

2027 Formulary

Blue MedicareRx Essentials (PDP) 2027 Formulary

(List of Covered Drugs)

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

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This formulary was updated on 10/01/2026. For more recent information or other questions, please contact Blue Cross and Blue Shield of Kansas Customer Service at 1-866-421-5077. (TTY users call 711). We're available for phone calls 24 hours a day, seven days a week, or visit www.bcbsks.com/PDPwelcome.

We can also give you information in Braille, in large print, Spanish or other alternate formats, upon request.

Blue Cross and Blue of Kansas is an independent licensee of the Blue Cross and Blue Shield Association.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 800-752-6650 (TTY:711).

Blue Cross and Blue Shield of Kansas offers prescription drug plans (PDP) with a Medicare contract.

Enrollment depends on contract renewal. Blue Cross and Blue Shield of Kansas prescription drug plans are available in all Kansas counties. Blue Cross and Blue Shield of Kansas is not endorsed by the U.S.

Government or the federal Medicare program.

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Blue Cross and Blue Shield of Kansas. When it refers to “plan” or “our plan,” it means Blue MedicareRx Essentials (PDP).

This document includes Drug List (formulary) for our plan which is current as of 10/01/2026. An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2028 and from time to time during the year.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin – You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

What is the Blue Cross and Blue Shield of Kansas formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue Cross and Blue Shield of Kansas in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Cross and Blue Shield of Kansas will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Cross and Blue Shield of Kansas network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Blue Cross and Blue Shield of Kansas may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.bcbsks.com/PDPwelcome.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary,

we may decide to keep the brand name drug or original biological product on our formulary but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Blue Cross and Blue Shield of Kansas’s formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, Plan sponsors that otherwise meet requirements to make immediate substitutions insert we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Cross and Blue Shield of Kansas’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2026. To get updated information about the drugs covered by Blue Cross and Blue Shield of Kansas please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted on a monthly basis with applicable changes, including negative changes.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Blue Cross and Blue Shield of Kansas covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex

than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Cross and Blue Shield of Kansas requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Blue Cross and Blue Shield of Kansas before you fill your prescriptions. If you don’t get approval, Blue Cross and Blue Shield of Kansas may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Cross and Blue Shield of Kansas limits the amount of the drug that Blue Cross and Blue Shield of Kansas will cover. Blue Cross and Blue Shield of Kansas provides 60 tablets/30 days per prescription for *losartan potassium tab 25 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Cross and Blue Shield of Kansas requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Cross and Blue Shield of Kansas may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Cross and Blue Shield of Kansas will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue Cross and Blue Shield of Kansas to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Blue Cross and Blue Shield of Kansas’s formulary?” on page VI for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Blue Cross and Blue Shield of Kansas pays for certain OTC drugs. Blue Cross and Blue Shield of

Kansas will provide these OTC drugs at no cost to you. The cost to Blue Cross and Blue Shield of Kansas of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Blue Cross and Blue Shield of Kansas does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Blue Cross and Blue Shield of Kansas. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Blue Cross and Blue Shield of Kansas.
- You can ask Blue Cross and Blue Shield of Kansas to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue Cross and Blue Shield of Kansas's formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue Cross and Blue Shield of Kansas limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Blue Cross and Blue Shield of Kansas will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90-days you are a member of our plan.

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90-days of membership in our plan, we will cover a 30-day emergency supply of that drug while you pursue a formulary exception.

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

For more information

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

If you have questions about Blue Cross and Blue Shield of Kansas, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

Blue Cross and Blue Shield of Kansas formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue Cross and Blue Shield of Kansas. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

The information in the Requirements/Limits column tells you if Blue Cross and Blue Shield of Kansas has any special requirements for coverage of your drug.

QL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PA – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Member Services at 1-866-421-5077, TTY/ TDD users should call 711, 24 hours a day, 7 days a week or visit www.bcbsks.com.

NEDS – Non-Extended Day Supply: This prescription cannot be filled for more than a 30-day supply.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy, have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

Drug Tier Cost-Share Levels

Copay Tier	Type of Drug
Tier 1	Preferred Generic Drugs
Tier 2	Generic Drugs
Tier 3	Preferred Brand Drugs
Tier 4	Non-Preferred Drugs
Tier 5	Specialty Drugs

2027 Dosage Form Abbreviations Key

Abbreviation	Meaning	Abbreviation	Meaning
act	actuation	meq	milliequivalent
ad	adsorbed	misc	miscellaneous
aepb	aerosol powder blister	mg	milligram
aer, aers, aero	aerosol	ml	milliliter
afib/afl	Atrial fibrillation/atrial flutter	nebu	nebules
app	applicator	mu	million units
ba, bract, breath act, breath activ	breath activated	nebu	nebules
bau	Bioequivalent allergy unit	oc	oral contraceptive
cap, caps	capsules	oin, oint	ointment
cart	cartridge	omv	outer membrane vesicles ointment
cd	continuous delivery	op, ophth	ophthalmic
chew tab	chewable tablets	osm	osmotic
cpcr	Controlled release capsule	pah	pulmonary arterial hypertension

conc	concentrate	pak	pack
conj	conjugate, conjugated	pf	preservative-free
crm	cream	pfu	plaque forming units
crys	crystals	pow, powd	powder
deter	deterrent	pmdd	premenstrual dysphoric disorder
disint, disintegr	disintegrating	pref, prefill	prefilled
dr	delayed-release	pttw	patch twice weekly
ec	enteric coated	ptwk	patch weekly
el, elu	enzyme-linked immunosorbent assay	recomb	recombinant
er, extended, extended rel, xr	extended release	refrig	refrigerate
ext	extract	sl	sublingual
ig	immunoglobulin	sol, soln	solution
gm	gram	supp, suppos	suppositories
gu	genitourinary	sus, susp	suspension
hr	hour	syr	syringe
im	intramuscular	tab, tabs	tablets
inh, inhal	inhalation	tbc	controlled release tablet
inj	injection	tbdp	dispersible tablet
ir	index of reactivity	tbec	enteric coated tablet
iv	intravenous	tbpk	tablet pack
l	liter	td	transdermal
la	long acting	ther	therapy
lipo	lipophilic	titr	titration

lf, lfu	flocculation units	tl	translingual
liq, liqd	liquid	unt, ut	unit
maint	maintenance	va	vaginal
mcg	microgram	vac, vacc	vaccine

