



2022 Formulary

Blue Medicare Advantage Choice (PPO) 2022 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 12/01/2022 For more recent information or other questions, please contact Blue Cross and Blue Shield of Kansas Customer Service at 1-866-230-7265 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week or visit bcbsks.com. You may reach a messaging service on Thanksgiving, Christmas and holidays and weekends from April 1 through September 30. Please leave a message and your call will be returned the next business day.

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

Blue Cross and Blue Shield of Kansas is a PPO plan with a Medicare contract offering Medicare Advantage Plans in the counties of Butler, Chase, Coffey, Cowley, Dickinson, Douglas, Franklin, Geary, Harvey, Jackson, Jefferson, Kingman, Linn, Lyon, Marion, McPherson, Miami, Morris, Osage, Pottawatomie, Reno, Riley, Sedgwick, Shawnee, Sumner and Wabaunsee. Enrollment in Blue Cross and Blue Shield of Kansas Medicare Advantage depends on contract renewal.

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).

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 .

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022 For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Blue Medicare Advantage Choice (PPO) Formulary?

A formulary is a list of covered drugs selected by our plan 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs

The enclosed formulary is current as of 12/01/2022 To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of CMS-approved, mid-year non-maintenance formulary changes, the formulary will be updated and posted on our website monthly with all applicable 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 112. 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?

Our plan 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 cost less than brand name drugs.

Are there any restrictions on my coverage?

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

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

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask our plan 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 Medicare Advantage Choice (PPO) Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will

cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

You may have changes that take you from one treatment setting to another. During this level of care change, drugs may be prescribed that are not covered by your plan. If this happens, you and your doctor must use 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 plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Blue Medicare Advantage Choice (PPO) Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

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

BD (Part B vs. Part D Prior Authorization): Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage..

PA (Prior Authorization): Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL (Quantity Limit): For certain For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 tablets per 30 days per prescription for *losartan potassium*. This may be in addition to a standard one-month or three-month supply.

ST (Step Therapy): In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

* **(Limited Distribution Drug):** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-866-230-7265, or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on Thanksgiving, Christmas, and holidays and weekends from April 1 through September 30. Please leave a message and your call will be returned the next business day.

(High Risk Medication (HRM)): Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

^ **(Gap Coverage): We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.**

Drug Tier Cost-Shares 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

2022 Dosage Form Abbreviations Key

Abbreviation	Meaning	Abbreviation	Meaning
act	actuation	meq	milliequivalent
ad	adsorbed	misc	miscellaneous
aepb	aerosol powder blister	mg	milligram
aer, aero	aerosol	ml	milliliter
app	applicator	mu	million units
ba, breath act, breath activ	breath activated	nebu	nebules
cap, caps	capsules	orally disintegr tab	orally disintegrating tablets
cal	calcium	oin, oint	ointment
cart	cartridge	op, ophth	ophthalmic
cd	continuous delivery	osm	osmotic
chew tab	chewable tablets	pah	pulmonary arterial hypertension
conc	concentrate	pak	pack
conj	conjugate, conjugated	pf	preservative-free

crys	crystals	pfu	plaque forming units
deter	deterrent	pow, powd	powder
disint, disintegr	disintegrating	pmdd	premenstrual dysphoric disorder
dr	delayed-release	pref, prefill	prefilled
ec	enteric coated	pttw	patch twice weekly
el, elu	enzyme-linked immunosorbent assay	ptwk	patch weekly
er, extend-release, extended, extended rel, xr	extended-release	recomb	recombinant
ext	extract	refrig	refrigerate
gm	gram	sl	sublingual
gu	genitourinary	sol, soln	solution
hr	hour	sqcm	square centimeter
im	intramuscular	supp, suppos	suppositories
inh, inhal	inhalation	sus, susp	suspension
inj	injection	syr	syringe
ir	index of reactivity	tab, tabs	tablets
iv	intravenous	td	transdermal
l	liter	tl	translingual
la	long acting	unt	unit
lf, lfu	flocculation units	va	vaginal
liq, liqd	liquid	vac	vaccine
mcg	microgram		

