	75
ZONEGRAN	38	ZYPREXA ZYDIS.....	75
ZONISADE	38	ZYVOX.....	27
<i>zonisamide</i>	38		

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

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث ذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بلا مقابل.
إذا كنت عضواً، فالتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

若您是會員，請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140 (聽障專線 (TTY) : 1-800-848-0298)。

CHŨ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ປຼຶດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ງານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች በነጻ ሊያገለግሉት ተዘጋጅተዋል:

አባል ከሆኑ: በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባልነት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው: TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર ડોલ છો.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140

(TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298)

पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140

(TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq.

Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nitł'ízí bee nééhozinígíí

bine'déé' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'ánída'awo'í bibéésh bee hane'í biká'ígíí bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóógo q TTY: 1-800-848-0298) bee hodílnih.