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	4	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	4	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	4	QL (180 tablets/30 days)
<i>celecoxib cap 50 mg</i>	3	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg, 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	3	QL (30 capsules/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium soln 1.5%</i>	4	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	4	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	4	QL (60 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i>	4	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4	QL (240 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	4	QL (180 tablets/30 days)
<i>etodolac cap 200 mg</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg, 500 mg</i>	4	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	4	QL (30 tablets/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	2	QL (60 tablets/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	4	QL (240 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	4	QL (150 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	4	QL (180 tablets/30 days)
<i>ibu - ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibu - ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibu - ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>meloxicam tab 7.5 mg</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab 10 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	4	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	4	QL (270 mls/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	4	QL (1350 mls/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	4	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	4	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	4	QL (90 tablets/30 days)
<i>naproxen tab ec 375 mg</i>	3	QL (120 tablets/30 days)
<i>naproxen tab 250 mg</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg</i>	1	QL (90 tablets/30 days)
<i>oxaprozin tab 600 mg</i>	4	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	4	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i>	4	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i>	4	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	4	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	2	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	2	QL (30 capsules/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tablets/30 days)
Anesthetics		
<i>lidocaine hcl laryngotracheal soln 4%</i>	4	
<i>lidocaine hcl soln 4%</i>	4	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	PA, QL (60 grams/30 days)
<i>lidocan - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine ii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine iii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	3	QL (480 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	3	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (480 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (240 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (90 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (480 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	QL (60 tablets/30 days)
<i>disulfiram tab 250 mg, 500 mg</i>	4	
<i>KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml</i>	4	
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	3	
<i>NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)</i>	4	
<i>OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)</i>	4	
<i>REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml</i>	4	
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	4	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	4	
<i>amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)</i>	5	PA, QL (28 vials/28 days)
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	4	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	4	
<i>cefazolin sodium for inj 500 mg, 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg</i>	3	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm</i>	4	
<i>cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefixime cap 400 mg</i>	4	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	4	
<i>cefprozil tab 250 mg, 500 mg</i>	4	
<i>ceftaroline fosamil for iv soln 400 mg, 600 mg</i>	5	
<i>ceftazidime for inj 6 gm</i>	4	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	4	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	4	
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg, 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv)</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
CLARITHROMYCIN - <i>clarithromycin for susp 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin tab 250 mg, 500 mg</i>	4	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<i>clindamycin phosphate gel 1% (twice-daily)</i>	4	
<i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	4	
<i>clindamycin phosphate soln 1%</i>	4	
<i>clindamycin phosphate vaginal cream 2%</i>	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
<i>daptomycin for iv soln 500 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	4	
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	3	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>	3	
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	4	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
<i>erythrocin lactobionate - erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	4	
<i>erythromycin soln 2%</i>	4	
<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	4	
<i>erythromycin tab 250 mg, 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fidaxomicin tab 200 mg</i>	5	QL (20 tablets/10 days)
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	5	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	
<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	3	
<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	3	
<i>meropenem iv for soln 500 mg, 1 gm</i>	3	
<i>methenamine hippurate tab 1 gm</i>	4	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	2	
<i>mondoxyne nl - doxycycline monohydrate cap 100 mg</i>	2	
<i>moxifloxacin hcl iv solution 400 mg/250ml (base equiv)</i>	4	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	4	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	4	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	4	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin tab 400 mg</i>	4	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - <i>penicillin g potassium inj 40000 unit/ml in dextrose, 60000 unit/ml in dextrose</i>	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg, 500 mg</i>	2	
<i>pfizerpen - penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml</i>	4	
<i>piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml</i>	4	
<i>piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml</i>	4	
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	5	
<i>sulfadiazine tab 500 mg</i>	5	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	2	
<i>tazicef - ceftazidime for inj 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	4	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	4	
<i>tinidazole tab 250 mg, 500 mg</i>	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN - rifaximin tab 200 mg	3	PA, QL (9 tablets/30 days)
Anticonvulsants		
<i>brivaracetam oral soln 10 mg/ml</i>	4	QL (2 bottles/30 days)
<i>brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg</i>	4	QL (60 tablets/30 days)
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	4	
<i>carbamazepine tab 200 mg</i>	2	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	PA, QL (360 capsules/30 days)
DIACOMIT - stiripentol cap 500 mg*	5	PA, QL (180 capsules/30 days)
DIACOMIT - stiripentol packet 250 mg*	5	PA, QL (6 boxes/30 days)
DIACOMIT - stiripentol packet 500 mg*	5	PA, QL (3 boxes/30 days)
<i>diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg</i>	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	4	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>epitol - carbamazepine tab 200 mg</i>	2	
<i>eslicarbazepine acetate tab 200 mg, 400 mg</i>	4	QL (30 tablets/30 days)
<i>eslicarbazepine acetate tab 600 mg, 800 mg</i>	4	QL (60 tablets/30 days)
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg, 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
<i>gabapentin cap 100 mg</i>	2	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	4	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1200 mls/30 days)
<i>lacosamide tab 50 mg</i>	4	QL (240 tablets/30 days)
<i>lacosamide tab 100 mg</i>	4	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide tab 150 mg, 200 mg</i>	4	QL (60 tablets/30 days)
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	4	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	4	
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	4	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	2	
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	PA, QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	4	
<i>perampanel susp 0.5 mg/ml</i>	4	QL (2 bottles/28 days)
<i>perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg</i>	4	QL (30 tablets/30 days)
<i>phenobarbital elixir 20 mg/5ml#</i>	4	
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i>	2	
<i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i>	3	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg, 300 mg</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	4	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	4	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	4	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
<i>primidone tab 50 mg, 250 mg</i>	2	
<i>roweepra - levetiracetam tab 500 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	PA, QL (2400 mls/30 days)
<i>rufinamide tab 200 mg</i>	4	PA, QL (480 tablets/30 days)
<i>rufinamide tab 400 mg</i>	5	PA, QL (240 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	QL (360 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	QL (180 tablets/30 days)
SUBVENITE - lamotrigine oral susp 10 mg/ml	5	QL (1500 mls/30 days)
<i>subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	5	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	4	
<i>topiramate oral soln 25 mg/ml</i>	4	QL (480 mls/30 days)
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
<i>vigadrone - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigadrone - vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
<i>vigpoder - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	QL (1 box/180 days)
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	5	QL (1 box/180 days)
XCOPRI - cenobamate tab 25 mg	5	QL (480 tablets/30 days)
XCOPRI - cenobamate tab 50 mg	5	QL (240 tablets/30 days)
XCOPRI - cenobamate tab 100 mg	5	QL (120 tablets/30 days)
XCOPRI - cenobamate tab 150 mg, 200 mg	5	QL (60 tablets/30 days)
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	QL (6 bottles/30 days)
<i>zonisamide cap 25 mg, 50 mg, 100 mg</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg, 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	4	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i>	4	
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i>	4	
<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>	4	PA (<=29 yr), QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr), QL (300 mls/30 days)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	4	PA (<=29 yr), QL (1 pack/28 days)
<i>memantine hcl tab 5 mg, 10 mg</i>	2	PA (<=29 yr), QL (60 tablets/30 days)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i>	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	4	
Antidepressants		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg#</i>	2	
<i>amitriptyline hcl tab 150 mg#</i>	4	
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#</i>	4	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
AUVELITY TITRATION PACK - dextromethorphan-bupropion tab er pack 30-105 & 45-105 mg	5	QL (1 box/28 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	4	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</i>	4	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	4	
<i>doxepin hcl conc 10 mg/ml#</i>	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq), 40 mg (base eq), 60 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	PA, QL (30 patches/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)</i>	2	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 18.2 mg, 36.3 mg, 54.5 mg, 72.6 mg	5	QL (30 tablets/30 days)
EXXUA TITRATION PACK - gepirone hcl tab er 24hr 18.2 mg	5	QL (32 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	3	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3	QL (28 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	2	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	4	QL (600 mls/30 days)
<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	4	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	3	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	2	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	4	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab 10 mg, 40 mg#</i>	2	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	QL (60 tablets/30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg, 10 mg#</i>	4	
RALDESY - trazodone hcl oral soln 50 mg/5ml	4	QL (1200 mls/30 days)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	4	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg, 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	4	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	4	QL (30 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	4	BD
<i>chlorpromazine hcl conc 30 mg/ml, 100 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	4	PA (>=65 yr)
<i>compro - prochlorperazine suppos 25 mg</i>	4	
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	4	BD
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	3	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	4	PA (>=65 yr)
<i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl oral soln 6.25 mg/5ml#</i>	4	
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>	4	
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	PA (>=65 yr), QL (10 patches/30 days)
Antifungals		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>caspofungin acetate for iv soln 50 mg</i>	4	
<i>caspofungin acetate for iv soln 70 mg</i>	4	
<i>ciclodan - ciclopirox solution 8%</i>	4	QL (6.6 mls/30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	4	QL (90 grams/30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	4	QL (60 mls/30 days)
<i>ciclopirox solution 8%</i>	4	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole troche 10 mg</i>	4	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	5	PA
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	4	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>flucytosine cap 250 mg, 500 mg</i>	5	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	2	QL (60 grams/30 days)
<i>ketoconazole shampoo 2%</i>	2	QL (120 mls/30 days)
<i>ketoconazole tab 200 mg</i>	4	
<i>klayesta - nystatin topical powder 100000 unit/gm</i>	4	QL (90 grams/30 days)
<i>miconazole sodium for iv soln 100 mg</i>	4	
<i>miconazole sodium for iv soln 50 mg</i>	4	
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	4	QL (90 grams/30 days)
<i>nystatin cream 100000 unit/gm</i>	2	QL (60 grams/30 days)
<i>nystatin oint 100000 unit/gm</i>	2	QL (60 grams/30 days)
<i>nystatin susp 100000 unit/ml</i>	4	
<i>nystatin tab 500000 unit</i>	4	
<i>nystatin topical powder 100000 unit/gm</i>	4	QL (90 grams/30 days)
<i>nystop - nystatin topical powder 100000 unit/gm</i>	4	QL (90 grams/30 days)
<i>posaconazole tab delayed release 100 mg</i>	4	PA
<i>terbinafine hcl tab 250 mg</i>	2	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%, 0.8%</i>	4	
<i>terconazole vaginal suppos 80 mg</i>	4	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg, 200 mg</i>	4	PA
Antigout Agents		
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	4	QL (120 tablets/30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	4	
<i>probenecid tab 500 mg</i>	4	
Antimigraine Agents		
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	4	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	5	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)</i>	4	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	5	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	2	QL (18 tablets/30 days)
Antimyasthenic Agents		
<i>pyridostigmine bromide tab 60 mg</i>	3	
Antimycobacterials		
<i>dapsone tab 25 mg, 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	4	
<i>isoniazid tab 100 mg, 300 mg</i>	2	
PRETOMANID - pretomanid tab 200 mg	4	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg, 300 mg</i>	4	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*	5	PA
Antineoplastics		
<i>abiraterone acetate tab 250 mg</i>	4	PA, QL (120 tablets/30 days)
<i>abirtega - abiraterone acetate tab 250 mg</i>	4	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	2	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (180 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO - repotrectinib cap 160 mg	5	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	5	PA, QL (66 tablets/28 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg†	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg†	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	5	PA, QL (30 tablets/30 days)
<i>bexarotene cap 75 mg†</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA, QL (60 grams/30 days)
<i>bicalutamide tab 50 mg</i>	2	
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 500 mg†	5	PA, QL (30 tablets/30 days)
<i>bosutinib tab 100 mg†</i>	5	PA, QL (180 tablets/30 days)
<i>bosutinib tab 400 mg, 500 mg†</i>	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
BRUKINSA - zanubrutinib tab 160 mg	5	PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
CAVHANZA - nilotinib tab disint 60 mg, 80 mg	5	PA, QL (112 tablets/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
<i>cyclophosphamide cap 25 mg</i>	3	BD
<i>cyclophosphamide cap 50 mg</i>	3	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)†	5	PA, QL (112 tablets/28 days)
<i>dasatinib tab 20 mg†</i>	5	PA, QL (90 tablets/30 days)
<i>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†</i>	5	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)†	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent), 100 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)†</i>	4	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)†</i>	4	PA, QL (30 tablets/30 days)
EULEXIN - flutamide cap 125 mg	5	
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>exemestane tab 25 mg</i>	4	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
<i>gefitinib tab 250 mg†</i>	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GOMEKLI - mirdametinib cap 1 mg	5	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	5	PA, QL (84 capsules/28 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	5	PA, QL (168 tablets/28 days)
HERNEXEOS - zongertinib tab 60 mg	5	PA, QL (180 tablets/60 days)
<i>hydroxyurea cap 500 mg</i>	2	
HYRNUO - sevabertinib tab 10 mg	5	PA, QL (120 tablets/30 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	5	PA, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	5	PA, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)†</i>	4	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)†</i>	3	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (2 bottles/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg*	5	PA, QL (30 tablets/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	5	PA, QL (2 bottles/28 days)
INLURIYO - imlunestrant tosylate tab 200 mg	5	PA, QL (60 tablets/30 days)
INLYTA - axitinib tab 1 mg*†	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	5	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg	5	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KOMZIFTI - ziftomenib cap 200 mg†	5	PA, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	5	PA, QL (600 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	5	PA, QL (360 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg†	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg†	5	PA, QL (30 tablets/30 days)
<i>lederle leucovorin - leucovorin calcium tab 5 mg</i>	4	
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
<i>leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg</i>	4	
LEUKERAN - chlorambucil tab 2 mg	5	
<i>lomustine cap 10 mg, 40 mg</i>	4	
<i>lomustine cap 100 mg</i>	5	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg*†	5	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg*†	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	5	
<i>mercaptopurine tab 50 mg</i>	3	
<i>mesna tab 400 mg</i>	4	
MODEYSO - dordaviprone hcl cap 125 mg	5	PA, QL (20 capsules/28 days)
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*†	5	PA, QL (180 tablets/30 days)
<i>nilotinib hcl cap 50 mg (base equivalent)†</i>	5	PA, QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nilotinib hcl cap 150 mg (base equivalent), 200 mg (base equivalent)</i>	5	PA, QL (120 capsules/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg†	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	5	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	5	PA, QL (60 grams/30 days)
<i>pazopanib hcl tab 200 mg (base equiv)†</i>	5	PA, QL (120 tablets/30 days)
PAZOPANIB HYDROCHLORIDE - pazopanib hcl tab 400 mg (base equiv)†	5	PA, QL (60 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
<i>pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg</i>	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	5	PA, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg†	5	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	5	PA, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	5	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	5	PA, QL (8 capsules/28 days)
ROZLYTREK - entrectinib cap 100 mg†	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	
<i>sorafenib tosylate tab 200 mg (base equivalent)†</i>	5	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)†</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)†</i>	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (112 tablets/28 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i>	2	
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (120 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*†	5	PA, QL (60 tablets/30 days)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	4	
<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>tretinoin cap 10 mg</i>	5	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 200 mg	5	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	5	PA, QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VEPPANU - vepdegestrant tab 100 mg, 200 mg	5	PA, QL (30 tablets/30 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*†	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly), 80 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	5	PA, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg*†	5	PA, QL (120 tablets/30 days)
yulithira - everolimus tab 2.5 mg, 7.5 mg, 10 mg†	5	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
Antiparasitics		
albendazole tab 200 mg	4	
atovaquone susp 750 mg/5ml	4	PA, QL (600 mls/30 days)
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg	4	
chloroquine phosphate tab 250 mg, 500 mg	4	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 200 mg	4	
ivermectin tab 3 mg	3	PA
LAMPIT - nifurtimox tab 30 mg, 120 mg	4	
mefloquine hcl tab 250 mg	3	
nitazoxanide tab 500 mg	4	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	4	
pentamidine isethionate for nebulization soln 300 mg	4	BD
praziquantel tab 600 mg	4	
primaquine phosphate tab 26.3 mg (15 mg base)	4	
pyrimethamine tab 25 mg	5	PA
quinine sulfate cap 324 mg	4	PA
Antiparkinson Agents		
amantadine hcl cap 100 mg	3	
amantadine hcl soln 50 mg/5ml	3	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#	4	PA (>=65 yr)
bromocriptine mesylate tab 2.5 mg (base equivalent)	4	
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	4	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3	
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg	2	
entacapone tab 200 mg	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	4	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
selegiline hcl cap 5 mg	3	
selegiline hcl tab 5 mg	3	
trihexyphenidyl hcl tab 2 mg, 5 mg#	3	PA (>=65 yr)
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	5	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (≥ 65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	4	PA (≥ 65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	PA (≥ 65 yr), QL (60 tablets/30 days)
BYSANTI TITRATION PACK A - milsaperidone tab therapy pack 1 mg & 2 mg & 4 mg & 6 mg	4	PA (≥ 65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK B - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg & 8 mg	4	PA (≥ 65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK C - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg	4	PA (≥ 65 yr), QL (1 pack/28 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	QL (30 capsules/30 days)
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	PA (≥ 65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	4	PA (≥ 65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	4	PA (≥ 65 yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	3	PA (≥ 65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	4	PA (≥ 65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg, 100-20 mg, 125-30 mg	5	PA, QL (60 capsules/30 days)
COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg	5	PA, QL (1 pack/28 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (≥ 65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	4	PA (≥ 65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	4	PA (≥ 65 yr), QL (1 pack/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	PA (≥ 65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (≥ 65 yr)
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	4	PA (≥ 65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (≥ 65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (≥ 65 yr)
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>	4	PA (≥ 65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	4	PA (≥ 65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	3	PA (≥ 65 yr)
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	2	PA (≥ 65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	4	PA (≥ 65 yr)
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	PA (≥ 65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine for im inj 10 mg</i>	4	PA (≥ 65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	4	PA (≥ 65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg	5	PA (≥ 65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg, 10 mg	5	PA (≥ 65 yr), QL (90 films/30 days)
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>pimozide tab 1 mg, 2 mg</i>	4	PA (≥ 65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA (≥ 65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	2	PA (≥ 65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	4	PA (≥ 65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	5	PA (≥ 65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	4	PA (≥ 65 yr)
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	4	PA (≥ 65 yr)
<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	4	PA (≥ 65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (≥ 65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	4	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	4	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	4	PA (≥ 65 yr), QL (60 vials/30 days)
Antispasticity Agents		
<i>baclofen tab 10 mg, 20 mg</i>	2	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	4	
<i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)</i>	2	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg, 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	4	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	4	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	5	QL (180 tablets/30 days)
<i>efavirenz tab 600 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	4	
<i>etravirine tab 100 mg, 200 mg</i>	4	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
IDVYNZO - doravirine-islatravir tab 100-0.25 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	4	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	QL (480 mls/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	3	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbw)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	4	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	4	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	3	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	4	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	3	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	5	QL (30 tablets/30 days)
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA - lenacapavir sodium tab 300 mg	5	QL (4 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	4	QL (180 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	4	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
<i>zidovudine cap 100 mg</i>	4	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	4	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
Anxiolytics		
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	2	PA, QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	2	PA, QL (150 tablets/30 days)
<i>buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	4	PA, QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	4	PA, QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	4	PA, QL (180 tablets/30 days)
<i>diazepam conc 5 mg/ml</i>	4	PA, QL (240 mls/30 days)
<i>diazepam intensol - diazepam conc 5 mg/ml</i>	4	PA, QL (240 mls/30 days)
<i>diazepam oral soln 1 mg/ml</i>	4	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	2	PA, QL (120 tablets/30 days)
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#</i>	4	PA (>=65 yr)
<i>lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg, 1 mg</i>	2	PA, QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	2	PA, QL (150 tablets/30 days)
Bipolar Agents		
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab er 300 mg, 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	4	
Blood Glucose Regulators		
<i>acarbose tab 25 mg</i>	3	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	3	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	3	QL (90 tablets/30 days)
ALCOHOL SWABS	3	PA
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg</i>	3	QL (30 tablets/30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	3	QL (60 tablets/30 days)
<i>dapagliflozin tab 5 mg, 10 mg</i>	3	QL (30 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA - <i>dapagliflozin tab 5 mg, 10 mg</i>	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	2	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	2	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	2	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	2	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	2	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	2	QL (60 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>	2	QL (120 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	2	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide-metformin tab 1.25-250 mg#</i>	3	QL (240 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg#</i>	3	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	5	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	5	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN LISPRO - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
INSULIN LISPRO JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	3	PA
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE - empagliflozin tab 10 mg, 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
<i>nateglinide tab 60 mg</i>	3	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	3	QL (90 tablets/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg, 4 mg, 9 mg	3	PA, QL (30 tablets/30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)</i>	2	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	3	QL (90 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	2	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	2	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	2	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
<i>sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</i>	3	QL (30 tablets/30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg</i>	3	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
Blood Products and Modifiers		
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	4	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>cilostazol tab 50 mg, 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)</i>	4	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	4	QL (120 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg	3	QL (74 capsules/30 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)</i>	5	PA
<i>eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)</i>	5	PA
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	3	
<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</i>	2	
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
<i>rivaroxaban tab 2.5 mg</i>	3	QL (60 tablets/30 days)
<i>ticagrelor tab 60 mg, 90 mg</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
XARELTO - rivaroxaban tab 10 mg, 20 mg	4	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	4	QL (60 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	4	QL (51 tablets/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
Cardiovascular Agents		
<i>acebutolol hcl cap 200 mg, 400 mg</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	4	
<i>acetazolamide tab 125 mg, 250 mg</i>	4	
<i>aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)</i>	3	QL (30 tablets/30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 100 mg, 400 mg</i>	4	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	3	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg, 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	3	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i>	2	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	3	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	3	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>chlorthalidone tab 25 mg, 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	4	
<i>cholestyramine light powder 4 gm/dose</i>	4	
<i>cholestyramine powder packets 4 gm</i>	4	
<i>cholestyramine powder 4 gm/dose</i>	4	
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	4	
<i>digoxin oral soln 0.05 mg/ml#</i>	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	4	
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	2	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	4	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	2	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	2	
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	3	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg, 54 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg, 160 mg</i>	2	QL (30 tablets/30 days)
<i>FILSPARI - sparsentan tab 200 mg</i>	5	PA, QL (30 tablets/30 days)
<i>FILSPARI - sparsentan tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	3	
<i>fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)</i>	3	QL (60 capsules/30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	3	
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	4	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	2	QL (60 tablets/30 days)
<i>guanfacine hcl tab 1 mg, 2 mg#</i>	4	
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide tab 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg, 20 mg</i>	2	
<i>isradipine cap 2.5 mg, 5 mg</i>	4	
<i>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg</i>	3	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg, 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg, 50 mg</i>	4	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg, 75 mg</i>	2	
<i>metyrosine cap 250 mg</i>	5	PA, QL (480 capsules/30 days)
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	4	
<i>minoxidil tab 2.5 mg, 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	2	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	4	
<i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)</i>	4	
NEXLETOL - bempedoic acid tab 180 mg	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	PA, QL (30 tablets/30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	4	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</i>	4	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg, 30 mg</i>	4	
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
<i>nitro-bid - nitroglycerin oint 2%</i>	4	
<i>nitroglycerin oint 2%, 0.4%</i>	4	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	3	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	QL (120 capsules/30 days)
<i>pacerone - amiodarone hcl tab 100 mg, 400 mg</i>	4	
<i>pacerone - amiodarone hcl tab 200 mg</i>	2	
<i>pentoxifylline tab er 400 mg</i>	4	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg, 10 mg</i>	3	
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	2	
<i>prevalite - cholestyramine light powder packets 4 gm</i>	4	
<i>prevalite - cholestyramine light powder 4 gm/dose</i>	4	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	3	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	4	
<i>propranolol hcl oral soln 20 mg/5ml</i>	3	
<i>propranolol hcl oral soln 40 mg/5ml</i>	4	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	4	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	1	
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	4	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (6 pens/28 days)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	3	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sacubitril-valsartan tab 49-51 mg, 97-103 mg</i>	3	QL (60 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>	2	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	3	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	3	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	3	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	3	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>	3	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	3	QL (60 tablets/30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	QL (60 capsules/30 days)
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	4	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	2	
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i>	2	QL (30 tablets/30 days)
<i>VASCEPA - icosapent ethyl cap 0.5 gm</i>	3	QL (240 capsules/30 days)
<i>VASCEPA - icosapent ethyl cap 1 gm</i>	3	QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 100 mg</i>	4	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	4	
<i>verapamil hcl cap er 24hr 200 mg</i>	4	
<i>verapamil hcl cap er 24hr 300 mg</i>	4	
<i>verapamil hcl cap er 24hr 360 mg</i>	4	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	1	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)
WEGOVY - semaglutide (weight management) tab 1.5 mg, 4 mg, 9 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 25 mg	3	PA, QL (30 tablets/30 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml, 1.7 mg/0.75ml, 2.4 mg/0.75ml	3	PA, QL (4 pens/28 days)
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>dalfampridine tab er 12hr 10 mg†</i>	3	PA, QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	4	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	4	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	4	QL (120 capsules/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>	4	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (60 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)#</i>	4	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
<i>methylphenidate hcl tab er 10 mg, 20 mg</i>	4	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	3	PA, QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
<i>riluzole tab 50 mg</i>	4	
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	4	PA, QL (120 tablets/30 days)
Dental and Oral Agents		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>kourzeq - triamcinolone acetonide dental paste 0.1%</i>	4	
<i>oralone dental paste - triamcinolone acetonide dental paste 0.1%</i>	4	
<i>periogard - chlorhexidine gluconate soln 0.12%</i>	2	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	4	
Dermatological Agents		
<i>accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	4	PA
<i>ala-cort - hydrocortisone cream 1%</i>	2	
<i>amnestem - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
<i>azelaic acid gel 15%</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	4	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	4	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	4	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	4	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	4	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	4	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	4	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	QL (120 mls/30 days)
<i>calcitrene - calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
<i>clobetasol propionate cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (200 mls/28 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	4	
<i>desonide cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desonide oint 0.05%</i>	4	QL (120 grams/30 days)
EUCRISA - crisaborole oint 2%	4	PA, QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	4	QL (120 grams/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	4	QL (120 grams/30 days)
<i>fluocinonide cream 0.05%</i>	4	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	4	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	4	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	4	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	4	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	4	QL (10 mls/30 days)
<i>fluorouracil cream 5%</i>	4	QL (40 grams/30 days)
<i>fluorouracil soln 5%</i>	4	QL (10 mls/30 days)
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	4	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	4	
<i>gentamicin sulfate oint 0.1%</i>	4	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	4	QL (200 grams/28 days)
<i>hydrocortisone butyrate oint 0.1%</i>	4	QL (135 grams/30 days)
<i>hydrocortisone cream 1%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	QL (454 grams/30 days)
<i>imiquimod cream 5%</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	4	
<i>malathion lotion 0.5%</i>	4	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	4	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	4	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab 20 mg	5	PA, QL (60 tablets/30 days)
OTEZLA - apremilast tab 30 mg*	5	PA, QL (60 tablets/30 days)
OTEZLA XR - apremilast tab er 24hr 75 mg	5	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	5	PA, QL (1 pack/180 days)
<i>permethrin cream 5%</i>	3	
<i>podofilox soln 0.5%</i>	4	
SANTYL - collagenase oint 250 unit/gm	4	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd - silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	PA, QL (120 grams/30 days)
<i>tazarotene cream 0.1%</i>	4	PA, QL (60 grams/30 days)
<i>tazarotene gel 0.05%</i>	4	PA, QL (100 grams/30 days)
<i>tretinoin cream 0.025%, 0.05%</i>	4	PA, QL (45 grams/30 days)
<i>tretinoin cream 0.1%</i>	3	PA, QL (45 grams/30 days)
<i>tretinoin gel 0.01%, 0.025%</i>	4	PA, QL (45 grams/30 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	3	QL (120 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
<i>triderm - triamcinolone acetonide cream 0.5%</i>	2	QL (454 grams/30 days)
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium acetate (phosphate binder) tab 667 mg</i>	3	
<i>carglumic acid soluble tab 200 mg</i>	5	PA
<i>CHEMET - succimer cap 100 mg</i>	4	
<i>deferasirox tab 90 mg†</i>	3	PA
<i>deferasirox tab 180 mg, 360 mg†</i>	4	PA
<i>dextrose inj 10%</i>	4	
<i>dextrose inj 5%</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	4	
<i>INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%</i>	4	BD
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kionex - sodium polystyrene sulfonate susp 15 gm/60ml</i>	4	
<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i>	2	
<i>klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq</i>	2	
<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i>	2	
<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>klor-con 10 - potassium chloride tab er 10 meq</i>	2	
<i>LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm</i>	3	QL (90 packets/30 days)
<i>LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm</i>	3	QL (34 packets/30 days)
<i>magnesium sulfate inj 50%</i>	4	
<i>NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%</i>	4	BD
<i>potassium chloride cap er 8 meq, 10 meq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	4	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	4	
<i>sevelamer carbonate tab 800 mg</i>	4	
<i>sodium chloride iv soln 0.9%</i>	4	
<i>sodium chloride iv soln 0.45%</i>	4	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	4	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	4	
<i>sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	4	
<i>sps - sodium polystyrene sulfonate susp 15 gm/60ml</i>	4	
<i>tolvaptan tab 15 mg, 30 mg</i>	5	PA, QL (120 tablets/30 days)
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg†</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
Gastrointestinal Agents		
<i>alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	4	
<i>constulose - lactulose solution 10 gm/15ml</i>	2	
CTEXLI - chenodiol (basds) tab 250 mg	5	PA, QL (90 tablets/30 days)
<i>dexlansoprazole cap delayed release 30 mg, 60 mg</i>	4	QL (30 capsules/30 days)
<i>dicyclomine hcl cap 10 mg#</i>	4	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	4	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	4	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	4	PA (>=65 yr)
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)</i>	4	QL (30 capsules/30 days)
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine tab 20 mg, 40 mg</i>	2	
<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/fluor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>glycopyrrolate tab 1 mg, 2 mg</i>	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
LINZESS - linacotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	4	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	4	QL (60 capsules/30 days)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	4	
<i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
<i>misoprostol tab 100 mcg, 200 mcg</i>	2	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	QL (30 tablets/30 days)
<i>nizatidine cap 150 mg</i>	4	
<i>nizatidine cap 300 mg</i>	4	
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg, 40 mg</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	QL (60 tablets/30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
<i>sucrafate tab 1 gm</i>	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg, 500 mg</i>	4	
VOQUEZNA DUAL PAK - amoxicillin cap 500 mg & vonoprazan tab 20 mg therapy pack	4	
VOQUEZNA TRIPLE PAK - amoxicillin cap & clarithromycin tab & vonoprazan tab pack	4	
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	3	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine powder for oral solution</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
<i>glutamine (sickle cell) powd pack 5 gm</i>	5	PA, QL (180 packets/30 days)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	4	
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*	5	PA, QL (7 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg*	5	PA, QL (14 tablets/28 days)
REVCovi - elapegadomase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	PA
REZDIFFRA - resmetirom 60 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	5	PA, QL (30 tablets/30 days)
<i>sapropterin dihydrochloride powder packet 100 mg†</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (3 bottles/30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tablets/30 days)
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg*	5	PA, QL (120 capsules/30 days)
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	3	
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	2	QL (30 tablets/30 days)
GEMTESA - vibegron tab 75 mg	4	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	
<i>mirabegron granules for oral extended release susp 8 mg/ml</i>	3	QL (3 bottles/28 days)
<i>mirabegron tab er 24 hr 25 mg, 50 mg</i>	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg, 15 mg</i>	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>sildenafil citrate tab 25 mg, 50 mg, 100 mg[^]</i>	2	QL (6 tablets/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
<i>solifenacin succinate tab 5 mg, 10 mg</i>	4	QL (30 tablets/30 days)
<i>tadalafil tab 2.5 mg, 5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	2	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	4	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg, 2 mg</i>	4	QL (60 tablets/30 days)
<i>trospium chloride tab 20 mg</i>	3	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone elixir 0.5 mg/5ml</i>	4	
<i>dexamethasone soln 0.5 mg/5ml</i>	4	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), 5 mg/5ml (base equiv)</i>	4	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	4	
<i>prednisolone soln 15 mg/5ml</i>	4	
<i>prednisone oral soln 5 mg/5ml</i>	4	
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	2	
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	2	
TARPEYO - budesonide delayed release cap 4 mg*	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	4	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>abigale - estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg#</i>	4	
<i>afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	2	
<i>aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	2	
<i>aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg</i>	2	
<i>aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>bielllyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>camila - norethindrone tab 0.35 mg</i>	2	
<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	QL (8 patches/28 days)
<i>cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	4	PA
<i>dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>deblitane - norethindrone tab 0.35 mg</i>	2	
<i>delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
<i>depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml</i>	4	PA, QL (1 vial/28 days)
<i>depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml</i>	4	PA, QL (10 mls/28 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	4	QL (8 patches/28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#	3	
<i>elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr</i>	3	
<i>emzahh - norethindrone tab 0.35 mg</i>	2	
<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>errin - norethindrone tab 0.35 mg</i>	2	
<i>estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg#</i>	4	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg#</i>	2	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)#</i>	4	QL (30 packets/30 days)
<i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	4	QL (8 patches/28 days)
<i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	4	QL (4 patches/28 days)
<i>estradiol vaginal cream 0.01%</i>	4	QL (6 tubes/365 days)
<i>estradiol vaginal tab 10 mcg</i>	4	
<i>estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	4	
<i>estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>gallifrey - norethindrone acetate tab 5 mg</i>	3	
<i>hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	2	
<i>hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	2	
<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>heather - norethindrone tab 0.35 mg</i>	2	
<i>iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>incassia - norethindrone tab 0.35 mg</i>	2	
<i>introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg</i>	2	
<i>isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>jasmie - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>jencycla - norethindrone tab 0.35 mg</i>	2	
<i>jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	2	
<i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i>	2	
<i>luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>lutra - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>lyleq - norethindrone tab 0.35 mg</i>	2	
<i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	4	QL (8 patches/28 days)
<i>lyza - norethindrone tab 0.35 mg</i>	2	
<i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	4	
<i>megestrol acetate tab 20 mg, 40 mg#</i>	4	
<i>meleya - norethindrone tab 0.35 mg</i>	2	
<i>microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>mono-lynyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg</i>	2	
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>nora-be - norethindrone tab 0.35 mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone acetate tab 5 mg</i>	3	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc - norethindrone tab 0.35 mg</i>	2	
<i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
<i>orquidea - norethindrone tab 0.35 mg</i>	2	
<i>philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	3	
<i>progesterone cap 100 mg, 200 mg</i>	2	
<i>raloxifene hcl tab 60 mg</i>	2	
<i>reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>sharobel - norethindrone tab 0.35 mg</i>	2	
<i>simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
<i>tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	4	PA, QL (1 vial/28 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	4	PA, QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA, QL (1 vial/28 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 units/30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (90 packets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	4	PA, QL (2 pump bottles/30 days)
<i>tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	3	
<i>vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>violele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>yuvaferm - estradiol vaginal tab 10 mcg</i>	4	
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg</i>	2	
<i>zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	3	
<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	3	
<i>liomny - liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	2	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	2	
<i>SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	4	
<i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline tab 0.5 mg</i>	3	
<i>ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</i>	4	PA, QL (1 kit/84 days)
<i>ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</i>	4	PA, QL (1 kit/112 days)
<i>ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</i>	4	PA, QL (1 kit/168 days)
<i>ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg</i>	4	PA, QL (1 kit/28 days)
<i>FIRMAGON - degarelix acetate for inj 80 mg (base equiv)</i>	4	PA
<i>FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)</i>	5	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA, QL (2 kits/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
LIFYORLI - relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose)	5	PA, QL (18 capsules/28 days)
LIFYORLI - relacorilant cap pak 2 x 25 mg & 1 x 100 mg (150 mg dose)	5	PA, QL (27 capsules/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA, QL (1 kit/84 days)
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA, QL (1 kit/168 days)
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml)</i>	4	PA, QL (90 vials/30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA, QL (18 vials/30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA, QL (90 vials/30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA, QL (9 vials/30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA, QL (90 syringes/30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA, QL (90 syringes/30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA, QL (90 syringes/30 days)
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*	5	PA, QL (60 ampules/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*	5	PA, QL (30 vials/30 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg, 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
Immunological Agents		
ABRYSCO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	QL (1 vaccine/lifetime)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	1	
ARCALYST - rilonacept for inj 220 mg*	5	PA, QL (8 vials/28 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=18 yr)
<i>azathioprine tab 50 mg</i>	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA, QL (8 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA, QL (8 syringes/28 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	5	PA, QL (2 pens/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA, QL (8 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA, QL (4 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA, QL (8 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA, QL (8 pens/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA, QL (8 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA, QL (4 pens/28 days)
<i>cyclosporine cap 25 mg, 100 mg</i>	4	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	4	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	5	PA, QL (3 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	5	PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA, QL (3 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA, QL (8 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA, QL (8 cartridges/28 days)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA, QL (8 pens/28 days)
ENGRIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1	BD
ENGRIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	PA, QL (2 pens/28 days)
ENVARISUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg	4	BD
ENVARISUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	1	
<i>everolimus tab 0.25 mg</i>	4	BD
<i>everolimus tab 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	1	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1	
<i>gengraf - cyclosporine modified cap 25 mg, 100 mg</i>	4	BD
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	4	PA, QL (6 syringes/28 days)
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	3	PA, QL (6 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	4	PA, QL (6 pens/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOLO INACTIVATED IPV - poliovirus vaccine, ipv inj susp	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide tab 10 mg, 20 mg</i>	4	QL (30 tablets/30 days)
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=18 yr)
<i>mycophenolate mofetil cap 250 mg</i>	3	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	4	BD
<i>mycophenolate mofetil tab 500 mg</i>	3	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	4	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1	
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	
PYZCHIVA - ustekinumab-ttwe iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml	3	PA, QL (3 vials/84 days)
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVER - rabies vaccine, pcec for inj	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1	BD
REZUROCK - belumosudil mesylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
RIDAURA - auranofin cap 3 mg	3	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA, QL (84 tablets/180 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA, QL (2 bottles/30 days)
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	1	QL (2 vaccines/lifetime; >=18 yr)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	QL (2 vaccines/lifetime; >=18 yr)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml	4	PA, QL (2 syringes/28 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml	5	PA, QL (4 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (4 pens/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 80 mg/0.8ml	5	PA, QL (3 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (4 pens/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	4	BD
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA, QL (6 vials/180 days)
SKYRIZI - risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml, 150 mg/ml	5	PA, QL (6 syringes/365 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	5	PA, QL (7 cartridges/365 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA, QL (6 pens/365 days)
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	4	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	1	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	1	
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	5	PA, QL (1 pen/28 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA, QL (3 pens/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA, QL (3 syringes/56 days)