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tablets/30 days)
butalbital-acetaminophen tab 50-325 mg#	3	QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg#	3	QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg#	3	QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#	3	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#	3	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	4	
butorphanol tartrate inj 2 mg/ml	4	
butorphanol tartrate nasal soln 10 mg/ml	4	QL (48 mls/30 days)
celecoxib cap 50 mg^	2	QL (60 capsules/30 days)
celecoxib cap 100 mg^	2	QL (60 capsules/30 days)
celecoxib cap 200 mg^	2	QL (60 capsules/30 days)
celecoxib cap 400 mg^	2	QL (30 capsules/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg	4	QL (180 tablets/30 days)
CODEINE SULFATE - codeine sulfate tab 60 mg	4	QL (180 tablets/30 days)
codeine sulfate tab 30 mg	3	QL (180 tablets/30 days)
diclofenac potassium tab 50 mg^	2	QL (120 tablets/30 days)
diclofenac sodium gel 1%^	2	PA
diclofenac sodium tab delayed release 25 mg^	2	QL (240 tablets/30 days)
diclofenac sodium tab delayed release 50 mg^	2	QL (120 tablets/30 days)
diclofenac sodium tab delayed release 75 mg^	2	QL (60 tablets/30 days)
diclofenac sodium tab er 24hr 100 mg^	2	QL (60 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3	QL (120 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3	QL (90 tablets/30 days)
etodolac cap 200 mg^	2	QL (150 capsules/30 days)
etodolac cap 300 mg^	2	QL (90 capsules/30 days)
etodolac tab er 24hr 400 mg^	2	QL (60 tablets/30 days)
etodolac tab er 24hr 500 mg^	2	QL (60 tablets/30 days)
etodolac tab er 24hr 600 mg^	2	QL (30 tablets/30 days)
etodolac tab 400 mg^	2	QL (60 tablets/30 days)
etodolac tab 500 mg^	2	QL (60 tablets/30 days)
fentanyl citrate lozenge on a handle 200 mcg	4	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 400 mcg	4	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 600 mcg	4	PA, QL (120 lozenges/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
fentanyl citrate lozenge on a handle 800 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 1200 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 1600 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 37.5 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 50 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 62.5 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 75 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 87.5 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 100 mcg/hr	4	PA, QL (15 patches/30 days)
flurbiprofen tab 100 mg^	2	QL (90 tablets/30 days)
hydrocodone bitartrate cap er 12hr 20 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 10 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 15 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 30 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 40 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 50 mg	4	PA, QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-300 mg	4	QL (240 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	4	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 10-300 mg	4	QL (180 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tablets/30 days)
hydrocodone-ibuprofen tab 10-200 mg	4	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4	QL (150 tablets/30 days)
hydromorphone hcl inj 2 mg/ml	4	BD
hydromorphone hcl liqd 1 mg/ml	4	QL (1440 mls/30 days)
hydromorphone hcl preservative free inj 2 mg/ml	4	BD
hydromorphone hcl preservative free inj 10 mg/ml	4	BD
hydromorphone hcl tab 2 mg	3	QL (180 tablets/30 days)
hydromorphone hcl tab 4 mg	3	QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg	3	QL (180 tablets/30 days)
ibuprofen susp 100 mg/5ml^	2	
ibuprofen tab 400 mg^	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg^	1	QL (150 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>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)
<i>methadone hcl tab 10 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate inj pf 0.5 mg/ml</i>	4	BD
<i>morphine sulfate inj pf 1 mg/ml</i>	4	BD
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 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>	2	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg^</i>	2	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	4	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	3	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	3	QL (90 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>NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg</i>	3	PA, QL (60 tablets/30 days)
<i>NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg</i>	3	PA, QL (60 tablets/30 days)
<i>NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg</i>	3	PA, QL (60 tablets/30 days)
<i>NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg</i>	3	PA, QL (60 tablets/30 days)
<i>NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg</i>	3	PA, QL (60 tablets/30 days)
<i>oxaprozin tab 600 mg^</i>	2	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 30 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
oxycodone w/ acetaminophen tab 2.5-325 mg	4	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tablets/30 days)
piroxicam cap 10 mg^	2	QL (60 capsules/30 days)
piroxicam cap 20 mg^	2	QL (30 capsules/30 days)
sulindac tab 150 mg^	2	QL (60 tablets/30 days)
sulindac tab 200 mg^	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	4	QL (180 tablets/30 days)
tramadol hcl tab er 24hr 100 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 300 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	3	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 13.5 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 18 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 27 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	3	PA, QL (240 capsules/30 days)
Anesthetics		
LIDOCAINE HCL - lidocaine hcl laryngotracheal soln 4%^	2	
LIDOCAINE HCL JELLY - lidocaine hcl urethral/mucosal gel 2%^	2	PA, QL (150 mls/30 days)
lidocaine hcl local inj 1%	4	
lidocaine hcl local preservative free inj 1%	4	
lidocaine hcl soln 4%^	2	PA, QL (150 mls/30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%^	2	PA, QL (150 mls/30 days)
lidocaine hcl viscous soln 2%^	2	