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	5	PA, QL (1 syringe/28 days)
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ ULCERATIVE COLITIS - guselkumab soln auto-injector 200 mg/2ml	5	PA, QL (6 pens/180 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	5	PA, QL (3 pens/56 days)
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	5	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	5	PA, QL (4 syringes/28 days)
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1	
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ ml	1	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1	
VAXCHORA - cholera vaccine live attenuated for oral susp	1	
VELSIPITY - etrasimod arginine tab 2 mg	5	PA, QL (30 tablets/30 days)
VIMKUNYA - chikungunya virus vac rcmb vlp im susp pref syr 40 mcg/0.8ml	1	
VIVOTIF - typhoid vaccine cap delayed release	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
YESINTEK - ustekinumab-kfce iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	4	PA, QL (3 vials/84 days)
YF-VAX - yellow fever vaccine for subcutaneous suspension	1	
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ ml	5	PA, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ ml	5	PA, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	5	PA, QL (2 syringes/28 days)

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Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	4	PA, QL (30 tablets/30 days)
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>proctocort - hydrocortisone perianal cream 1%</i>	2	
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg, 70 mg</i>	1	QL (4 tablets/28 days)
BILDYOS - denosumab-nxxp inj soln prefilled syringe 60 mg/ml	4	PA, QL (1 syringe/180 days)
BILPREVDA - denosumab-nxxp inj 120 mg/1.7ml	5	PA, QL (3 vials/28 days)
BONSITY - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	PA, QL (120 tablets/30 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	QL (1 tablet/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	4	
<i>risedronate sodium tab delayed release 35 mg</i>	4	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg, 30 mg</i>	4	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
Ophthalmic Agents		
<i>atropine sulfate ophth soln 1%</i>	4	
<i>azelastine hcl ophth soln 0.05%</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	4	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
<i>bimatoprost ophth soln 0.03%</i>	4	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.15%</i>	4	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>cyclosporine (ophth) emulsion 0.05% (pf)</i>	3	QL (60 vials/30 days)
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA, QL (4 bottles/28 days)
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	4	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	3	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	4	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	4	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)(generic for Vigamox)</i>	4	
NATACYN - natamycin ophth susp 5%	4	
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	4	
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy- gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	4	
<i>polycin - bacitracin-polymyxin b ophth oint</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>prednisolone acetate ophth susp 1%</i>	3	
<i>prednisolone sodium phosphate ophth soln 1%</i>	3	
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	4	
<i>timolol maleate ophth soln 0.25%, 0.5%</i>	1	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	4	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	4	
XDEMVIY - lotilaner ophth soln 0.25%	5	PA
Otic Agents		
<i>acetic acid otic soln 2%</i>	2	
<i>flac - fluocinolone acetonide (otic) oil 0.01%</i>	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	4	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	4	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	4	
<i>ofloxacin otic soln 0.3%</i>	4	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%, 20%</i>	4	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	3	QL (2 inhalers/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i>	4	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	3	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	4	
<i>ambrisentan tab 5 mg, 10 mg*</i>	4	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	3	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	4	QL (3 inhalers/30 days)
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	4	QL (3 inhalers/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act	3	QL (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	4	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA, QL (84 vials/56 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	BD
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (3 inhalers/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	QL (4 pens/28 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for Adrenaclick 0.3 mg/0.3 ml)</i>	3	QL (4 pens/28 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	QL (4 pens/28 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)</i>	3	QL (4 pens/28 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	4	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>mometasone furoate nasal susp 50 mcg/act</i>	4	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)</i>	2	QL (30 tablets/30 days)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	QL (30 packets/30 days)
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	QL (30 tablets/30 days)
<i>nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*†</i>	5	PA, QL (60 capsules/30 days)
NUCALA - mepolizumab for inj 100 mg*	5	PA, QL (3 vials/28 days)
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml*	5	PA, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml*	5	PA, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml*	5	PA, QL (3 syringes/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (1 bottle/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	5	PA
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	5	PA
<i>pirfenidone cap 267 mg</i>	3	PA, QL (270 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	3	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	3	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast tab 250 mcg, 500 mcg</i>	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
<i>tadalafil tab 20 mg (pah)</i>	4	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	4	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	3	
TOBI PODHALER - tobramycin inhal cap 28 mg	5	PA, QL (224 capsules/56 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA, QL (56 ampules/56 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg thpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg thpk	5	PA, QL (90 tablets/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	5	PA, QL (1 kit/21 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	4	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	4	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	4	QL (1 inhaler/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	4	QL (60 tablets/30 days)
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	2	
<i>methocarbamol tab 500 mg, 750 mg#</i>	3	
Sleep Disorder Agents		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	4	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)</i>	3	QL (30 tablets/30 days)
<i>eszopiclone tab 1 mg, 2 mg, 3 mg#</i>	3	QL (30 tablets/30 days)
<i>modafinil tab 100 mg, 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA, QL (540 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>zaleplon cap 5 mg#</i>	4	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	4	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	2	QL (30 tablets/30 days)

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

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg.....	27	ala-cort - hydrocortisone cream 1%.....	42
abacavir sulfate soln 20 mg/ml (base equiv).....	27	albendazole tab 200 mg.....	23
abacavir sulfate tab 300 mg (base equiv).....	27	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	66
abigale - estradiol & norethindrone acetate tab 1-0.5 mg.....	49	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	66
abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg.....	49	albuterol sulfate syrup 2 mg/5ml.....	66
ABILIFY ASIMTUFII.....	23	albuterol sulfate tab 2 mg, 4 mg.....	66
ABILIFY MAINTENA.....	24	ALCOHOL SWABS.....	31
abiraterone acetate tab 250 mg.....	15	ALECENSA.....	15
abirtega - abiraterone acetate tab 250 mg.....	15	alendronate sodium tab 10 mg.....	64
ABRYSVO.....	58	alendronate sodium tab 35 mg, 70 mg.....	64
acamprosate calcium tab delayed release 333 mg.....	2	alfuzosin hcl tab er 24hr 10 mg.....	48
acarbose tab 100 mg.....	31	aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent).....	35
acarbose tab 25 mg.....	31	allopurinol tab 100 mg, 300 mg.....	14
acarbose tab 50 mg.....	31	alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv).....	46
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	42	alprazolam tab 0.25 mg, 0.5 mg, 1 mg.....	30
acebutolol hcl cap 200 mg, 400 mg.....	35	alprazolam tab 2 mg.....	30
acetaminophen w/ codeine soln 120-12 mg/5ml.....	1	altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	49
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg.....	1	ALUNBRIG.....	15
acetaminophen w/ codeine tab 300-60 mg.....	1	alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	50
acetazolamide cap er 12hr 500 mg.....	35	alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	50
acetazolamide tab 125 mg, 250 mg.....	35	amantadine hcl cap 100 mg.....	23
acetic acid otic soln 2%.....	66	amantadine hcl soln 50 mg/5ml.....	23
acetylcysteine inhal soln 10%, 20%.....	66	ambrisentan tab 5 mg, 10 mg.....	66
acitretin cap 10 mg, 17.5 mg, 25 mg.....	42	amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml).....	3
ACTHIB.....	58	amiloride & hydrochlorothiazide tab 5-50 mg.....	35
ACTIMMUNE.....	58	amiloride hcl tab 5 mg.....	35
acyclovir cap 200 mg.....	27	amiodarone hcl tab 100 mg, 400 mg.....	35
acyclovir sodium iv soln 50 mg/ml.....	27	amiodarone hcl tab 200 mg.....	35
acyclovir susp 200 mg/5ml.....	27	amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg.....	11
acyclovir tab 400 mg, 800 mg.....	27	amitriptyline hcl tab 150 mg.....	11
ADACEL.....	58	amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	35
adefovir dipivoxil tab 10 mg.....	27	amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....	35
ADEMPAS.....	66	amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....	35
ADVAIR HFA.....	66		
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	49		
AKEEGA.....	15		