lidocaine oint 5%^	2	PA, QL (100 grams/30 days)
lidocaine patch 5%	3	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%^	2	PA, QL (60 grams/30 days)
ZTLIDO - lidocaine patch 1.8% (36 mg)	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium tab delayed release 333 mg	3	
APO-VARENICLINE - varenicline tartrate tab 0.5 mg	3	
APO-VARENICLINE - varenicline tartrate tab 1 mg	3	
buprenorphine hcl sl tab 2 mg	3	QL (90 tablets/30 days)
buprenorphine hcl sl tab 8 mg	3	QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg^	2	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg^	2	QL (60 films/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
buprenorphine hcl-naloxone hcl sl film 8-2 mg^	2	QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg^	2	QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg^	2	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg^	2	QL (90 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg^	2	
disulfiram tab 250 mg^	2	
disulfiram tab 500 mg	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
naloxone hcl inj 0.4 mg/ml^	2	
naloxone hcl inj 4 mg/10ml^	2	
naloxone hcl nasal spray 4 mg/0.1ml	3	
naloxone hcl soln prefilled syringe 2 mg/2ml^	2	
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml^	2	
naltrexone hcl tab 50 mg^	2	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	3	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
VARENICLINE STARTING MONTH BOX - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
varenicline tartrate tab 0.5 mg	3	
varenicline tartrate tab 1 mg	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	4	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	4	
amoxicillin (trihydrate) cap 250 mg^	1	
amoxicillin (trihydrate) cap 500 mg^	1	
amoxicillin (trihydrate) for susp 125 mg/5ml^	1	
amoxicillin (trihydrate) for susp 200 mg/5ml^	1	
amoxicillin (trihydrate) for susp 250 mg/5ml^	1	
amoxicillin (trihydrate) for susp 400 mg/5ml^	1	
amoxicillin (trihydrate) tab 500 mg^	1	
amoxicillin (trihydrate) tab 875 mg^	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml^	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml^</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml^</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg^</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg^</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg^</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg	3	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg	3	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
AMPICILLIN - ampicillin cap 500 mg	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	4	
<i>ampicillin sodium for inj 250 mg</i>	4	
<i>ampicillin sodium for inj 500 mg</i>	4	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for inj 2 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
AZITHROMYCYIN - azithromycin powd pack for susp 1 gm	4	
<i>azithromycin for susp 100 mg/5ml</i>	4	
<i>azithromycin for susp 200 mg/5ml^</i>	2	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg^</i>	2	
<i>azithromycin tab 500 mg^</i>	2	
<i>azithromycin tab 600 mg^</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 1200000 unit/2ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml	4	
CEFACLOR - cefaclor cap 250 mg^	2	
CEFACLOR - cefaclor cap 500 mg^	2	
<i>cefadroxil cap 500 mg^</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil for susp 250 mg/5ml</i>	4	
<i>cefadroxil for susp 500 mg/5ml</i>	4	
<i>cefadroxil tab 1 gm</i>	3	
<i>CEFAZOLIN - cefazolin sodium for inj 2 gm</i>	4	
<i>CEFAZOLIN SODIUM - cefazolin sodium (bulk) for inj 100 gm</i>	4	
<i>CEFAZOLIN SODIUM - cefazolin sodium (bulk) for inj 300 gm</i>	4	
<i>CEFAZOLIN SODIUM - cefazolin sodium for iv soln 1 gm</i>	4	
<i>CEFAZOLIN SODIUM - cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefazolin sodium for inj 500 mg</i>	4	
<i>cefazolin sodium for inj 1 gm</i>	4	
<i>cefazolin sodium for inj 10 gm</i>	4	
<i>CEFAZOLIN SODIUM/DEXTROSE - cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefdinir cap 300 mg^</i>	2	
<i>cefdinir for susp 125 mg/5ml^</i>	2	
<i>cefdinir for susp 250 mg/5ml^</i>	2	
<i>CEFEPIME - cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>CEFEPIME - cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
<i>CEFEPIME HYDROCHLORIDE - cefepime hcl for iv soln 2 gm</i>	4	
<i>CEFEPIME/DEXTROSE - cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>CEFEPIME/DEXTROSE - cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefixime cap 400 mg</i>	3	
<i>CEFOXITIN SODIUM - cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>CEFOXITIN SODIUM - cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefoxitin sodium for iv soln 10 gm</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg^</i>	2	
<i>cefpodoxime proxetil tab 200 mg^</i>	2	
<i>cefprozil for susp 125 mg/5ml^</i>	2	
<i>cefprozil for susp 250 mg/5ml^</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
cefprozil tab 250 mg^	2	
cefprozil tab 500 mg^	2	
ceftazidime for inj 1 gm	4	
ceftazidime for inj 6 gm	4	
ceftazidime for iv soln 2 gm	4	
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 1 gm and dextrose 5% (50ml)	4	
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 2 gm and dextrose 5% (50ml)	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 20 mg/ml	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 40 mg/ml	4	
CEFTRIAXONE SODIUM - ceftriaxone sodium (bulk) for inj 100 gm	4	
ceftriaxone sodium for inj 250 mg	4	
ceftriaxone sodium for inj 500 mg	4	
ceftriaxone sodium for inj 1 gm	4	
ceftriaxone sodium for inj 2 gm	4	
ceftriaxone sodium for inj 10 gm	4	
ceftriaxone sodium for iv soln 1 gm	4	
ceftriaxone sodium for iv soln 2 gm	4	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	4	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	4	
cefuroxime axetil tab 250 mg^	2	
cefuroxime axetil tab 500 mg^	2	
cefuroxime sodium for inj 750 mg	4	
cefuroxime sodium for iv soln 1.5 gm	4	
cephalexin cap 250 mg^	1	
cephalexin cap 500 mg^	1	
cephalexin cap 750 mg	3	
cephalexin for susp 125 mg/5ml^	2	
cephalexin for susp 250 mg/5ml^	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	4	
ciprofloxacin hcl tab 250 mg^	1	
ciprofloxacin hcl tab 500 mg^	1	
ciprofloxacin hcl tab 750 mg^	1	