<i>amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	35	APTIVUS.....	27
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	35	<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	50
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	35	ARCALYST.....	58
<i>amnesteem - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	42	AREXVY.....	58
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg</i>	11	ARIKAYCE.....	3
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	3	<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	24
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	3	<i>aripiprazole oral solution 1 mg/ml</i>	24
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	3	<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	24
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	3	<i>aripiprazole tab 2 mg, 5 mg</i>	24
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	3	ARISTADA.....	24
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	3	ARISTADA INITIO.....	24
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	69
<i>amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg</i>	3	ARNUITY ELLIPTA.....	66
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	41	<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	24
<i>amphetamine-dextroamphetamine tab 20 mg</i>	41	ASMANEX HFA.....	66
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	41	ASMANEX TWISTHALER 120 METERED DOSES.....	67
AMPHOTERICIN B.....	13	ASMANEX TWISTHALER 14 METERED DOSES.....	67
<i>amphotericin b liposome iv for susp 50 mg</i>	13	ASMANEX TWISTHALER 30 METERED DOSES.....	67
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3	ASMANEX TWISTHALER 60 METERED DOSES.....	67
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	3	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	34
<i>ampicillin cap 500 mg</i>	3	<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</i>	27
<i>ampicillin sodium for inj 1 gm</i>	3	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	27
<i>ampicillin sodium for iv soln 1 gm</i>	3	<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	35
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	34	<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	36
<i>anastrozole tab 1 mg</i>	15	<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i>	41
ANORO ELLIPTA.....	66	<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	41
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	13	<i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)</i>	36
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	13	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	36
<i>apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	50	<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	23
		<i>atovaquone susp 750 mg/5ml</i>	23
		<i>atropine sulfate ophth soln 1%</i>	64

<i>aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	50	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	36
AUGTYRO.....	15	<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	36
<i>aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg</i>	50	BENLYSTA.....	59
<i>aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	50	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	42
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	50	<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i>	23
<i>aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	50	BESIVANCE.....	65
<i>aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	50	BESREMI.....	59
AUSTEDO.....	41	BESREMI PEN.....	59
AUSTEDO XR.....	41	<i>betaine powder for oral solution</i>	47
AUSTEDO XR PATIENT TITRATION KIT.....	41	BETAMETHASONE DIPROPIONATE AUGMENTED.....	42
AUVELITY.....	11	<i>betamethasone dipropionate augmented cream 0.05%</i>	42
AUVELITY TITRATION PACK.....	11	<i>betamethasone dipropionate augmented lotion 0.05%</i>	42
<i>aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	50	<i>betamethasone dipropionate augmented oint 0.05%</i>	42
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	3	<i>betamethasone dipropionate cream 0.05%</i>	42
AVMAPKI FAKZYNJA CO-PACK.....	16	<i>betamethasone dipropionate lotion 0.05%</i>	42
<i>ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	50	<i>betamethasone dipropionate oint 0.05%</i>	42
AYVAKIT.....	16	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	42
<i>azathioprine tab 50 mg</i>	58	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	42
<i>azelaic acid gel 15%</i>	42	<i>betamethasone valerate oint 0.1% (base equivalent)</i>	42
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	67	BETASERON.....	41
<i>azelastine hcl ophth soln 0.05%</i>	64	<i>betaxolol hcl ophth soln 0.5%</i>	65
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	4	<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	48
<i>azithromycin iv for soln 500 mg</i>	4	<i>bexarotene cap 75 mg</i>	16
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	4	<i>bexarotene gel 1%</i>	16
<i>aztreonam for inj 1 gm</i>	4	BEXSERO.....	59
<i>azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	50	<i>bicalutamide tab 50 mg</i>	16
B		BICILLIN L-A.....	4
<i>bacitracin-polymyxin b ophth oint</i>	65	BIKTARVY.....	27
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	65	BILDYOS.....	64
<i>baclofen tab 10 mg, 20 mg</i>	27	BILPREVDA.....	64
<i>balsalazide disodium cap 750 mg</i>	64	<i>bimatoprost ophth soln 0.03%</i>	65
BALVERSA.....	16	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	46
<i>balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	50	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	36
BARACLUDE.....	27	<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	36
BCG VACCINE.....	58		

<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	50	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	3
<i>blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	50	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3
<i>blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	50	<i>bupropion hcl tab 100 mg</i>	11
BONSITY.....	64	<i>bupropion hcl tab 75 mg</i>	11
BOOSTRIX.....	59	<i>bupropion hcl tab er 12hr 100 mg</i>	11
BOSULIF.....	16	<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	11
<i>bosutinib tab 100 mg</i>	16	<i>bupropion hcl tab er 24hr 150 mg</i>	11
<i>bosutinib tab 400 mg, 500 mg</i>	16	<i>bupropion hcl tab er 24hr 300 mg</i>	11
BRAFTOVI.....	16	<i>bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i>	30
BREO ELLIPTA.....	67	BYSANTI.....	24
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	67	BYSANTI TITRATION PACK A.....	24
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	67	BYSANTI TITRATION PACK B.....	24
BREZTRI AEROSPHERE.....	67	BYSANTI TITRATION PACK C.....	24
<i>brillyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	50	C	
<i>brimonidine tartrate ophth soln 0.15%</i>	65	<i>cabergoline tab 0.5 mg</i>	57
<i>brimonidine tartrate ophth soln 0.2%</i>	65	CABOMETYX.....	16
<i>brivaracetam oral soln 10 mg/ml</i>	8	<i>calcipotriene cream 0.005%</i>	42
<i>brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg</i>	8	<i>calcipotriene oint 0.005%</i>	42
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	23	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	43
BRUKINSA.....	16	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	64
<i>budesonide delayed release particles cap 3 mg</i>	64	<i>calcitrene - calcipotriene oint 0.005%</i>	43
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	67	<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	64
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	67	<i>calcitriol oral soln 1 mcg/ml</i>	64
<i>budesonide tab er 24hr 9 mg</i>	64	<i>calcium acetate (phosphate binder) tab 667 mg</i>	45
<i>bumetanide inj 0.25 mg/ml</i>	36	CALQUENCE.....	16
<i>bumetanide tab 0.5 mg, 1 mg</i>	36	<i>camila - norethindrone tab 0.35 mg</i>	50
<i>bumetanide tab 2 mg</i>	36	<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	50
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	3	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	3	<i>candesartan cilexetil tab 32 mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	3	<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	3	CAPLYTA.....	24
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	3	CAPRELSA.....	16
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	3	<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	36
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	8
		<i>carbamazepine chew tab 100 mg</i>	8
		<i>carbamazepine susp 100 mg/5ml</i>	8
		<i>carbamazepine tab 200 mg</i>	8
		<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	8

carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg.....	23	ceftazidime for inj 1 gm.....	4
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg.....	23	ceftazidime for inj 6 gm.....	4
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	23	ceftazidime for iv soln 2 gm.....	4
carglumic acid soluble tab 200 mg.....	45	ceftriaxone sodium (bulk) for inj 100 gm.....	4
carteolol hcl ophth soln 1%.....	65	ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm.....	4
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg.....	36	ceftriaxone sodium for iv soln 1 gm.....	4
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	36	ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	4
caspofungin acetate for iv soln 50 mg.....	13	ceftriaxone sodium for iv soln 2 gm.....	4
caspofungin acetate for iv soln 70 mg.....	13	ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	4
CAVHANZA.....	16	ceftriaxone sodium in dextrose inj 20 mg/ ml.....	5
CAYSTON.....	67	ceftriaxone sodium in dextrose inj 40 mg/ ml.....	5
cefaclor cap 250 mg.....	4	cefuroxime axetil tab 250 mg, 500 mg.....	5
cefaclor cap 500 mg.....	4	cefuroxime sodium for inj 750 mg.....	5
cefadroxil cap 500 mg.....	4	cefuroxime sodium for iv soln 1.5 gm.....	5
cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	4	celecoxib cap 100 mg, 200 mg.....	1
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....	4	celecoxib cap 400 mg.....	1
cefazolin sodium for inj 500 mg, 1 gm.....	4	celecoxib cap 50 mg.....	1
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml).....	4	cephalexin cap 250 mg, 500 mg.....	5
cefdinir cap 300 mg.....	4	cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	5
cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	4	cevimeline hcl cap 30 mg.....	42
cefepime hcl for inj 1 gm.....	4	chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	50
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....	4	CHEMET.....	45
cefepime hcl for iv soln 2 gm.....	4	chlorhexidine gluconate soln 0.12%.....	42
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	4	chloroquine phosphate tab 250 mg, 500 mg.....	23
cefepime hcl iv soln 1 gm/50ml.....	4	chlorpromazine hcl conc 30 mg/ml, 100 mg/ ml.....	13
cefepime hcl iv soln 2 gm/100ml.....	4	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	13
cefixime cap 400 mg.....	4	chlorthalidone tab 25 mg, 50 mg.....	36
cefoxitin sodium for iv soln 1 gm, 2 gm.....	4	cholestyramine light powder 4 gm/ dose.....	36
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....	4	cholestyramine light powder packets 4 gm.....	36
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	4	cholestyramine powder 4 gm/dose.....	36
cefpodoxime proxetil for susp 100 mg/5ml.....	4	cholestyramine powder packets 4 gm.....	36
cefpodoxime proxetil for susp 50 mg/5ml.....	4	ciclodan - ciclopirox solution 8%.....	13
cefpodoxime proxetil tab 100 mg, 200 mg.....	4	ciclopirox olamine cream 0.77% (base equiv).....	13
cefprozil tab 250 mg, 500 mg.....	4	ciclopirox olamine susp 0.77% (base equiv).....	13
ceftaroline fosamil for iv soln 400 mg, 600 mg.....	4	ciclopirox solution 8%.....	13
		cilostazol tab 50 mg, 100 mg.....	34
		CIMDUO.....	27

cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv).....	64	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	36
cinacalcet hcl tab 90 mg (base equiv).....	64	clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr.....	36
ciprofloxacin 200 mg/100ml in d5w.....	5	clopidogrel bisulfate tab 75 mg (base equiv).....	34
ciprofloxacin 400 mg/200ml in d5w.....	5	clorazepate dipotassium tab 15 mg.....	30
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	65	clorazepate dipotassium tab 3.75 mg.....	30
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv).....	5	clorazepate dipotassium tab 7.5 mg.....	30
citalopram hydrobromide oral soln 10 mg/5ml.....	11	clotrimazole cream 1%.....	13
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv).....	11	clotrimazole troche 10 mg.....	14
citalopram hydrobromide tab 40 mg (base equiv).....	11	clotrimazole w/ betamethasone cream 1-0.05%.....	43
claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	43	clozapine orally disintegrating tab 12.5 mg.....	24
CLARITHROMYCIN.....	5	clozapine orally disintegrating tab 150 mg.....	24
clarithromycin tab 250 mg, 500 mg.....	5	clozapine orally disintegrating tab 200 mg.....	24
clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	5	clozapine orally disintegrating tab 25 mg, 100 mg.....	24
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	5	clozapine tab 100 mg.....	24
clindamycin phosphate gel 1% (twice-daily).....	5	clozapine tab 200 mg.....	24
clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml.....	5	clozapine tab 25 mg, 50 mg.....	24
clindamycin phosphate lotion 1%.....	5	COARTEM.....	23
clindamycin phosphate soln 1%.....	5	COBENFY.....	25
clindamycin phosphate vaginal cream 2%.....	5	COBENFY STARTER PACK.....	25
clobazam suspension 2.5 mg/ml.....	8	colchicine tab 0.6 mg.....	14
clobazam tab 10 mg, 20 mg.....	8	colchicine w/ probenecid tab 0.5-500 mg.....	14
clobetasol propionate cream 0.05%.....	43	colestipol hcl granule packets 5 gm.....	36
clobetasol propionate e - clobetasol propionate emollient base cream 0.05%.....	43	colestipol hcl granules 5 gm.....	36
clobetasol propionate emollient base cream 0.05%.....	43	colestipol hcl tab 1 gm.....	36
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%.....	43	colistimethate sod for inj 150 mg (colistin base activity).....	5
clobetasol propionate gel 0.05%.....	43	COMBIPATCH.....	50
clobetasol propionate oint 0.05%.....	43	COMBIVENT RESPIMAT.....	67
clobetasol propionate soln 0.05%.....	43	COMETRIQ.....	16
clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	11	compro - prochlorperazine suppos 25 mg.....	13
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg.....	30	constulose - lactulose solution 10 gm/15ml.....	46
clonazepam orally disintegrating tab 2 mg.....	30	COPIKTRA.....	16
clonazepam tab 0.5 mg, 1 mg.....	30	COSENTYX.....	59
clonazepam tab 2 mg.....	30	COSENTYX SENSOREADY PEN.....	59
		COSENTYX UNOREADY.....	59
		COTELIC.....	16
		CRESEMBA.....	14
		cromolyn sodium ophth soln 4%.....	65
		cromolyn sodium oral conc 100 mg/5ml.....	48
		cromolyn sodium soln nebu 20 mg/2ml.....	67

<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	50
<i>cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	50
CTEXLI.....	46
<i>cyclobenzaprine hcl tab 5 mg, 10 mg</i>	69
<i>cyclophosphamide cap 25 mg</i>	16
<i>cyclophosphamide cap 50 mg</i>	16
<i>cyclosporine (ophth) emulsion 0.05% (pf)</i>	65
<i>cyclosporine cap 25 mg, 100 mg</i>	59
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	59
<i>cyclosporine modified oral soln 100 mg/ml</i>	59
<i>cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	50
CYSTAGON.....	48
CYSTARAN.....	65

D

<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	34
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)</i>	34
<i>dalfampridine tab er 12hr 10 mg</i>	41
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	50
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	27
DANZITEN.....	16
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	31
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg</i>	31
<i>dapagliflozin tab 5 mg, 10 mg</i>	31
<i>dapsone tab 25 mg, 100 mg</i>	15
DAPTACEL.....	59
<i>daptomycin for iv soln 500 mg</i>	5
<i>darunavir tab 600 mg</i>	27
<i>darunavir tab 800 mg</i>	27
<i>dasatinib tab 20 mg</i>	16
<i>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg</i>	16
<i>dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	50
<i>dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	50
DAURISMO.....	16
<i>deblitane - norethindrone tab 0.35 mg</i>	51
<i>deferasirox tab 180 mg, 360 mg</i>	45
<i>deferasirox tab 90 mg</i>	45
DELSTRIGO.....	27

<i>delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	51
DEPO-SUBQ PROVERA 104.....	51
<i>depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml</i>	51
<i>depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml</i>	51
DESCOVY.....	27
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	11
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	49
<i>desmopressin acetate tab 0.1 mg</i>	49
<i>desmopressin acetate tab 0.2 mg</i>	49
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	51
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	51
<i>desonide cream 0.05%</i>	43
<i>desonide oint 0.05%</i>	43
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</i>	11
<i>dexamethasone elixir 0.5 mg/5ml</i>	49
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	65
<i>dexamethasone soln 0.5 mg/5ml</i>	49
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	49
<i>dexlansoprazole cap delayed release 30 mg, 60 mg</i>	46
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	41
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	41
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	41
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	45
<i>dextrose 5% w/ sodium chloride 0.2%</i>	45
<i>dextrose 5% w/ sodium chloride 0.45%</i>	45
<i>dextrose 5% w/ sodium chloride 0.9%</i>	45
<i>dextrose inj 10%</i>	45
<i>dextrose inj 5%</i>	45
DIACOMIT.....	8
<i>diazepam conc 5 mg/ml</i>	30
<i>diazepam intensol - diazepam conc 5 mg/ml</i>	30
<i>diazepam oral soln 1 mg/ml</i>	30
<i>diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg</i>	8

diazepam tab 2 mg, 5 mg, 10 mg.....	30	donepezil hydrochloride tab 23 mg.....	10
diazoxide susp 50 mg/ml.....	31	donepezil hydrochloride tab 5 mg, 10 mg.....	10
diclofenac potassium tab 50 mg.....	1	dorzolamide hcl ophth soln 2%.....	65
diclofenac sodium ophth soln 0.1%.....	65	dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	65
diclofenac sodium soln 1.5%.....	1	dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	51
diclofenac sodium tab delayed release 25 mg.....	1	DOVATO.....	28
diclofenac sodium tab delayed release 50 mg.....	1	doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	37
diclofenac sodium tab delayed release 75 mg.....	1	doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	69
diclofenac sodium tab er 24hr 100 mg.....	1	doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	11
dicloxacillin sodium cap 250 mg.....	5	doxepin hcl conc 10 mg/ml.....	11
dicloxacillin sodium cap 500 mg.....	5	doxy 100 - doxycycline hyclate for inj 100 mg.....	5
dicyclomine hcl cap 10 mg.....	46	doxycycline hyclate cap 50 mg, 100 mg.....	5
dicyclomine hcl oral soln 10 mg/5ml.....	46	doxycycline hyclate for inj 100 mg.....	5
dicyclomine hcl tab 20 mg.....	46	doxycycline hyclate tab 100 mg.....	5
difluprednate ophth emulsion 0.05%.....	65	doxycycline hyclate tab 20 mg.....	5
digoxin oral soln 0.05 mg/ml.....	36	doxycycline monohydrate cap 50 mg, 100 mg.....	5
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	36	doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	5
dihydroergotamine mesylate nasal spray 4 mg/ml.....	14	DRIZALMA SPRINKLE.....	11
DILANTIN.....	8	dronabinol cap 2.5 mg, 5 mg, 10 mg.....	13
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	36	drospirenone-ethinyl estradiol tab 3-0.02 mg.....	51
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	36	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	51
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	36	droxidopa cap 100 mg, 200 mg, 300 mg.....	37
diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg.....	36	DUAVEE.....	51
dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	36	DULERA.....	67
dimethyl fumarate capsule delayed release 120 mg, 240 mg.....	41	duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq).....	11
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	41	duloxetine hcl enteric coated pellets cap 30 mg (base eq).....	11
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	46	DUPIXENT.....	59
disulfiram tab 250 mg, 500 mg.....	3	dutasteride cap 0.5 mg.....	48
divalproex sodium cap delayed release sprinkle 125 mg.....	8	E	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	8	EDURANT PED.....	28
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	8	EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE.....	28
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	37	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	28
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	10	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	28

efavirenz tab 600 mg.....	28	enulose - lactulose (encephalopathy) solution 10 gm/15ml.....	46
ELIGARD.....	57	ENVARBUS XR.....	60
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	51	EPIDIOLEX.....	8
ELIQUIS.....	34	EPINEPHRINE.....	67
ELIQUIS STARTER PACK.....	34	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	67
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq).....	34	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(authorized generic for Adrenaclick 0.3 mg/0.3 ml).....	67
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv).....	34	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak).....	67
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr.....	51	epitol - carbamazepine tab 200 mg.....	8
EMGALITY.....	14	ergotamine w/ caffeine tab 1-100 mg.....	15
EMSAM.....	11	ERIVEDGE.....	17
emtricitabine caps 200 mg.....	28	ERLEADA.....	17
emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg.....	28	erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	17
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 167-250 mg, 200-300 mg.....	28	erlotinib hcl tab 25 mg (base equivalent).....	17
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	28	errin - norethindrone tab 0.35 mg.....	51
EMTRIVA.....	28	ertapenem sodium for inj 1 gm (base equivalent).....	5
emzahh - norethindrone tab 0.35 mg.....	51	ERVEBO.....	60
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg.....	37	erythrocin lactobionate - erythromycin lactobionate for inj500 mg.....	5
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	37	erythromycin ethylsuccinate for susp 200 mg/5ml.....	5
ENBREL.....	59	erythromycin ophth oint 5 mg/gm.....	65
ENBREL MINI.....	59	erythromycin soln 2%.....	5
ENBREL SURECLICK.....	60	erythromycin tab 250 mg, 500 mg.....	5
endocet - oxycodone w/ acetaminophen tab 10-325 mg.....	1	erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	5
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....	1	erythromycin w/ delayed release particles cap 250 mg.....	5
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg.....	1	escitalopram oxalate soln 5 mg/5ml (base equiv).....	12
ENERGIX-B.....	60	escitalopram oxalate tab 20 mg (base equiv).....	12
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	51	escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv).....	12
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml.....	34	eslicarbazepine acetate tab 200 mg, 400 mg.....	8
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	51	eslicarbazepine acetate tab 600 mg, 800 mg.....	8
ENSACOVE.....	17	esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq).....	46
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	51	estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg.....	51
entacapone tab 200 mg.....	23	estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg.....	51
entecavir tab 0.5 mg, 1 mg.....	28	estradiol tab 0.5 mg, 1 mg, 2 mg.....	51
ENTYVIO PEN.....	60		

estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%).....	51	famotidine for susp 40 mg/5ml.....	46
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	51	famotidine tab 20 mg, 40 mg.....	46
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	51	FANAPT.....	25
estradiol vaginal cream 0.01%.....	51	FANAPT TITRATION PACK A.....	25
estradiol vaginal tab 10 mcg.....	51	FANAPT TITRATION PACK B.....	25
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml.....	51	FANAPT TITRATION PACK C.....	25
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg.....	51	FARXIGA.....	31
eszopiclone tab 1 mg, 2 mg, 3 mg.....	69	feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	52
ethambutol hcl tab 100 mg, 400 mg.....	15	feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	52
ethosuximide cap 250 mg.....	8	felbamate susp 600 mg/5ml.....	8
ethosuximide soln 250 mg/5ml.....	8	felbamate tab 400 mg, 600 mg.....	8
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	51	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	37
etodolac cap 200 mg.....	1	fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	37
etodolac cap 300 mg.....	1	fenofibrate tab 145 mg, 160 mg.....	37
etodolac tab 400 mg, 500 mg.....	1	fenofibrate tab 48 mg, 54 mg.....	37
etodolac tab er 24hr 400 mg, 500 mg.....	1	fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	1
etodolac tab er 24hr 600 mg.....	1	FETZIMA.....	12
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	51	FETZIMA TITRATION PACK.....	12
etravirine tab 100 mg, 200 mg.....	28	fidaxomicin tab 200 mg.....	6
EUCRISA.....	43	FILSPARI.....	37
EULEXIN.....	17	finasteride tab 5 mg.....	48
everolimus tab 0.25 mg.....	60	FINTEPLA.....	8
everolimus tab 0.5 mg, 0.75 mg, 1 mg.....	60	FIRMAGON.....	57
everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	17	flac - fluocinolone acetonide (otic) oil 0.01%.....	66
everolimus tab 5 mg.....	17	flecainide acetate tab 50 mg, 100 mg, 150 mg.....	37
everolimus tab for oral susp 2 mg, 5 mg.....	17	fluconazole for susp 10 mg/ml, 40 mg/ml.....	14
everolimus tab for oral susp 3 mg.....	17	fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml.....	14
EVOTAZ.....	28	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	14
exemestane tab 25 mg.....	17	flucytosine cap 250 mg, 500 mg.....	14
EXXUA.....	12	fludrocortisone acetate tab 0.1 mg.....	49
EXXUA TITRATION PACK.....	12	flunisolide nasal soln 25 mcg/act (0.025%).....	67
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	37	fluocinolone acetonide (otic) oil 0.01%.....	66
ezetimibe tab 10 mg.....	37	fluocinolone acetonide cream 0.01%, 0.025%.....	43
F		fluocinolone acetonide oint 0.025%.....	43
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	51	fluocinonide cream 0.05%.....	43
famciclovir tab 125 mg, 250 mg, 500 mg.....	28	fluocinonide emulsified base cream 0.05%.....	43
		fluocinonide gel 0.05%.....	43
		fluocinonide oint 0.05%.....	43
		fluocinonide soln 0.05%.....	43

<i>fluorometholone ophth susp 0.1%</i>	65	<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg,</i>	
FLUOROURACIL.....	43	24 mg.....	10
<i>fluorouracil cream 5%</i>	43	<i>galantamine hydrobromide tab 4 mg, 8 mg, 12</i>	
<i>fluorouracil soln 5%</i>	43	mg.....	10
<i>fluoxetine hcl cap 10 mg</i>	12	<i>gallifrey - norethindrone acetate tab 5</i>	
<i>fluoxetine hcl cap 20 mg</i>	12	mg.....	52
<i>fluoxetine hcl cap 40 mg</i>	12	GAMUNEX-C.....	60
<i>fluoxetine hcl solution 20 mg/5ml</i>	12	GARDASIL 9.....	60
<i>fluphenazine decanoate inj 25 mg/ml</i>	25	GAUZE PADS 2" X 2".....	31
FLUPHENAZINE HCL.....	25	<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10</i>		<i>for soln 240 gm</i>	46
mg.....	25	<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
FLUPHENAZINE HYDROCHLORIDE.....	25	<i>for soln 236 gm</i>	46
<i>flurbiprofen sodium ophth soln 0.03%</i>	65	<i>gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl</i>	
FLUTICASONE FUROATE/VILANTEROL		<i>for soln 420 gm</i>	47
ELLIPTA.....	67	GAVRETO.....	17
FLUTICASONE PROPIONATE/		<i>gefitinib tab 250 mg</i>	17
SALMETEROL.....	67	<i>gemfibrozil tab 600 mg</i>	37
<i>fluticasone propionate cream 0.05%</i>	43	GEMTESA.....	48
<i>fluticasone propionate nasal susp 50 mcg/</i>		<i>generlac - lactulose (encephalopathy) solution 10</i>	
<i>act</i>	67	<i>gm/15ml</i>	47
<i>fluticasone propionate oint 0.005%</i>	43	<i>gengraf - cyclosporine modified cap 25 mg, 100</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/</i>		mg.....	60
<i>act, 250-50 mcg/act, 500-50 mcg/act</i>	68	<i>gengraf - cyclosporine modified oral soln 100 mg/</i>	
<i>fluvastatin sodium cap 20 mg (base equivalent), 40</i>		<i>ml</i>	60
<i>mg (base equivalent)</i>	37	<i>gentamicin in saline inj 1.2 mg/ml</i>	6
<i>fluvoxamine maleate tab 100 mg</i>	12	GENTAMICIN SULFATE/0.9% SODIUM	
<i>fluvoxamine maleate tab 25 mg, 50</i>		CHLORIDE.....	6
mg.....	12	<i>gentamicin sulfate cream 0.1%</i>	43
<i>fosamprenavir calcium tab 700 mg (base</i>		<i>gentamicin sulfate inj 40 mg/ml</i>	6
<i>equiv)</i>	28	<i>gentamicin sulfate oint 0.1%</i>	43
<i>fosfomycin tromethamine powd pack 3 gm (base</i>		<i>gentamicin sulfate ophth soln 0.3%</i>	65
<i>equivalent)</i>	6	GENVOYA.....	28
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5</i>		GILOTRIF.....	17
<i>mg, 20-12.5 mg</i>	37	<i>glatiramer acetate soln prefilled syringe 20 mg/</i>	
<i>fosinopril sodium tab 10 mg, 20 mg, 40</i>		<i>ml</i>	41
mg.....	37	<i>glatiramer acetate soln prefilled syringe 40 mg/</i>	
FOTIVDA.....	17	<i>ml</i>	41
FRUZAQLA.....	17	<i>glatopa - glatiramer acetate soln prefilled syringe 20</i>	
<i>furosemide inj 10 mg/ml</i>	37	<i>mg/ml</i>	42
<i>furosemide oral soln 10 mg/ml</i>	37	<i>glatopa - glatiramer acetate soln prefilled syringe 40</i>	
<i>furosemide oral soln 8 mg/ml</i>	37	<i>mg/ml</i>	42
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	37	<i>glimepiride tab 1 mg</i>	31
G		<i>glimepiride tab 2 mg</i>	31
<i>gabapentin cap 100 mg</i>	8	<i>glimepiride tab 4 mg</i>	31
<i>gabapentin cap 300 mg</i>	8	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	31
<i>gabapentin cap 400 mg</i>	8	<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500</i>	
<i>gabapentin oral soln 250 mg/5ml</i>	8	mg.....	31
<i>gabapentin tab 600 mg</i>	8	<i>glipizide tab 10 mg</i>	31
<i>gabapentin tab 800 mg</i>	8	<i>glipizide tab 5 mg</i>	31
GALANTAMINE HYDROBROMIDE.....	10	<i>glipizide tab er 24hr 10 mg</i>	31
		<i>glipizide tab er 24hr 2.5 mg</i>	31

glipizide tab er 24hr 5 mg.....	31	HAVRIX.....	60
glipizide xl - glipizide tab er 24hr 10 mg.....	31	heather - norethindrone tab 0.35 mg.....	52
glipizide xl - glipizide tab er 24hr 2.5 mg.....	31	heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ ml, 10000 unit/ml, 20000 unit/ml.....	34
glipizide xl - glipizide tab er 24hr 5 mg.....	31	heparin sodium (porcine) pf inj 1000 unit/ ml.....	34
glutamine (sickle cell) powd pack 5 gm.....	48	heparin sodium (porcine) pf inj 5000 unit/ ml.....	34
glyburide-metformin tab 1.25-250 mg.....	31	HEPLISAV-B.....	60
glyburide-metformin tab 2.5-500 mg, 5-500 mg.....	32	HERNEXEOS.....	17
glyburide tab 1.25 mg.....	31	HIBERIX.....	60
glyburide tab 2.5 mg.....	31	HUMALOG.....	32
glyburide tab 5 mg.....	31	HUMALOG JUNIOR KWIKPEN.....	32
glycopyrrolate tab 1 mg, 2 mg.....	47	HUMALOG KWIKPEN.....	32
GLYXAMBI.....	32	HUMALOG MIX 50/50 KWIKPEN.....	32
GOMEKLI.....	17	HUMALOG MIX 75/25.....	32
griseofulvin microsize susp 125 mg/5ml.....	14	HUMALOG MIX 75/25 KWIKPEN.....	32
griseofulvin microsize tab 500 mg.....	14	HUMATIN.....	6
griseofulvin ultramicrosize tab 125 mg, 250 mg.....	14	HUMULIN 70/30.....	32
guanfacine hcl tab 1 mg, 2 mg.....	37	HUMULIN 70/30 KWIKPEN.....	32
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv).....	42	HUMULIN N.....	32
GVOKE HYPOPEN 1-PACK.....	32	HUMULIN N KWIKPEN.....	32
GVOKE HYPOPEN 2-PACK.....	32	HUMULIN R.....	32
GVOKE KIT.....	32	HUMULIN R U-500 (CONCENTRATED).....	32
GVOKE PFS.....	32	HUMULIN R U-500 KWIKPEN.....	32
H		hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	37
HADLIMA.....	60	hydrochlorothiazide cap 12.5 mg.....	37
HADLIMA PUSHTOUCH.....	60	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	37
HAEGARDA.....	60	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	1
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	52	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....	1
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24).....	52	hydrocodone-acetaminophen tab 5-325 mg.....	1
hailey fe 1/20 - norethindrone ace & ethinyl estradiol- fe tab 1 mg-20 mcg.....	52	hydrocodone-ibuprofen tab 7.5-200 mg.....	1
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg.....	52	hydrocortisone butyrate oint 0.1%.....	43
halobetasol propionate cream 0.05%.....	43	hydrocortisone cream 1%.....	43
halobetasol propionate oint 0.05%.....	43	hydrocortisone cream 2.5%.....	43
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	52	hydrocortisone enema 100 mg/60ml.....	64
haloperidol decanoate im soln 50 mg/ml, 100 mg/ ml.....	25	hydrocortisone lotion 2.5%.....	43
haloperidol lactate inj 5 mg/ml.....	25	hydrocortisone oint 1%.....	43
haloperidol lactate oral conc 2 mg/ml.....	25	hydrocortisone oint 2.5%.....	43
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....	25	hydrocortisone perianal cream 1%.....	64
		hydrocortisone perianal cream 2.5%.....	64
		hydrocortisone tab 5 mg, 10 mg, 20 mg.....	49
		hydrocortisone w/ acetic acid otic soln 1-2%.....	66
		hydromorphone hcl liqd 1 mg/ml.....	1

<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	1
<i>hydroxychloroquine sulfate tab 200 mg</i>	23
<i>hydroxyurea cap 500 mg</i>	17
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i>	30
HYRNUO.....	17

I

<i>ibandronate sodium tab 150 mg (base equivalent)</i>	64
IBRANCE.....	17
IBTROZI.....	17
<i>ibu - ibuprofen tab 400 mg</i>	1
<i>ibu - ibuprofen tab 600 mg</i>	1
<i>ibu - ibuprofen tab 800 mg</i>	1
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1
<i>ibuprofen tab 600 mg</i>	1
<i>ibuprofen tab 800 mg</i>	1
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	60
<i>iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	52
ICLUSIG.....	17
IDHIFA.....	17
IDVYNOS.....	28
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	17
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	17
IMBRUVICA.....	17
IMIPENEM/CILASTATIN.....	6
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	6
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i>	12
<i>imiquimod cream 5%</i>	43
IMKELDI.....	18
IMOVAX RABIES (H.D.C.V.).....	60
IMPAVIDO.....	6
INBRIJA.....	23
<i>incassia - norethindrone tab 0.35 mg</i>	52
INCRELEX.....	49
INCRUSE ELLIPTA.....	68
<i>indapamide tab 1.25 mg, 2.5 mg</i>	37
INFANRIX.....	60
INLURIYO.....	18
INLYTA.....	18
INQOVI.....	18
INREBIC.....	18
INSULIN LISPRO.....	32