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Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab er 24hr 500 mg	3	
clarithromycin tab 250 mg^	2	
clarithromycin tab 500 mg^	2	
clindamycin hcl cap 75 mg^	2	
clindamycin hcl cap 150 mg^	2	
clindamycin hcl cap 300 mg^	2	
clindamycin phosphate gel 1%^	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
clindamycin phosphate inj 300 mg/2ml	4	
clindamycin phosphate inj 600 mg/4ml	4	
clindamycin phosphate inj 900 mg/6ml	4	
clindamycin phosphate inj 9 gm/60ml	4	
clindamycin phosphate lotion 1%^	2	
clindamycin phosphate soln 1%^	2	
clindamycin phosphate swab 1%	4	
clindamycin phosphate vaginal cream 2%^	2	
CLINDAMYCIN/SODIUM CHLORIDE - clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml	4	
CLINDAMYCIN/SODIUM CHLORIDE - clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml	4	
CLINDAMYCIN/SODIUM CHLORIDE - clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml	4	
colistimethate sod for inj 150 mg	4	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	
daptomycin for iv soln 500 mg	5	
demeclocycline hcl tab 150 mg	4	
demeclocycline hcl tab 300 mg	4	
dicloxacillin sodium cap 250 mg^	2	
dicloxacillin sodium cap 500 mg^	2	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
doxycycline hyclate cap 50 mg^	2	
doxycycline hyclate cap 100 mg^	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg^</i>	2	
<i>doxycycline hyclate tab 100 mg^</i>	2	
<i>doxycycline monohydrate cap 50 mg^</i>	2	
<i>doxycycline monohydrate cap 75 mg</i>	3	
<i>doxycycline monohydrate cap 100 mg</i>	3	
<i>doxycycline monohydrate cap 150 mg</i>	4	
<i>doxycycline monohydrate tab 50 mg^</i>	2	
<i>doxycycline monohydrate tab 75 mg^</i>	2	
<i>doxycycline monohydrate tab 100 mg^</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	3	
<i>ertapenem sodium for inj 1 gm</i>	4	
<i>ERY - erythromycin pads 2%</i>	4	
<i>ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg</i>	4	
<i>ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg</i>	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	4	
<i>erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin soln 2%^</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	3	
<i>erythromycin tab delayed release 333 mg</i>	4	
<i>erythromycin tab delayed release 500 mg</i>	3	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
<i>GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml</i>	4	
<i>GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml</i>	4	
<i>GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1.6 mg/ml</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<i>IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>IMPAVIDO - miltefosine cap 50 mg</i>	5	
<i>ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml</i>	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	4	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	4	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg^</i>	1	
<i>levofloxacin tab 500 mg^</i>	1	
<i>levofloxacin tab 750 mg^</i>	1	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	3	PA
<i>meropenem iv for soln 500 mg</i>	4	
<i>meropenem iv for soln 1 gm</i>	4	
MEROPENEM/SODIUM CHLORIDE - meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	4	
MEROPENEM/SODIUM CHLORIDE - meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	4	
<i>methenamine hippurate tab 1 gm^</i>	2	
<i>metronidazole cap 375 mg</i>	3	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg^</i>	1	
<i>metronidazole tab 500 mg^</i>	1	
<i>metronidazole vaginal gel 0.75%^</i>	2	
<i>minocycline hcl cap 50 mg^</i>	2	
<i>minocycline hcl cap 75 mg^</i>	2	
<i>minocycline hcl cap 100 mg^</i>	2	
<i>minocycline hcl tab 50 mg</i>	3	
<i>minocycline hcl tab 75 mg</i>	3	
<i>minocycline hcl tab 100 mg</i>	3	
<i>moxifloxacin hcl tab 400 mg^</i>	2	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl iv solution 400 mg/250ml	4	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
NAFCILLIN - nafcillin sodium in dextrose inj 1 gm/50ml	4	
NAFCILLIN - nafcillin sodium in dextrose inj 2 gm/100ml	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm	4	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</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
nafcillin sodium for iv soln 10 gm	4	
neomycin sulfate tab 500 mg^	2	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	4	
nitrofurantoin macrocrystalline cap 50 mg#^	2	
nitrofurantoin macrocrystalline cap 100 mg#^	2	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#^	2	
ofloxacin tab 400 mg	3	
paromomycin sulfate cap 250 mg	4	
penicillin g potassium for inj 5000000 unit	4	
penicillin g potassium for inj 20000000 unit	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	3	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml	4	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	4	
penicillin v potassium tab 250 mg^	1	
penicillin v potassium tab 500 mg^	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
sulfadiazine tab 500 mg	4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	3	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml^	2	
sulfamethoxazole-trimethoprim tab 400-80 mg^	1	
sulfamethoxazole-trimethoprim tab 800-160 mg^	1	
SUPRAX - cefixime chew tab 100 mg	4	
SUPRAX - cefixime chew tab 200 mg	4	
TAZICEF - ceftazidime for iv soln 1 gm	4	
TAZICEF - ceftazidime for iv soln 6 gm	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
tetracycline hcl cap 250 mg	3	
tetracycline hcl cap 500 mg	4	
tigecycline for iv soln 50 mg	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	4	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	4	
<i>trimethoprim tab 100 mg^</i>	2	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 750 mg/150ml-0.9%	4	
VANCOMYCIN HCL - vancomycin hcl for iv soln 100 gm	4	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	4	
<i>vancomycin hcl cap 125 mg</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 500 mg</i>	4	
<i>vancomycin hcl for iv soln 750 mg</i>	4	
<i>vancomycin hcl for iv soln 1 gm</i>	4	
<i>vancomycin hcl for iv soln 1.5 gm</i>	4	
<i>vancomycin hcl for iv soln 5 gm</i>	4	
<i>vancomycin hcl for iv soln 10 gm</i>	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.25 gm	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 750 mg/150ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1000 mg/200ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1250 mg/250ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1500 mg/300ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1750 mg/350ml	4	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 750 mg/150ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 1 gm/200ml-5%	4	
VANDAZOLE - metronidazole vaginal gel 0.75%^	2	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 4-0.5gm/100ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 3-0.375gm/50ml	4	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg	5	
APTIOM - eslicarbazepine acetate tab 400 mg	5	
APTIOM - eslicarbazepine acetate tab 600 mg	5	
APTIOM - eslicarbazepine acetate tab 800 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
carbamazepine cap er 12hr 100 mg^	2	
carbamazepine cap er 12hr 200 mg^	2	
carbamazepine cap er 12hr 300 mg^	2	
carbamazepine chew tab 100 mg^	2	
carbamazepine susp 100 mg/5ml	4	
carbamazepine tab er 12hr 100 mg^	2	
carbamazepine tab er 12hr 200 mg^	2	
carbamazepine tab er 12hr 400 mg^	2	
carbamazepine tab 200 mg^	2	
CELONTIN - methsuximide cap 300 mg	4	
clobazam suspension 2.5 mg/ml	4	PA, QL (480 mls/30 days)
clobazam tab 10 mg^	2	PA, QL (60 tablets/30 days)
clobazam tab 20 mg^	2	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	
DIACOMIT - stiripentol cap 500 mg*	5	

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

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT - stiripentol packet 250 mg*	5	
DIACOMIT - stiripentol packet 500 mg*	5	
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg	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>	2	
<i>divalproex sodium tab delayed release 125 mg^</i>	2	
<i>divalproex sodium tab delayed release 250 mg^</i>	2	
<i>divalproex sodium tab delayed release 500 mg^</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg^</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg^</i>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
<i>fosphénytoïne sodium inj 100 mg/2ml</i>	4	
<i>fosphénytoïne sodium inj 500 mg/10ml</i>	4	
FYCOMPA - perampanel susp 0.5 mg/ml	4	
FYCOMPA - perampanel tab 2 mg	4	
FYCOMPA - perampanel tab 4 mg	4	
FYCOMPA - perampanel tab 6 mg	4	
FYCOMPA - perampanel tab 8 mg	4	
FYCOMPA - perampanel tab 10 mg	4	
FYCOMPA - perampanel tab 12 mg	4	
<i>gabapentin cap 100 mg^</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg^</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg^</i>	1	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	4	QL (2160 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>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 iv inj 200 mg/20ml (10 mg/ml)</i>	4	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg</i>	4	
<i>lacosamide tab 100 mg</i>	4	
<i>lacosamide tab 150 mg</i>	4	
<i>lacosamide tab 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg</i>	4	
<i>lamotrigine tab chewable dispersible 25 mg</i>	4	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>lamotrigine tab 25 mg^</i>	1	
<i>lamotrigine tab 100 mg^</i>	1	
<i>lamotrigine tab 150 mg^</i>	1	
<i>lamotrigine tab 200 mg^</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	4	
<i>levetiracetam tab er 24hr 500 mg^</i>	2	
<i>levetiracetam tab er 24hr 750 mg^</i>	2	
<i>levetiracetam tab 250 mg^</i>	2	
<i>levetiracetam tab 500 mg^</i>	2	
<i>levetiracetam tab 750 mg^</i>	2	
<i>levetiracetam tab 1000 mg^</i>	2	
<i>NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml</i>	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg^</i>	2	
<i>oxcarbazepine tab 300 mg^</i>	2	
<i>oxcarbazepine tab 600 mg^</i>	2	
<i>phenobarbital elixir 20 mg/5ml#</i>	4	
<i>phenobarbital sodium inj 65 mg/ml#</i>	4	
<i>phenobarbital sodium inj 130 mg/ml#</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
phenobarbital tab 15 mg#^	2	
phenobarbital tab 16.2 mg#^	2	
phenobarbital tab 30 mg#^	2	
phenobarbital tab 32.4 mg#^	2	
phenobarbital tab 60 mg#^	2	
phenobarbital tab 64.8 mg#^	2	
phenobarbital tab 97.2 mg#^	2	
phenobarbital tab 100 mg#^	2	
phenytoin chew tab 50 mg	4	
phenytoin sodium extended cap 100 mg^	2	
phenytoin sodium extended cap 200 mg^	2	
phenytoin sodium extended cap 300 mg^	2	
phenytoin susp 125 mg/5ml	4	
pregabalin cap 25 mg^	2	QL (90 capsules/30 days)
pregabalin cap 50 mg^	2	QL (90 capsules/30 days)
pregabalin cap 75 mg^	2	QL (90 capsules/30 days)
pregabalin cap 100 mg^	2	QL (90 capsules/30 days)
pregabalin cap 150 mg^	2	QL (90 capsules/30 days)
pregabalin cap 200 mg^	2	QL (90 capsules/30 days)
pregabalin cap 225 mg^	2	QL (60 capsules/30 days)
pregabalin cap 300 mg^	2	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	4	QL (900 mls/30 days)
primidone tab 50 mg^	2	
primidone tab 250 mg^	2	
rufinamide susp 40 mg/ml	5	
rufinamide tab 200 mg	4	
rufinamide tab 400 mg	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
SYMPAZAN - clobazam oral film 5 mg	5	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
tiagabine hcl tab 2 mg	4	
tiagabine hcl tab 4 mg	4	
tiagabine hcl tab 12 mg	4	
tiagabine hcl tab 16 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate sprinkle cap 15 mg^</i>	2	
<i>topiramate sprinkle cap 25 mg^</i>	2	
<i>topiramate tab 25 mg^</i>	1	
<i>topiramate tab 50 mg^</i>	1	
<i>topiramate tab 100 mg^</i>	1	
<i>topiramate tab 200 mg^</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	4	
<i>valproate sodium oral soln 250 mg/5ml</i>	4	
<i>valproic acid cap 250 mg^</i>	2	
VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 10 mg/0.1 ml	4	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)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 50 mg	5	
XCOPRI - cenobamate tab 100 mg	5	
XCOPRI - cenobamate tab 150 mg	5	
XCOPRI - cenobamate tab 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg^</i>	2	
<i>zonisamide cap 50 mg^</i>	2	
<i>zonisamide cap 100 mg^</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml	5	
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	4	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	4	
<i>donepezil hydrochloride tab 5 mg^</i>	1	
<i>donepezil hydrochloride tab 10 mg^</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tab 23 mg^</i>	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg^</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg^</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg^</i>	2	
<i>galantamine hydrobromide tab 4 mg^</i>	2	
<i>galantamine hydrobromide tab 8 mg^</i>	2	
<i>galantamine hydrobromide tab 12 mg^</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	4	PA (<=29 yr)
<i>memantine hcl cap er 24hr 14 mg</i>	4	PA (<=29 yr)
<i>memantine hcl cap er 24hr 21 mg</i>	4	PA (<=29 yr)
<i>memantine hcl cap er 24hr 28 mg</i>	4	PA (<=29 yr)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr)
<i>memantine hcl tab 5 mg^</i>	2	PA (<=29 yr)
<i>memantine hcl tab 10 mg^</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	3	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg</i>	3	
<i>rivastigmine tartrate cap 3 mg</i>	3	
<i>rivastigmine tartrate cap 4.5 mg</i>	3	
<i>rivastigmine tartrate cap 6 mg</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	
Antidepressants		
<i>amitriptyline hcl tab 10 mg#^</i>	2	
<i>amitriptyline hcl tab 25 mg#^</i>	2	
<i>amitriptyline hcl tab 50 mg#^</i>	2	
<i>amitriptyline hcl tab 75 mg#^</i>	2	
<i>amitriptyline hcl tab 100 mg#^</i>	2	
<i>amitriptyline hcl tab 150 mg#^</i>	2	
<i>AMOXAPINE - amoxapine tab 25 mg#</i>	4	
<i>AMOXAPINE - amoxapine tab 50 mg#</i>	4	
<i>AMOXAPINE - amoxapine tab 100 mg#</i>	4	
<i>AMOXAPINE - amoxapine tab 150 mg#</i>	4	
<i>AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg</i>	5	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 100 mg^</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg^</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 200 mg^</i>	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 24hr 150 mg^	2	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg^	2	QL (30 tablets/30 days)
bupropion hcl tab 75 mg^	2	QL (60 tablets/30 days)
bupropion hcl tab 100 mg^	2	QL (120 tablets/30 days)
citalopram hydrobromide cap 30 mg	4	QL (30 capsules/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	4	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg^	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 20 mg^	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg^	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg#	4	
clomipramine hcl cap 50 mg#	4	
clomipramine hcl cap 75 mg#	4	
desipramine hcl tab 10 mg#	3	
desipramine hcl tab 25 mg#	3	
desipramine hcl tab 50 mg#	3	
desipramine hcl tab 75 mg#	3	
desipramine hcl tab 100 mg#	3	
desipramine hcl tab 150 mg#	3	
desvenlafaxine succinate tab er 24hr 25 mg^	2	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 50 mg^	2	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg^	2	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#^	2	
doxepin hcl cap 25 mg#^	2	
doxepin hcl cap 50 mg#^	2	
doxepin hcl cap 75 mg#^	2	
doxepin hcl cap 100 mg#^	2	
doxepin hcl cap 150 mg#^	2	
doxepin hcl conc 10 mg/ml#	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg	4	QL (90 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg	4	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 20 mg^	2	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg^	2	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg^	2	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
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	
<i>escitalopram oxalate soln 5 mg/5ml</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg^</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 10 mg^</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg^</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 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>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	4	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg^</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg^</i>	2	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg^</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 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#^</i>	2	
<i>imipramine hcl tab 25 mg#^</i>	2	
<i>imipramine hcl tab 50 mg#^</i>	2	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	4	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	4	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg</i>	4	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg^</i>	2	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg^</i>	2	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	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
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#	4	
<i>nortriptyline hcl cap 10 mg#^</i>	2	
<i>nortriptyline hcl cap 25 mg#^</i>	2	
<i>nortriptyline hcl cap 50 mg#^</i>	2	
<i>nortriptyline hcl cap 75 mg#^</i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	4	PA (>=65 yr), QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg#</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
<i>paroxetine hcl tab er 24hr 37.5 mg#</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg#^</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#^</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg#^</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml#	4	PA (>=65 yr), QL (900 mls/30 days)
<i>phenelzine sulfate tab 15 mg^</i>	2	
<i>protriptyline hcl tab 5 mg#</i>	4	
<i>protriptyline hcl tab 10 mg#</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	4	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg^</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 50 mg^</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg^</i>	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 days)
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg^</i>	1	
<i>trazodone hcl tab 100 mg^</i>	1	
<i>trazodone hcl tab 150 mg^</i>	1	
<i>trazodone hcl tab 300 mg^</i>	2	
<i>trimipramine maleate cap 25 mg#</i>	3	
<i>trimipramine maleate cap 50 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>trimipramine maleate cap 100 mg#</i>	3	
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg^</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg^</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg^</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab er 24hr 37.5 mg</i>	3	QL (60 tablets/30 days)
<i>venlafaxine hcl tab er 24hr 75 mg</i>	3	QL (90 tablets/30 days)
<i>venlafaxine hcl tab er 24hr 150 mg</i>	3	QL (30 tablets/30 days)
<i>venlafaxine hcl tab 25 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 75 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg^</i>	2	QL (90 tablets/30 days)
VIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (1 kit/30 days)
<i>vilazodone hcl tab 10 mg</i>	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 20 mg</i>	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 40 mg</i>	4	QL (30 tablets/30 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg</i>	4	BD
<i>aprepitant capsule 80 mg</i>	4	BD
<i>aprepitant capsule 125 mg</i>	4	BD
<i>chlorpromazine hcl inj 25 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 25 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 50 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 100 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 200 mg</i>	4	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 30 mg/ml	4	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 100 mg/ml	4	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl inj 50 mg/2ml	4	PA (>=65 yr)
<i>dronabinol cap 2.5 mg</i>	4	BD