INSULIN LISPRO JUNIOR KWIKPEN.....	32
INSULIN LISPRO KWIKPEN.....	32
INSULIN SYRINGE/NEEDLE.....	32
INTELENCE.....	28
INTRALIPID.....	45
<i>introvale - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	52
INVEGA HAFYERA.....	25
INVEGA SUSTENNA.....	25
INVEGA TRINZA.....	25
IPOD INACTIVATED IPV.....	60
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	68
<i>ipratropium bromide inhal soln 0.02%</i>	68
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	68
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	68
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	37
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i>	37
ISENTRESS.....	28
ISENTRESS HD.....	28
<i>isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	52
<i>isoniazid tab 100 mg, 300 mg</i>	15
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i>	37
<i>isosorbide mononitrate tab 10 mg, 20 mg</i>	37
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i>	37
ISOTONIC GENTAMICIN.....	6
<i>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	44
<i>isradipine cap 2.5 mg, 5 mg</i>	37
ITOVEBI.....	18
<i>itraconazole cap 100 mg</i>	14
<i>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)</i>	37
<i>ivermectin tab 3 mg</i>	23
IWILFIN.....	18
IXIARO.....	60

J

JAKAFI.....	18
<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	34
JANUMET XR.....	32
JARDIANCE.....	33

<i>jasmiel</i> - drospirenone-ethinyl estradiol tab 3-0.02 mg.....	52	<i>ketoconazole shampoo</i> 2%.....	14
JAYPIRCA.....	18	<i>ketoconazole tab</i> 200 mg.....	14
<i>jencycla</i> - norethindrone tab 0.35 mg.....	52	<i>ketorolac tromethamine ophth soln</i> 0.4%.....	65
JENTADUETO.....	33	<i>ketorolac tromethamine ophth soln</i> 0.5%.....	65
JENTADUETO XR.....	33	KINRIX.....	60
<i>jolessa</i> - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	52	<i>kionex</i> - sodium polystyrene sulfonate susp 15 gm/60ml.....	45
<i>juleber</i> - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	52	KISQALI.....	18
JULUCA.....	28	<i>klayesta</i> - nystatin topical powder 100000 unit/gm.....	14
<i>junel</i> 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	52	<i>klor-con</i> 10 - potassium chloride tab er 10 meq.....	45
<i>junel</i> 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	52	<i>klor-con</i> 8 - potassium chloride tab er 8 meq (600 mg).....	45
<i>junel</i> fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	52	<i>klor-con</i> m10 - potassium chloride microencapsulated crys ertab 10 meq.....	45
<i>junel</i> fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	52	<i>klor-con</i> m15 - potassium chloride microencapsulated crys ertab 15 meq.....	45
<i>junel</i> fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	52	<i>klor-con</i> m20 - potassium chloride microencapsulated crys ertab 20 meq.....	45
JYNNEOS.....	60	KLOXXADO.....	3
K		KOMZIFTI.....	18
KALETRA.....	28	KOSELUGO.....	18
<i>kalliga</i> - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	52	<i>kourzeq</i> - triamcinolone acetonide dental paste 0.1%.....	42
KALYDECO.....	68	KRAZATI.....	18
<i>kariva</i> - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	52	<i>kurvelo</i> - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg.....	52
<i>kcl</i> 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....	45	L	
<i>kcl</i> 20 meq/l (0.149%) in nacl 0.45% inj.....	45	<i>labetalol hcl tab</i> 100 mg, 200 mg, 300 mg.....	38
<i>kcl</i> 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj.....	45	<i>lacosamide oral solution</i> 10 mg/ml.....	8
<i>kcl</i> 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj.....	45	<i>lacosamide tab</i> 100 mg.....	8
<i>kcl</i> 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.....	45	<i>lacosamide tab</i> 150 mg, 200 mg.....	9
<i>kcl</i> 20 meq/l (0.15%) in nacl 0.45% inj.....	45	<i>lacosamide tab</i> 50 mg.....	8
<i>kcl</i> 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.....	45	<i>lactic acid</i> (ammonium lactate) cream 12%.....	44
<i>kcl</i> 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj.....	45	<i>lactic acid</i> (ammonium lactate) lotion 12%.....	44
<i>kelnor</i> 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	52	<i>lactulose</i> (encephalopathy) solution 10 gm/15ml.....	47
<i>kelnor</i> 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	52	<i>lactulose solution</i> 10 gm/15ml.....	47
KERENDIA.....	37	<i>lamivudine oral soln</i> 10 mg/ml.....	28
KESIMPTA.....	42	<i>lamivudine tab</i> 100 mg (hbv).....	28
<i>ketoconazole cream</i> 2%.....	14	<i>lamivudine tab</i> 150 mg.....	28
		<i>lamivudine tab</i> 300 mg.....	28

lamivudine-zidovudine tab 150-300 mg.....	28	levetiracetam tab er 24hr 500 mg, 750	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200		mg.....	9
mg.....	9	levobunolol hcl ophth soln 0.5%.....	65
lamotrigine tab chewable dispersible 5 mg, 25		levocarnitine oral soln 1 gm/10ml	
mg.....	9	(10%).....	48
LAMPIT.....	23	levocarnitine tab 330 mg.....	48
lansoprazole cap delayed release 15 mg, 30		levocetirizine dihydrochloride tab 5 mg.....	68
mg.....	47	levofloxacin in d5w iv soln 250 mg/50ml, 500	
LANTUS.....	33	mg/100ml, 750 mg/150ml.....	6
LANTUS SOLOSTAR.....	33	levofloxacin oral soln 25 mg/ml.....	6
lapatinib ditosylate tab 250 mg (base		levofloxacin tab 250 mg, 500 mg, 750	
equiv).....	18	mg.....	6
larin 1/20 - norethindrone ace & ethinyl estradiol tab		levonest - levonorgestrel-eth estra tab	
1 mg-20 mcg.....	53	0.05-30/0.075-40/0.125-30mg-mcg.....	53
larin 1.5/30 - norethindrone ace & ethinyl estradiol		levonorgestrel & ethinyl estradiol (91-day) tab	
tab 1.5 mg-30 mcg.....	53	0.15-0.03 mg.....	53
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab		levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg,	
1 mg-20 mcg (24).....	53	0.15 mg-30 mcg.....	53
larin fe 1/20 - norethindrone ace & ethinyl estradiol-		levonorgestrel-eth estra tab	
fe tab 1 mg-20 mcg.....	53	0.05-30/0.075-40/0.125-30mg-mcg.....	53
larin fe 1.5/30 - norethindrone ace & ethinyl		levonorg-eth est tab 0.1-0.02mg(84) & eth est tab	
estradiol-fe tab 1.5 mg-30 mcg.....	53	0.01mg(7).....	53
latanoprost ophth soln 0.005%.....	65	levora 0.15/30-28 - levonorgestrel & ethinyl estradiol	
LAZCLUZE.....	18	tab 0.15 mg-30 mcg.....	53
lederle leucovorin - leucovorin calcium tab 5		levothyroxine sodium tab 25 mcg, 50 mcg, 75	
mg.....	18	mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg,	
leflunomide tab 10 mg, 20 mg.....	61	137 mcg, 150 mcg, 175 mcg, 200 mcg, 300	
lenalidomide cap 15 mg, 20 mg, 25		mcg.....	57
mg.....	18	levo-t - levothyroxine sodium tab 25 mcg, 50 mcg,	
lenalidomide cap 5 mg, 10 mg.....	18	75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg,	
lenalidomide caps 2.5 mg.....	18	137 mcg, 150 mcg, 175 mcg, 200 mcg, 300	
LENVIMA 10 MG DAILY DOSE.....	18	mcg.....	57
LENVIMA 12MG DAILY DOSE.....	18	levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg,	
LENVIMA 14 MG DAILY DOSE.....	18	75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137	
LENVIMA 18 MG DAILY DOSE.....	19	mcg, 150 mcg, 175 mcg, 200 mcg.....	57
LENVIMA 20 MG DAILY DOSE.....	19	lidocaine hcl laryngotracheal soln 4%.....	2
LENVIMA 24 MG DAILY DOSE.....	19	lidocaine hcl soln 4%.....	2
LENVIMA 4 MG DAILY DOSE.....	19	lidocaine hcl viscous soln 2%.....	2
LENVIMA 8 MG DAILY DOSE.....	19	lidocaine patch 5%.....	2
lessina - levonorgestrel & ethinyl estradiol tab 0.1		lidocaine-prilocaine cream 2.5-2.5%.....	2
mg-20 mcg.....	53	lidocan - lidocaine patch 5%.....	2
letrozole tab 2.5 mg.....	19	LIFYORLI.....	58
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25		LILETTA.....	48
mg.....	19	linezolid for susp 100 mg/5ml.....	6
LEUKERAN.....	19	linezolid in sodium chloride iv soln 600	
LEUKINE.....	34	mg/300ml-0.9%.....	6
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/		linezolid iv soln 600 mg/300ml (2 mg/	
ml).....	57	ml).....	6
levetiracetam oral soln 100 mg/ml.....	9	linezolid tab 600 mg.....	6
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000		LINZESS.....	47
mg.....	9	liomny - liothyronine sodium tab 5 mcg, 25 mcg, 50	
		mcg.....	57

<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	57	<i>lubiprostone cap 8 mcg</i>	47
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	38	<i>luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	53
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	38	<i>luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	53
<i>lithium carbonate cap 150 mg</i>	31	LUMAKRAS.....	19
<i>lithium carbonate cap 300 mg</i>	31	LUPRON DEPOT (1-MONTH).....	58
<i>lithium carbonate cap 600 mg</i>	31	LUPRON DEPOT-PED (1-MONTH).....	58
<i>lithium carbonate tab 300 mg</i>	31	LUPRON DEPOT-PED (3-MONTH).....	58
<i>lithium carbonate tab er 300 mg, 450 mg</i>	31	LUPRON DEPOT-PED (6-MONTH).....	58
<i>lithium oral solution 8 meq/5ml</i>	31	<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	25
LIVTENCITY.....	28	<i>lurasidone hcl tab 80 mg</i>	25
<i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	53	<i>luta - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	53
<i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	53	LYBALVI.....	25
<i>loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	53	<i>lyleq - norethindrone tab 0.35 mg</i>	53
<i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	53	<i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	53
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	53	LYNPARZA.....	19
LOKELMA.....	45	LYSODREN.....	19
<i>lomustine cap 100 mg</i>	19	LYTGOBI.....	19
<i>lomustine cap 10 mg, 40 mg</i>	19	LYUMJEV.....	33
LONSURF.....	19	LYUMJEV KWIKPEN.....	33
<i>loperamide hcl cap 2 mg</i>	47	<i>lyza - norethindrone tab 0.35 mg</i>	53
<i>lopinavir-ritonavir tab 100-25 mg</i>	29	M	
<i>lopinavir-ritonavir tab 200-50 mg</i>	29	<i>magnesium sulfate inj 50%</i>	45
<i>lorazepam conc 2 mg/ml</i>	30	<i>malathion lotion 0.5%</i>	44
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	31	<i>maraviroc tab 150 mg</i>	29
<i>lorazepam tab 0.5 mg, 1 mg</i>	31	<i>maraviroc tab 300 mg</i>	29
<i>lorazepam tab 2 mg</i>	31	<i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	53
LORBRENA.....	19	MARPLAN.....	12
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	53	MATULANE.....	19
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	38	MAVYRET.....	29
<i>losartan potassium tab 100 mg</i>	38	<i>meclizine hcl tab 12.5 mg, 25 mg</i>	13
<i>losartan potassium tab 25 mg, 50 mg</i>	38	<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	54
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	38	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	53
<i>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i>	53	<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	54
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	25	<i>mefloquine hcl tab 250 mg</i>	23
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	53	<i>megestrol acetate susp 40 mg/ml</i>	54
<i>lubiprostone cap 24 mcg</i>	47	<i>megestrol acetate tab 20 mg, 40 mg</i>	54
		MEKINIST.....	19
		MEKTOVI.....	19
		<i>meleya - norethindrone tab 0.35 mg</i>	54
		<i>meloxicam tab 15 mg</i>	1
		<i>meloxicam tab 7.5 mg</i>	1

memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg.....	10	methylprednisolone tab therapy pack 4 mg (21).....	49
memantine hcl oral solution 2 mg/ml.....	11	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	47
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	11	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	47
memantine hcl tab 5 mg, 10 mg.....	11	metolazone tab 2.5 mg, 5 mg, 10 mg.....	38
MENQUADFI.....	61	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	38
MENVEO.....	61	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	38
mercaptopurine susp 2000 mg/100ml (20 mg/ml).....	19	metoprolol tartrate tab 25 mg, 50 mg, 100 mg.....	38
mercaptopurine tab 50 mg.....	19	metoprolol tartrate tab 37.5 mg, 75 mg.....	38
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml.....	6	metronidazole cream 0.75%.....	44
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml.....	6	metronidazole gel 0.75%.....	44
meropenem iv for soln 500 mg, 1 gm.....	6	metronidazole gel 1%.....	44
mesalamine cap er 24hr 0.375 gm.....	64	metronidazole iv soln 500 mg/100ml.....	6
mesalamine enema 4 gm.....	64	metronidazole lotion 0.75%.....	44
mesalamine rectal enema 4 gm & cleanser wipe kit.....	64	metronidazole tab 250 mg, 500 mg.....	6
mesalamine suppos 1000 mg.....	64	metronidazole vaginal gel 0.75%.....	6
mesalamine tab delayed release 1.2 gm.....	64	metyrosine cap 250 mg.....	38
mesna tab 400 mg.....	19	miconazole sodium for iv soln 100 mg.....	14
metformin hcl tab 1000 mg.....	33	miconazole sodium for iv soln 50 mg.....	14
metformin hcl tab 500 mg.....	33	microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	54
metformin hcl tab 850 mg.....	33	microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	54
metformin hcl tab er 24hr 500 mg.....	33	microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	54
metformin hcl tab er 24hr 750 mg.....	33	microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	54
methadone hcl tab 10 mg.....	2	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	38
methadone hcl tab 5 mg.....	1	mifepristone tab 300 mg.....	58
methazolamide tab 25 mg, 50 mg.....	38	mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	54
methenamine hippurate tab 1 gm.....	6	mimvey - estradiol & norethindrone acetate tab 1-0.5 mg.....	54
methimazole tab 5 mg, 10 mg.....	58	minocycline hcl cap 50 mg, 75 mg, 100 mg.....	6
methocarbamol tab 500 mg, 750 mg.....	69	minoxidil tab 2.5 mg, 10 mg.....	38
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....	61	mirabegron granules for oral extended release susp 8 mg/ml.....	48
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	61	mirabegron tab er 24 hr 25 mg, 50 mg.....	48
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	61	mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg.....	12
methotrexate sodium tab 2.5 mg (base equiv).....	61	mirtazapine tab 15 mg.....	12
methsuximide cap 300 mg.....	9	mirtazapine tab 7.5 mg, 30 mg, 45 mg.....	12
methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	42	misoprostol tab 100 mcg, 200 mcg.....	47
methylphenidate hcl tab er 10 mg, 20 mg.....	42	M-M-R II.....	61
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	49	modafinil tab 100 mg, 200 mg.....	69

MODEYSO.....	19	nabumetone tab 750 mg.....	2
moexipril hcl tab 7.5 mg, 15 mg.....	38	nadolol tab 20 mg, 40 mg, 80 mg.....	38
MOLINDONE HYDROCHLORIDE.....	25	nafcillin sodium for inj 1 gm, 2 gm.....	6
mometasone furoate cream 0.1%.....	44	nafcillin sodium for iv soln 10 gm.....	6
mometasone furoate nasal susp 50 mcg/ act.....	68	nafcillin sodium in dextrose inj 2 gm/100ml.....	6
mometasone furoate oint 0.1%.....	44	naloxone hcl inj 0.4 mg/ml, 4 mg/10ml.....	3
mometasone furoate solution 0.1% (lotion).....	44	naloxone hcl soln cartridge 0.4 mg/ml.....	3
mondoxylene nl - doxycycline monohydrate cap 100 mg.....	6	naloxone hcl soln prefilled syringe 2 mg/2ml.....	3
mono-lynyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	54	naltrexone hcl tab 50 mg.....	3
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	68	naproxen sodium tab 275 mg.....	2
montelukast sodium oral granules packet 4 mg (base equiv).....	68	naproxen sodium tab 550 mg.....	2
montelukast sodium tab 10 mg (base equiv).....	68	naproxen tab 250 mg.....	2
morphine sulfate oral soln 100 mg/5ml (20 mg/ ml).....	2	naproxen tab 375 mg.....	2
morphine sulfate oral soln 10 mg/5ml.....	2	naproxen tab 500 mg.....	2
morphine sulfate oral soln 20 mg/5ml.....	2	naproxen tab ec 375 mg.....	2
morphine sulfate tab 15 mg.....	2	naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	15
morphine sulfate tab 30 mg.....	2	NATACYN.....	65
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg.....	2	nateglinide tab 120 mg.....	33
MOUNJARO.....	33	nateglinide tab 60 mg.....	33
MOVANTIK.....	47	NAYZILAM.....	9
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....	6	nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	38
moxifloxacin hcl iv solution 400 mg/250ml (base equiv).....	6	necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg.....	54
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily).....	65	NEFAZODONE HYDROCHLORIDE.....	12
moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox).....	65	NEOMYCIN/POLYMYXIN/ GRAMICIDIN.....	65
moxifloxacin hcl tab 400 mg (base equiv).....	6	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	65
MRESVIA.....	61	neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	65
MULTAQ.....	38	neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	65
mupirocin oint 2%.....	44	neomycin-polymyxin-hc otic soln 1%.....	66
mycophenolate mofetil cap 250 mg.....	61	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	66
mycophenolate mofetil for oral susp 200 mg/ ml.....	61	neomycin sulfate tab 500 mg.....	6
mycophenolate mofetil tab 500 mg.....	61	neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	65
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	61	neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	65
N		NERLYNX.....	19
nabumetone tab 500 mg.....	2	nevirapine susp 50 mg/5ml.....	29
		nevirapine tab 200 mg.....	29
		nevirapine tab er 24hr 400 mg.....	29
		NEXLETOL.....	38
		NEXLIZET.....	38
		NEXPLANON.....	48