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
dronabinol cap 5 mg	4	BD
dronabinol cap 10 mg	4	BD
fosaprepitant dimeglumine for iv infusion 150 mg	4	
granisetron hcl inj 1 mg/ml	4	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	4	
granisetron hcl tab 1 mg	3	BD
meclizine hcl tab 12.5 mg#^	2	
meclizine hcl tab 25 mg#^	2	
ONDANSETRON HCL - ondansetron hcl tab 24 mg	4	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	4	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	4	
ondansetron hcl oral soln 4 mg/5ml^	2	
ondansetron hcl tab 4 mg^	2	
ondansetron hcl tab 8 mg^	2	
ONDANSETRON HYDROCHLORIDE - ondansetron hcl inj soln pref syr 4 mg/2ml	4	
ondansetron orally disintegrating tab 4 mg	4	
ondansetron orally disintegrating tab 8 mg	4	
palonosetron hcl iv soln pref syrup 0.25 mg/5ml	5	
palonosetron hcl iv soln 0.25 mg/5ml	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	5	
perphenazine tab 2 mg^	2	PA (>=65 yr)
perphenazine tab 4 mg^	2	PA (>=65 yr)
perphenazine tab 8 mg^	2	PA (>=65 yr)
perphenazine tab 16 mg^	2	PA (>=65 yr)
prochlorperazine edisylate inj 10 mg/2ml	4	
prochlorperazine maleate tab 5 mg^	2	
prochlorperazine maleate tab 10 mg^	2	
prochlorperazine suppos 25 mg	3	
promethazine hcl suppos 12.5 mg#	3	PA (>=65 yr)
promethazine hcl suppos 25 mg#	3	PA (>=65 yr)
promethazine hcl syrup 6.25 mg/5ml#	4	PA (>=65 yr)
promethazine hcl tab 12.5 mg#^	2	PA (>=65 yr)
promethazine hcl tab 25 mg#^	2	PA (>=65 yr)
promethazine hcl tab 50 mg#^	2	PA (>=65 yr)
scopolamine td patch 72hr 1 mg/3days#	4	PA (>=65 yr)
Antifungals		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<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>ciclopirox gel 0.77%^</i>	2	
<i>ciclopirox olamine cream 0.77%^</i>	2	
<i>ciclopirox olamine susp 0.77%^</i>	2	
<i>ciclopirox shampoo 1%^</i>	2	
<i>ciclopirox solution 8%^</i>	2	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%^</i>	2	
<i>clotrimazole troche 10 mg^</i>	2	
<i>CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)</i>	5	PA
<i>CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)</i>	5	PA
<i>econazole nitrate cream 1%^</i>	2	
<i>fluconazole for susp 10 mg/ml</i>	4	
<i>fluconazole for susp 40 mg/ml</i>	4	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	4	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg^</i>	2	
<i>fluconazole tab 100 mg^</i>	2	
<i>fluconazole tab 150 mg^</i>	2	
<i>fluconazole tab 200 mg^</i>	2	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	3	
<i>griseofulvin ultramicrosize tab 250 mg</i>	3	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%^</i>	2	
<i>ketoconazole shampoo 2%^</i>	2	
<i>ketoconazole tab 200 mg^</i>	2	
<i>micafungin sodium for iv soln 50 mg</i>	4	
<i>micafungin sodium for iv soln 100 mg</i>	5	
<i>NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	4	PA
<i>NOXAFIL - posaconazole susp 40 mg/ml</i>	5	PA
<i>nystatin cream 100000 unit/gm^</i>	2	
<i>nystatin oint 100000 unit/gm^</i>	2	
<i>nystatin susp 100000 unit/ml^</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>nystatin tab 500000 unit^</i>	2	
<i>nystatin topical powder 100000 unit/gm^</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg^</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%^</i>	2	
<i>terconazole vaginal cream 0.8%^</i>	2	
<i>terconazole vaginal suppos 80 mg^</i>	2	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	4	PA
<i>voriconazole tab 50 mg</i>	4	PA
<i>voriconazole tab 200 mg</i>	4	PA
Antigout Agents		
<i>allopurinol sodium for inj 500 mg</i>	4	
<i>allopurinol tab 100 mg^</i>	1	
<i>allopurinol tab 300 mg^</i>	1	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg^</i>	2	
<i>probenecid tab 500 mg^</i>	2	
Antimigraine Agents		
<i>AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml</i>	3	PA, QL (2 pens/30 days)
<i>AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml</i>	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mls/28 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml</i>	3	PA, QL (2 pens/30 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml</i>	3	PA, QL (3 syringes/30 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml</i>	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tab 1 mg^</i>	2	QL (18 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg^</i>	2	QL (18 tablets/30 days)
<i>NURTEC - rimegepant sulfate tab disint 75 mg</i>	3	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg^</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg^</i>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	3	QL (12 units (2 packages)/30 days)

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Drug Name	Drug Tier	Requirements/Limits
sumatriptan nasal spray 20 mg/act	3	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	3	QL (10 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg^	2	QL (18 tablets/30 days)
sumatriptan succinate tab 50 mg^	2	QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg^	2	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg	3	PA, QL (16 tablets/30 days)
UBRELVY - ubrogepant tab 100 mg	3	PA, QL (16 tablets/30 days)
Antimyasthenic Agents		
pyridostigmine bromide oral soln 60 mg/5ml	4	
pyridostigmine bromide tab er 180 mg	4	
pyridostigmine bromide tab 60 mg^	2	
Antimycobacterials		
cycloserine cap 250 mg	5	
dapsone tab 25 mg^	2	
dapsone tab 100 mg^	2	
ethambutol hcl tab 100 mg^	2	
ethambutol hcl tab 400 mg^	2	
ISONIAZID - isoniazid inj 100 mg/ml	4	
isoniazid tab 100 mg^	2	
isoniazid tab 300 mg^	1	
PASER - aminosalicylic acid er granules packet 4 gm	4	
PRIFTIN - rifapentine tab 150 mg	4	
pyrazinamide tab 500 mg	3	
rifabutin cap 150 mg	4	
rifampin cap 150 mg^	2	
rifampin cap 300 mg^	2	
rifampin for inj 600 mg	4	
SIRTURO - bedaquiline fumarate tab 20 mg*	5	
SIRTURO - bedaquiline fumarate tab 100 mg*	5	
TRECATOR - ethionamide tab 250 mg	4	
Antineoplastics		
abiraterone acetate tab 250 mg	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
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*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
ALYMSYS - bevacizumab-maly iv soln 100 mg/4ml (for infusion)	5	PA
ALYMSYS - bevacizumab-maly iv soln 400 mg/16ml (for infusion)	5	PA
<i>anastrozole tab 1 mg^</i>	1	
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	4	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	5	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5	PA
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5	PA
ASPARLAS - calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)*	5	
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	PA
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	PA
AYVAKIT - avapritinib tab 25 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg	5	PA, QL (30 tablets/30 days)
<i>azacitidine for inj 100 mg</i>	5	
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)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)*	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
<i>bexarotene cap 75 mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg^</i>	2	
BLENREP - belantamab mafodotin-blmf for iv soln 100 mg	5	PA
<i>bleomycin sulfate for inj 15 unit</i>	4	BD
<i>bleomycin sulfate for inj 30 unit</i>	4	BD

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
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BORTEZOMIB - bortezomib for inj 1 mg	4	PA
BORTEZOMIB - bortezomib for inj 2.5 mg	4	PA
<i>bortezomib for inj 3.5 mg</i>	5	PA
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	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)
<i>busulfan inj 6 mg/ml</i>	5	
CABOMETYX - cabozantinib s-malate tab 20 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	5	PA, QL (60 capsules/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)
<i>carboplatin iv soln 50 mg/5ml</i>	4	
<i>carboplatin iv soln 150 mg/15ml</i>	4	
<i>carboplatin iv soln 450 mg/45ml</i>	4	
<i>carboplatin iv soln 600 mg/60ml</i>	4	
<i>carmustine for inj 100 mg</i>	4	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)	4	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	4	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	4	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
<i>clofarabine iv soln 1 mg/ml</i>	5	
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*	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg*	5	PA, QL (56 capsules/28 days)
COSELA - trilaciclib dihydrochloride for iv soln 300 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	5	

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Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	4	BD
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	4	BD
<i>cyclophosphamide cap 25 mg</i>	3	BD
<i>cyclophosphamide cap 50 mg</i>	3	BD
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	
CYCLOPHOSPHAMIDE MONOHYDRATE - cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)*	5	PA
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	PA
CYTARABINE - cytarabine inj 20 mg/ml	4	BD
<i>cytarabine inj pf 20 mg/ml</i>	4	BD
<i>cytarabine inj pf 100 mg/ml</i>	4	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
<i>dacarbazine for inj 200 mg</i>	4	
<i>dactinomycin for inj 0.5 mg</i>	5	
DANYELZA - naxitamab-gqqk iv soln 40 mg/10ml (4 mg/ml)	5	PA
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	PA
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	5	PA
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	4	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	4	
DAURISMO - glasdegib maleate tab 25 mg	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	5	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane hcl for inj 250 mg</i>	5	
<i>dexrazoxane hcl for inj 500 mg</i>	5	
<i>docetaxel for inj conc 20 mg/ml</i>	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	
<i>doxorubicin hcl for inj 50 mg</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl inj 2 mg/ml</i>	4	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD, PA
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl for inj 10 mg	4	BD
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg	5	PA
EMPLICITI - elotuzumab for iv soln 400 mg	5	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	5	PA
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	4	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	4	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	PA
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	PA
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
<i>erlotinib hcl tab 25 mg</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg</i>	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 150 mg</i>	5	PA, QL (30 tablets/30 days)
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	4	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	4	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	4	
EULEXIN - flutamide cap 125 mg	5	
<i>everolimus tab for oral susp 2 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 for oral susp 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 10 mg</i>	5	PA, QL (30 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
<i>exemestane tab 25 mg</i>	3	
EXKIVITY - mobocertinib succinate cap 40 mg	5	PA, QL (120 capsules/30 days)
<i>fludarabine phosphate for inj 50 mg</i>	4	
<i>fludarabine phosphate inj 25 mg/ml</i>	4	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	4	BD
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	4	BD
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	4	BD