<i>niacin tab er 500 mg</i> (antihyperlipidemic).....	38	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20</i> <i>mcg (24).....</i>	54
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg</i> (antihyperlipidemic).....	38	<i>norethindrone acetate tab 5 mg.....</i>	54
<i>nicardipine hcl cap 20 mg, 30 mg.....</i>	38	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35</i> <i>mg-mcg.....</i>	54
<i>NICOTROL NS.....</i>	3	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35</i> <i>mg-mcg.....</i>	54
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90</i> <i>mg.....</i>	38	<i>norethindrone tab 0.35 mg.....</i>	54
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg,</i> <i>90 mg.....</i>	38	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i> <i>mcg.....</i>	54
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg.....</i>	54	<i>norgestimate-eth estrad tab</i> <i>0.18-25/0.215-25/0.25-25 mg-mcg,</i> <i>0.18-35/0.215-35/0.25-35 mg-mcg.....</i>	54
<i>nilotinib hcl cap 150 mg (base equivalent), 200 mg</i> (base equivalent).....	20	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30</i> <i>mcg.....</i>	54
<i>nilotinib hcl cap 50 mg (base</i> <i>equivalent).....</i>	19	<i>norlyroc - norethindrone tab 0.35 mg.....</i>	54
<i>nilutamide tab 150 mg.....</i>	20	<i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol</i> <i>tab0.5 mg-35 mcg.....</i>	54
<i>nimodipine cap 30 mg.....</i>	38	<i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1</i> <i>mg-35 mcg.....</i>	55
<i>NINLARO.....</i>	20	<i>nortrel 7/7/7 - norethindrone-eth estradiol tab</i> <i>0.5-35/0.75-35/1-35 mg-mcg.....</i>	55
<i>nintedanib esylate cap 100 mg (base equivalent),</i> <i>150 mg (base equivalent).....</i>	68	<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75</i> <i>mg.....</i>	12
<i>nitazoxanide tab 500 mg.....</i>	23	<i>nortriptyline hcl soln 10 mg/5ml.....</i>	12
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20</i> <i>mg.....</i>	48	<i>NORVIR.....</i>	29
<i>nitro-bid - nitroglycerin oint 2%.....</i>	38	<i>NOVOLIN R FLEXPEN.....</i>	33
<i>nitrofurantoin macrocrystalline cap 100</i> <i>mg.....</i>	6	<i>NOVOLIN R FLEXPEN RELION.....</i>	33
<i>nitrofurantoin macrocrystalline cap 50</i> <i>mg.....</i>	6	<i>NUBEQA.....</i>	20
<i>nitrofurantoin monohydrate macrocrystalline cap 100</i> <i>mg.....</i>	6	<i>NUCALA.....</i>	68
<i>nitroglycerin oint 2%, 0.4%.....</i>	38	<i>NUDEXTA.....</i>	42
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6</i> <i>mg.....</i>	38	<i>NUPLAZID.....</i>	25
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4</i> <i>mg/hr, 0.6 mg/hr.....</i>	38	<i>NURTEC.....</i>	15
<i>NIVESTYM.....</i>	35	<i>NUTRILIPID.....</i>	45
<i>nizatidine cap 150 mg.....</i>	47	<i>nyamyc - nystatin topical powder 100000 unit/</i> <i>gm.....</i>	14
<i>nizatidine cap 300 mg.....</i>	47	<i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1</i> <i>mg-35 mcg.....</i>	55
<i>nora-be - norethindrone tab 0.35 mg.....</i>	54	<i>nylia 7/7/7 - norethindrone-eth estradiol tab</i> <i>0.5-35/0.75-35/1-35 mg-mcg.....</i>	55
<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i> <i>mcg/24hr.....</i>	54	<i>nystatin cream 100000 unit/gm.....</i>	14
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4</i> <i>mg-35 mcg.....</i>	54	<i>nystatin oint 100000 unit/gm.....</i>	14
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg,</i> <i>0.5 mg-35 mcg.....</i>	54	<i>nystatin susp 100000 unit/ml.....</i>	14
<i>norethindrone & ethinyl estradiol tab 1 mg-35</i> <i>mcg.....</i>	54	<i>nystatin tab 500000 unit.....</i>	14
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20</i> <i>mcg, 1.5 mg-30 mcg.....</i>	54	<i>nystatin topical powder 100000 unit/</i> <i>gm.....</i>	14
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20</i> <i>mcg, 1.5 mg-30 mcg.....</i>	54	<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-</i> <i>%.....</i>	44
		<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-</i> <i>%.....</i>	44
		<i>nystop - nystatin topical powder 100000 unit/</i> <i>gm.....</i>	14

O

<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	55
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	58
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	58
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	58
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml)</i>	58
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	58
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	58
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	58
ODEFSEY.....	29
ODOMZO.....	20
OFEV.....	68
<i>ofloxacin ophth soln 0.3%</i>	65
<i>ofloxacin otic soln 0.3%</i>	66
<i>ofloxacin tab 400 mg</i>	7
OGSIVEO.....	20
OJEMDA.....	20
OJJAARA.....	20
<i>olanzapine for im inj 10 mg</i>	26
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	26
<i>olanzapine tab 15 mg, 20 mg</i>	26
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	26
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	39
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	39
<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	39
<i>olmesartan medoxomil tab 5 mg</i>	38
<i>olopatadine hcl nasal soln 0.6%</i>	68
<i>omega-3-acid ethyl esters cap 1 gm</i>	39
<i>omeprazole cap delayed release 10 mg</i>	47
<i>omeprazole cap delayed release 20 mg, 40 mg</i>	47
OMNITROPE.....	49
<i>ondansetron hcl oral soln 4 mg/5ml</i>	13
<i>ondansetron hcl tab 4 mg, 8 mg</i>	13
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	13

ONUREG.....	20
OPIPZA.....	26
OPVEE.....	3
<i>oralone dental paste - triamcinolone acetonide dental paste 0.1%</i>	42
ORENITRAM.....	68
ORENITRAM TITRATION KIT MONTH 1.....	68
ORENITRAM TITRATION KIT MONTH 2.....	68
ORENITRAM TITRATION KIT MONTH 3.....	68
ORGOVYX.....	20
<i>orquidea - norethindrone tab 0.35 mg</i>	55
ORSERDU.....	20
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	29
<i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i>	29
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	29
OTEZLA.....	44
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK.....	44
OTEZLA XR.....	44
<i>oxaprozin tab 600 mg</i>	2
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	9
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	9
<i>oxybutynin chloride solution 5 mg/5ml</i>	48
<i>oxybutynin chloride tab 5 mg</i>	49
<i>oxybutynin chloride tab er 24hr 10 mg, 15 mg</i>	48
<i>oxybutynin chloride tab er 24hr 5 mg</i>	48
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2
<i>oxycodone hcl tab 5 mg</i>	2
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2
OZEMPIC.....	33

P

<i>pacerone - amiodarone hcl tab 100 mg, 400 mg</i>	39
<i>pacerone - amiodarone hcl tab 200 mg</i>	39
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	26

<i>paliperidone tab er 24hr 6 mg</i>	26	<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	13
PANRETIN.....	20	<i>pfizerpen - penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	7
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	47	<i>phenelzine sulfate tab 15 mg</i>	12
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	47	<i>phenobarbital elixir 20 mg/5ml</i>	9
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	64	<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</i>	9
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	12	<i>phenoxybenzamine hcl cap 10 mg</i>	39
<i>paroxetine hcl tab 10 mg, 40 mg</i>	12	<i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i>	9
<i>paroxetine hcl tab 20 mg</i>	12	<i>phenytoin chew tab 50 mg</i>	9
<i>paroxetine hcl tab 30 mg</i>	12	<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	9
PAXLOVID.....	29	<i>phenytoin sodium extended cap 100 mg</i>	9
<i>pazopanib hcl tab 200 mg (base equiv)</i>	20	<i>phenytoin sodium extended cap 200 mg, 300 mg</i>	9
PAZOPANIB HYDROCHLORIDE.....	20	<i>phenytoin susp 125 mg/5ml</i>	9
PEDIARIX.....	61	<i>philiith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	55
PEDVAXHIB.....	61	PIFELTRO.....	29
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	47	<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	65
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	47	<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	42
PEGASYS.....	61	<i>pimozide tab 1 mg, 2 mg</i>	26
PEMAZYRE.....	20	<i>pimtree - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	55
PENBRAYA.....	61	<i>pindolol tab 5 mg, 10 mg</i>	39
<i>penicillamine tab 250 mg</i>	49	<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	33
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	7	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	33
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	7	<i>pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)</i>	33
<i>penicillin v potassium for soln 125 mg/5ml</i>	7	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	7
<i>penicillin v potassium for soln 250 mg/5ml</i>	7	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	7
<i>penicillin v potassium tab 250 mg, 500 mg</i>	7	<i>piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml</i>	7
PENMENVY.....	61	<i>piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml</i>	7
PENTACEL.....	61	<i>piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml</i>	7
<i>pentamidine isethionate for inj soln 300 mg</i>	23	PIQRAY 200MG DAILY DOSE.....	20
<i>pentamidine isethionate for nebulization soln 300 mg</i>	23	PIQRAY 250MG DAILY DOSE.....	20
<i>pentoxifylline tab er 400 mg</i>	39	PIQRAY 300MG DAILY DOSE.....	20
<i>perampanel susp 0.5 mg/ml</i>	9	<i>pirfenidone cap 267 mg</i>	68
<i>perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg</i>	9	<i>pirfenidone tab 267 mg</i>	68
<i>perindopril erbumine tab 2 mg</i>	39	<i>pirfenidone tab 801 mg</i>	68
<i>perindopril erbumine tab 4 mg</i>	39	<i>piroxicam cap 10 mg</i>	2
<i>perindopril erbumine tab 8 mg</i>	39	<i>piroxicam cap 20 mg</i>	2
<i>periogard - chlorhexidine gluconate soln 0.12%</i>	42	<i>podofilox soln 0.5%</i>	44
<i>permethrin cream 5%</i>	44		

<i>polycin - bacitracin-polymyxin b ophth oint</i>	65	PREMPRO.....	55
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	66	PRETOMANID.....	15
<i>pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg</i>	20	<i>prevalite - cholestyramine light powder 4 gm/dose</i>	39
POMALYST.....	20	<i>prevalite - cholestyramine light powder packets 4 gm</i>	39
<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	55	PREVYMIS.....	29
<i>posaconazole tab delayed release 100 mg</i>	14	PREZCOBIX.....	29
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	46	PREZISTA.....	29
<i>potassium chloride cap er 8 meq, 10 meq</i>	45	PRIFTIN.....	15
<i>potassium chloride inj 2 meq/ml</i>	46	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	23
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	46	PRIMIDONE.....	9
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	46	<i>primidone tab 50 mg, 250 mg</i>	9
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	46	PRIORIX.....	61
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	46	<i>probenecid tab 500 mg</i>	14
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	23	<i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	13
<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</i>	35	<i>prochlorperazine suppos 25 mg</i>	13
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	39	<i>proctocort - hydrocortisone perianal cream 1%</i>	64
<i>pravastatin sodium tab 80 mg</i>	39	<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	64
<i>praziquantel tab 600 mg</i>	23	<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	64
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	39	<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	64
<i>prednisolone acetate ophth susp 1%</i>	66	<i>progesterone cap 100 mg, 200 mg</i>	55
<i>prednisolone sodium phosphate ophth soln 1%</i>	66	PROGRAF.....	61
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	49	PROLASTIN-C.....	48
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), 5 mg/5ml (base equiv)</i>	49	<i>promethazine hcl oral soln 6.25 mg/5ml</i>	13
<i>prednisolone soln 15 mg/5ml</i>	49	<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</i>	13
<i>prednisone oral soln 5 mg/5ml</i>	49	<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	39
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	49	<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	39
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	49	<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	39
<i>pregabalin cap 225 mg, 300 mg</i>	9	<i>propranolol hcl oral soln 20 mg/5ml</i>	39
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	9	<i>propranolol hcl oral soln 40 mg/5ml</i>	39
<i>pregabalin soln 20 mg/ml</i>	9	<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	39
PREMARIN.....	55	<i>propylthiouracil tab 50 mg</i>	58
PREMPHASE.....	55	PROQUAD.....	61
		<i>protriptyline hcl tab 5 mg, 10 mg</i>	12
		PULMOZYME.....	68
		<i>pyrazinamide tab 500 mg</i>	15
		<i>pyridostigmine bromide tab 60 mg</i>	15
		<i>pyrimethamine tab 25 mg</i>	23
		PYRUKYND.....	48

PYRUKYND TAPER PACK.....	48
PYZCHIVA.....	61
Q	
QINLOCK.....	20
QUADRACEL.....	61
QUETIAPINE FUMARATE.....	26
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg.....	26
quetiapine fumarate tab 300 mg, 400 mg.....	26
quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	26
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg.....	26
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....	39
quinapril-hydrochlorothiazide tab 10-12.5 mg.....	39
quinapril-hydrochlorothiazide tab 20-12.5 mg.....	39
quinapril-hydrochlorothiazide tab 20-25 mg.....	39
QUINIDINE SULFATE.....	39
quinine sulfate cap 324 mg.....	23
R	
RABAVERT.....	62
rabeprazole sodium ec tab 20 mg.....	47
RALDESY.....	12
raloxifene hcl tab 60 mg.....	55
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....	39
ranolazine tab er 12hr 500 mg, 1000 mg.....	39
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv).....	23
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	55
RECOMBIVAX HB.....	62
RELENZA DISKHALER.....	29
repaglinide tab 0.5 mg.....	33
repaglinide tab 1 mg.....	33
repaglinide tab 2 mg.....	33
REPATHA.....	39
REPATHA SURECLICK.....	39
RETACRIT.....	35
RETEVMO.....	20
REVCovi.....	48
REVUFORJ.....	20
REXTOVY.....	3
REXULTI.....	26
REYATAZ.....	29

REZDIFFRA.....	48
REZLIDHIA.....	20
REZUROCK.....	62
ribavirin cap 200 mg.....	29
ribavirin tab 200 mg.....	29
RIDAURA.....	62
rifabutin cap 150 mg.....	15
rifampin cap 150 mg, 300 mg.....	15
rifampin for inj 600 mg.....	15
rilpivirine hcl tab 25 mg (base equivalent).....	29
riluzole tab 50 mg.....	42
RINVOQ.....	62
RINVOQ LQ.....	62
risedronate sodium tab 150 mg.....	64
risedronate sodium tab 35 mg.....	64
risedronate sodium tab 5 mg, 30 mg.....	64
risedronate sodium tab delayed release 35 mg.....	64
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg.....	26
risperidone microspheres for im extended rel susp 50 mg.....	26
RISPERIDONE ODT.....	26
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	26
risperidone orally disintegrating tab 4 mg.....	26
risperidone soln 1 mg/ml.....	26
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg.....	26
risperidone tab 4 mg.....	26
ritonavir tab 100 mg.....	29
rivaroxaban tab 2.5 mg.....	35
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....	11
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr.....	11
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq).....	15
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent).....	15
roflumilast tab 250 mcg, 500 mcg.....	69
ROMVIMZA.....	20
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....	23
rosuvastatin calcium tab 40 mg.....	39
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....	39
ROTARIX.....	62
ROTATEQ.....	62

roweepra - levetiracetam tab 500 mg.....	9
ROZLYTREK.....	20
RUBRACA.....	21
rufinamide susp 40 mg/ml.....	9
rufinamide tab 200 mg.....	9
rufinamide tab 400 mg.....	9
RUKOBIA.....	29
RYBELSUS.....	33
RYDAPT.....	21

S

sacubitril-valsartan tab 24-26 mg.....	39
sacubitril-valsartan tab 49-51 mg, 97-103 mg.....	40
SANTYL.....	44
sapropterin dihydrochloride powder packet 100 mg.....	48
SCSEMBLIX.....	21
scopolamine td patch 72hr 1 mg/3days.....	13
SECUADO.....	27
selegiline hcl cap 5 mg.....	23
selegiline hcl tab 5 mg.....	23
selenium sulfide lotion 2.5%.....	44
SELZENTRY.....	29
SEREVENT DISKUS.....	69
sertraline hcl oral concentrate for solution 20 mg/ ml.....	12
sertraline hcl tab 100 mg.....	12
sertraline hcl tab 25 mg, 50 mg.....	12
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	55
sevelamer carbonate tab 800 mg.....	46
sharobel - norethindrone tab 0.35 mg.....	55
SHINGRIX.....	62
SIGNIFOR.....	58
sildenafil citrate tab 20 mg.....	69
sildenafil citrate tab 25 mg, 50 mg, 100 mg.....	49
silver sulfadiazine cream 1%.....	44
SIMBRINZA.....	66
SIMLANDI.....	62
SIMLANDI 1-PEN KIT.....	62
SIMLANDI 2-PEN KIT.....	62
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	55
simvastatin tab 20 mg.....	40
simvastatin tab 5 mg, 10 mg, 40 mg.....	40
simvastatin tab 80 mg.....	40
sirolimus oral soln 1 mg/ml.....	62
sirolimus tab 0.5 mg, 1 mg, 2 mg.....	62
SIRTURO.....	15

sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg.....	33
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	33
SKYLA.....	49
SKYRIZI.....	62
SKYRIZI PEN.....	62
sodium chloride iv soln 0.45%.....	46
sodium chloride iv soln 0.9%.....	46
sodium chloride preservative free (pf) inj 0.9%.....	46
sodium oxybate oral solution 500 mg/ ml.....	69
sodium phenylbutyrate oral powder 3 gm/ teaspoonful.....	48
sodium phenylbutyrate tab 500 mg.....	48
sodium polystyrene sulfonate powder.....	46
sodium polystyrene sulfonate susp 15 gm/60ml.....	46
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	47
solifenacin succinate tab 5 mg, 10 mg.....	49
SOLTAMOX.....	21
SOMAVERT.....	58
sorafenib tosylate tab 200 mg (base equivalent).....	21
sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg.....	40
sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg.....	40
SPIRIVA RESPIMAT.....	69
spironolactone & hydrochlorothiazide tab 25-25 mg.....	40
spironolactone tab 25 mg, 50 mg, 100 mg.....	40
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	55
SPRITAM.....	9
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml.....	46
sps - sodium polystyrene sulfonate susp 15 gm/60ml.....	46
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	55
ssd - silver sulfadiazine cream 1%.....	44
STIOLTO RESPIMAT.....	69
STIVARGA.....	21
STREPTOMYCIN SULFATE.....	7
STRIBILD.....	29
SUBVENITE.....	9
subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg.....	9

sucralfate tab 1 gm.....	47	tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	55
sulfacetamide sodium lotion 10% (acne).....	44	TARPEYO.....	49
sulfacetamide sodium ophth soln 10%.....	66	tasimelteon capsule 20 mg.....	70
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....	66	tazarotene cream 0.1%.....	44
sulfadiazine tab 500 mg.....	7	tazarotene gel 0.05%.....	44
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	7	tazicef - ceftazidime for inj 1 gm.....	7
sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg.....	7	tazicef - ceftazidime for iv soln 1 gm.....	7
sulfasalazine tab 500 mg.....	64	tazicef - ceftazidime for iv soln 2 gm.....	7
sulfasalazine tab delayed release 500 mg.....	64	telmisartan-amlodipine tab 40-10 mg.....	40
sulindac tab 150 mg, 200 mg.....	2	telmisartan-amlodipine tab 40-5 mg.....	40
sumatriptan nasal spray 5 mg/act, 20 mg/ act.....	15	telmisartan-amlodipine tab 80-10 mg.....	40
sumatriptan succinate inj 6 mg/0.5ml.....	15	telmisartan-amlodipine tab 80-5 mg.....	40
sumatriptan succinate solution auto-injector 6 mg/0.5ml.....	15	telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....	40
sumatriptan succinate tab 25 mg, 50 mg, 100 mg.....	15	telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	40
sunitinib malate cap 12.5 mg (base equivalent).....	21	telmisartan tab 20 mg, 40 mg, 80 mg.....	40
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent).....	21	TENIVAC.....	62
SUNLENCA.....	29	tenofovir disoproxil fumarate tab 300 mg.....	30
SUTAB.....	47	TEPMETKO.....	21
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg.....	55	terazosin hcl cap 1 mg (base equivalent).....	40
SYMPAZAN.....	9	terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	40
SYMTUZA.....	30	terbinafine hcl tab 250 mg.....	14
SYNJARDY.....	34	terbutaline sulfate tab 2.5 mg, 5 mg.....	69
SYNJARDY XR.....	34	terconazole vaginal cream 0.4%, 0.8%.....	14
SYNTHROID.....	57	terconazole vaginal suppos 80 mg.....	14
T		TERIPARATIDE.....	64
TABLOID.....	21	testosterone cypionate im inj in oil 100 mg/ ml.....	55
TABRECTA.....	21	testosterone cypionate im inj in oil 200 mg/ ml.....	55
tacrolimus cap 0.5 mg, 1 mg, 5 mg.....	62	TESTOSTERONE ENANTHATE.....	55
tacrolimus oint 0.03%, 0.1%.....	44	testosterone td gel 12.5 mg/act (1%).....	55
tadalafil tab 2.5 mg, 5 mg.....	49	testosterone td gel 20.25 mg/act (1.62%).....	56
tadalafil tab 20 mg (pah).....	69	testosterone td gel 25 mg/2.5gm (1%).....	55
TAFINLAR.....	21	testosterone td gel 50 mg/5gm (1%).....	55
TAGRISO.....	21	tetrabenazine tab 12.5 mg.....	42
TALZENNA.....	21	tetrabenazine tab 25 mg.....	42
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent).....	21	tetracycline hcl cap 250 mg, 500 mg.....	7
tamsulosin hcl cap 0.4 mg.....	49	THALOMID.....	21
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24).....	55	theophylline tab er 12hr 300 mg, 450 mg.....	69
		theophylline tab er 24hr 400 mg, 600 mg.....	69
		thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	27

thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	27	toremifene citrate tab 60 mg (base equivalent).....	21
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg.....	40	torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	21
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg.....	40	torpenz - everolimus tab 5 mg.....	21
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg.....	40	torsemide tab 5 mg, 10 mg, 20 mg, 100 mg.....	40
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg.....	40	TOUJEO MAX SOLOSTAR.....	34
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg.....	40	TOUJEO SOLOSTAR.....	34
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg.....	40	TRADJENTA.....	34
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	9	tramadol-acetaminophen tab 37.5-325 mg.....	2
TIBSOVO.....	21	tramadol hcl tab 50 mg.....	2
ticagrelor tab 60 mg, 90 mg.....	35	tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....	2
TICOVAC.....	62	trandolapril tab 1 mg, 2 mg, 4 mg.....	40
tigecycline for iv soln 50 mg.....	7	tranexamic acid tab 650 mg.....	35
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	56	tranylcypromine sulfate tab 10 mg.....	12
timolol maleate ophth gel forming soln 0.25%, 0.5%.....	66	TRAVASOL.....	46
timolol maleate ophth soln 0.25%, 0.5%.....	66	travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	66
timolol maleate tab 5 mg, 10 mg, 20 mg.....	40	trazodone hcl tab 300 mg.....	12
tinidazole tab 250 mg, 500 mg.....	7	trazodone hcl tab 50 mg, 100 mg, 150 mg.....	12
TIVICAY.....	30	TRELEGY ELLIPTA.....	69
TIVICAY PD.....	30	TREMFYA.....	62
tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent).....	27	TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS.....	63
TOBI PODHALER.....	69	TREMFYA PEN.....	63
TOBRADEX.....	66	tretinoin cap 10 mg.....	21
tobramycin-dexamethasone ophth susp 0.3-0.1%.....	66	tretinoin cream 0.025%, 0.05%.....	44
tobramycin nebu soln 300 mg/5ml.....	69	tretinoin cream 0.1%.....	44
tobramycin ophth soln 0.3%.....	66	tretinoin gel 0.01%, 0.025%.....	44
TOBRAMYCIN SULFATE.....	7	triamcinolone acetone cream 0.025%, 0.1%, 0.5%.....	44
tobramycin sulfate for inj 1.2 gm.....	7	triamcinolone acetone dental paste 0.1%.....	42
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv).....	7	triamcinolone acetone lotion 0.025%.....	44
tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	49	triamcinolone acetone lotion 0.1%.....	44
tolterodine tartrate tab 1 mg, 2 mg.....	49	triamcinolone acetone oint 0.025%, 0.1%.....	45
tolvaptan tab 15 mg, 30 mg.....	46	triamcinolone acetone oint 0.5%.....	45
topiramate oral soln 25 mg/ml.....	9	triamterene & hydrochlorothiazide cap 37.5-25 mg.....	40
topiramate sprinkle cap 15 mg, 25 mg.....	9	triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg.....	40
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	10	tridacaine iii - lidocaine patch 5%.....	2
		tridacaine ii - lidocaine patch 5%.....	2
		triderm - triamcinolone acetone cream 0.5%.....	45
		trientine hcl cap 250 mg.....	46

<i>tri-estarylla - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg.....	56
<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg</i> <i>(base equivalent), 5 mg (base equivalent), 10 mg</i> <i>(base equivalent).....</i>	27
TRIFLURIDINE.....	66
<i>trihexyphenidyl hcl tab 2 mg, 5 mg.....</i>	23
TRIKAFTA.....	69
<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab</i> 1-20/1-30/1-35 mg-mcg.....	56
<i>tri-lynyah - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg.....	56
<i>tri-lo-estarylla - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg.....	56
<i>tri-lo-marzia - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg.....	56
<i>tri-lo-mili - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg.....	56
<i>tri-lo-sprintec - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg.....	56
<i>trimethoprim tab 100 mg.....</i>	7
<i>tri-mili - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg.....	56
<i>trimipramine maleate cap 25 mg, 50 mg, 100</i> <i>mg.....</i>	12
TRINTELLIX.....	13
<i>tri-sprintec - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg.....	56
TRIUMEQ.....	30
TRIUMEQ PD.....	30
<i>trivora-28 - levonorgestrel-eth estra tab</i> 0.05-30/0.075-40/0.125-30mg-mcg.....	56
<i>tri-vylibra lo - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg.....	56
<i>tri-vylibra - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg.....	56
TROPHAMINE.....	46
<i>trospium chloride tab 20 mg.....</i>	49
TRULICITY.....	34
TRUMENBA.....	63
TRUQAP.....	21
TUKYSA.....	21
TURALIO.....	21
<i>turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30</i> <i>mcg.....</i>	56
TWINRIX.....	63
TYENNE.....	63
TYPHIM VI.....	63

U

<i>unithroid - levothyroxine sodium tab 25 mcg, 50</i> <i>mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125</i>	
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<i>mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300</i> <i>mcg.....</i>	57
<i>ursodiol cap 300 mg.....</i>	47
<i>ursodiol tab 250 mg, 500 mg.....</i>	47

V

<i>valacyclovir hcl tab 500 mg, 1 gm.....</i>	30
VALCHLOR.....	22
<i>valganciclovir hcl for soln 50 mg/ml (base</i> <i>equiv).....</i>	30
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent).....</i>	30
<i>valproate sodium oral soln 250 mg/5ml (base</i> <i>equiv).....</i>	10
<i>valproic acid cap 250 mg.....</i>	10
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg,</i> <i>160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25</i> <i>mg.....</i>	40
<i>valsartan tab 320 mg.....</i>	40
<i>valsartan tab 40 mg, 80 mg, 160 mg.....</i>	40
VALTOCO 10 MG DOSE.....	10
VALTOCO 15 MG DOSE.....	10
VALTOCO 20 MG DOSE.....	10
VALTOCO 5 MG DOSE.....	10
<i>valtya 1/35 - ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg.....</i>	56
<i>valtya 1/50 - ethynodiol diacetate & ethinyl estradiol</i> <i>tab1 mg-50 mcg.....</i>	56
<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent).....</i>	7
<i>vancomycin hcl cap 250 mg (base</i> <i>equivalent).....</i>	7
<i>vancomycin hcl for iv soln 100 gm (base</i> <i>equivalent).....</i>	7
<i>vancomycin hcl for iv soln 10 gm (base</i> <i>equivalent).....</i>	7
<i>vancomycin hcl for iv soln 1 gm (base</i> <i>equivalent).....</i>	7
<i>vancomycin hcl for iv soln 500 mg (base</i> <i>equivalent).....</i>	7
<i>vancomycin hcl for iv soln 5 gm (base</i> <i>equivalent).....</i>	7
<i>vancomycin hcl for iv soln 750 mg (base</i> <i>equivalent).....</i>	7
VANFLYTA.....	22
VAQTA.....	63
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg</i> <i>(base equiv).....</i>	3
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start</i> <i>pack.....</i>	3
VARIVAX.....	63
VASCEPA.....	40

VAXCHORA.....	63	VIVOTIF.....	63
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg- mg.....	56	volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	56
VELSIPITY.....	63	VONJO.....	22
VENCLEXTA.....	22	VOQUEZNA DUAL PAK.....	47
VENCLEXTA STARTING PACK.....	22	VOQUEZNA TRIPLE PAK.....	47
venlafaxine hcl cap er 24hr 150 mg (base equivalent).....	13	VORANIGO.....	22
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....	13	voriconazole for inj 200 mg.....	14
venlafaxine hcl cap er 24hr 75 mg (base equivalent).....	13	voriconazole for susp 40 mg/ml.....	14
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....	13	voriconazole tab 50 mg, 200 mg.....	14
VENTOLIN HFA.....	69	VOSEVI.....	30
VEPPANU.....	22	VOWST.....	47
verapamil hcl cap er 24hr 100 mg.....	41	VRAYLAR.....	27
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	41	vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	56
verapamil hcl cap er 24hr 200 mg.....	41	vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	56
verapamil hcl cap er 24hr 300 mg.....	41	W	
verapamil hcl cap er 24hr 360 mg.....	41	warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....	35
verapamil hcl tab 40 mg, 80 mg, 120 mg.....	41	WEGOVY.....	41
verapamil hcl tab er 120 mg, 180 mg, 240 mg.....	41	WELIREG.....	48
VERQUVO.....	41	wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	56
VERSACLOZ.....	27	WINREVAIR.....	69
VERZENIO.....	22	wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act.....	69
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg.....	56	wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act.....	69
vienna - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	56	wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act.....	69
vigabatrin powd pack 500 mg.....	10	wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	57
vigabatrin tab 500 mg.....	10	X	
vigadrone - vigabatrin powd pack 500 mg.....	10	XALKORI.....	22
vigadrone - vigabatrin tab 500 mg.....	10	xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	57
VIGAFYDE.....	10	XARELTO.....	35
vigpoder - vigabatrin powd pack 500 mg.....	10	XARELTO STARTER PACK.....	35
vilazodone hcl tab 10 mg, 20 mg, 40 mg.....	13	XATMEP.....	63
VIMKUNYA.....	63	XCOPRI.....	10
violele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	56	XDEMVY.....	66
VIRACEPT.....	30	xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	57
VIREAD.....	30	XERMELO.....	47
VITRAKVI.....	22	XIFAXAN.....	8
		XIGDUO XR.....	34
		XOLAIR.....	63
		XOSPATA.....	22
		XPOVIO.....	22
		XPOVIO 60 MG TWICE WEEKLY.....	22

XPOVIO 80 MG TWICE WEEKLY	22
XTANDI.....	22
<i>xulane - norelgestromin-ethinyl estradiol td ptwk</i>	
150-35 mcg/24hr.....	57

Y

YESINTEK.....	63
YF-VAX.....	63
YONSA.....	22
<i>yulithira - everolimus tab 2.5 mg, 7.5 mg, 10</i>	
<i>mg</i>	22
<i>yulithira - everolimus tab 5 mg</i>	22
<i>yuvaferm - estradiol vaginal tab 10 mcg</i>	57

Z

<i>zafemy - norelgestromin-ethinyl estradiol td ptwk</i>	
150-35 mcg/24hr.....	57
<i>zafirlukast tab 10 mg, 20 mg</i>	69
<i>zaleplon cap 10 mg</i>	70
<i>zaleplon cap 5 mg</i>	70
ZARXIO.....	35
ZEJULA.....	22
ZELBORAF.....	22
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40</i>	
<i>mg</i>	45
ZENPEP.....	48
<i>zidovudine cap 100 mg</i>	30
<i>zidovudine syrup 10 mg/ml</i>	30
<i>zidovudine tab 300 mg</i>	30
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	27
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	27
<i>ziprasidone mesylate for inj 20 mg (base</i>	
<i>equivalent)</i>	27
ZOKINVY.....	48
ZOLINZA.....	22
<i>zolpidem tartrate tab 5 mg, 10 mg</i>	70
ZONISADE.....	10
<i>zonisamide cap 25 mg, 50 mg, 100</i>	
<i>mg</i>	10
<i>zovia 1/35 - ethynodiol diacetate & ethinyl estradiol</i>	
<i>tab 1mg-35 mcg</i>	57
ZTALMY.....	10
<i>zumandimine - drospirenone-ethinyl estradiol tab</i>	
3-0.03 mg.....	57
ZURZUVAE.....	13
ZYDELIG.....	22
ZYKADIA.....	23
ZYMFENTRA 1-PEN.....	63
ZYMFENTRA 2-PEN.....	63
ZYMFENTRA 2-SYRINGE.....	63

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-432-3990 أو تحدث إلى مقدم الخدمة.

Japanese: 注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-432-3990 までお電話ください。または、ご利用の事業者にご相談ください。

Laotian: ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-432-3990 ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Hmong: LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-432-3990 los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Swahili: MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-800-432-3990 au zungumza na mtoa huduma wako.

Burmese:

မြန်မာ

သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-800-432-3990 သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ



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