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>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	4	BD
<i>flutamide cap 125 mg</i>	4	
<i>FOLOTYN - pralatrexate iv inj 20 mg/ml</i>	5	PA
<i>FOLOTYN - pralatrexate iv inj 40 mg/2ml</i>	5	PA
<i>FOTIVDA - tivozanib hcl cap 0.89 mg</i>	5	PA, QL (21 capsules/28 days)
<i>FOTIVDA - tivozanib hcl cap 1.34 mg</i>	5	PA, QL (21 capsules/28 days)
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
<i>GAVRETO - pralsetinib cap 100 mg</i>	5	PA, QL (120 capsules/30 days)
<i>GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)</i>	5	PA
<i>gemcitabine hcl for inj 200 mg</i>	4	
<i>gemcitabine hcl for inj 1 gm</i>	4	
<i>gemcitabine hcl for inj 2 gm</i>	4	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>	4	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>	4	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>	4	
<i>GILOTRIF - afatinib dimaleate tab 20 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>GILOTRIF - afatinib dimaleate tab 30 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>GILOTRIF - afatinib dimaleate tab 40 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)</i>	5	PA
<i>HERCEPTIN - trastuzumab for iv soln 150 mg*</i>	5	PA
<i>HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*</i>	5	PA
<i>HERZUMA - trastuzumab-pkrb for iv soln 150 mg</i>	5	PA
<i>HERZUMA - trastuzumab-pkrb for iv soln 420 mg</i>	5	PA
<i>hydroxyurea cap 500 mg^</i>	2	
<i>IBRANCE - palbociclib cap 75 mg*</i>	5	PA, QL (21 capsules/28 days)
<i>IBRANCE - palbociclib cap 100 mg*</i>	5	PA, QL (21 capsules/28 days)
<i>IBRANCE - palbociclib cap 125 mg*</i>	5	PA, QL (21 capsules/28 days)
<i>IBRANCE - palbociclib tab 75 mg*</i>	5	PA, QL (21 tablets/28 days)
<i>IBRANCE - palbociclib tab 100 mg*</i>	5	PA, QL (21 tablets/28 days)
<i>IBRANCE - palbociclib tab 125 mg*</i>	5	PA, QL (21 tablets/28 days)
<i>ICLUSIG - ponatinib hcl tab 10 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ICLUSIG - ponatinib hcl tab 15 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ICLUSIG - ponatinib hcl tab 30 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ICLUSIG - ponatinib hcl tab 45 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
IDHIFA - enasidenib mesylate tab 50 mg*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg*	5	PA, QL (30 tablets/30 days)
IFEX - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
<i>ifosfamide for inj 1 gm</i>	4	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	4	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	4	
<i>imatinib mesylate tab 100 mg</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	5	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 (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 560 mg*	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	PA
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml	5	
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)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JEMPERLI - dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	5	PA
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	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
KANJINTI - trastuzumab-anns for iv soln 150 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 420 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
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)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 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)
KYPROLIS - carfilzomib for inj 10 mg	5	PA
KYPROLIS - carfilzomib for inj 30 mg	5	PA
KYPROLIS - carfilzomib for inj 60 mg	5	PA
<i>lapatinib ditosylate tab 250 mg</i>	5	PA, QL (180 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg</i>	5	PA, QL (21 capsules/28 days)
<i>lenalidomide cap 20 mg</i>	5	PA, QL (21 capsules/28 days)
<i>lenalidomide cap 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i> [^]	1	

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

Drug Name	Drug Tier	Requirements/Limits
LEUCOVORIN CALCIUM - leucovorin calcium inj 100 mg/10ml (10 mg/ml)	4	
<i>leucovorin calcium for inj 50 mg</i>	4	
<i>leucovorin calcium for inj 100 mg</i>	4	
<i>leucovorin calcium for inj 200 mg</i>	4	
<i>leucovorin calcium for inj 350 mg</i>	4	
<i>leucovorin calcium for inj 500 mg</i>	4	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	
<i>leucovorin calcium tab 5 mg[^]</i>	2	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	3	
<i>leucovorin calcium tab 25 mg</i>	3	
LEUKERAN - chlorambucil tab 2 mg	4	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
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)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg*	5	PA
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	5	PA
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	5	
<i>mercaptopurine tab 50 mg[^]</i>	2	
<i>mesna inj 100 mg/ml</i>	3	
MESNEX - mesna tab 400 mg	5	
<i>mitomycin for iv soln 5 mg</i>	4	
<i>mitomycin for iv soln 20 mg</i>	5	
<i>mitomycin for iv soln 40 mg</i>	5	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	4	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	4	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	4	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	5	PA
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion)	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
MVASI - bevacizumab-awwb iv soln 400 mg/16ml (for infusion)	5	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA
<i>nelarabine iv soln 5 mg/ml</i>	5	PA
NERLYNX - neratinib maleate tab 40 mg*	5	PA, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg	5	PA
OGIVRI - trastuzumab-dkst for iv soln 420 mg	5	PA
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 420 mg	5	PA
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml	5	PA
OPDIVO - nivolumab iv soln 120 mg/12ml	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml	5	PA
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	5	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	
PACLITAXEL - paclitaxel iv conc 150 mg/25ml (6 mg/ml)	4	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	
PADCEV - enfortumab vedotin-ejfv for iv soln 20 mg	5	PA
PADCEV - enfortumab vedotin-ejfv for iv soln 30 mg	5	PA
PANRETIN - alitretinoin gel 0.1%	5	PA
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	4	
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 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
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)
PEMETREXED - pemetrexed disodium iv soln 100 mg/4ml	5	PA
PEMETREXED - pemetrexed disodium iv soln 500 mg/20ml	5	PA
PEMETREXED - pemetrexed disodium iv soln 1 gm/40ml	5	PA
PEMETREXED - pemetrexed ditromethamine for iv soln 100 mg	5	PA
PEMETREXED - pemetrexed ditromethamine for iv soln 500 mg	5	PA
<i>pemetrexed disodium for iv soln 100 mg</i>	5	PA
<i>pemetrexed disodium for iv soln 500 mg</i>	5	PA
<i>pemetrexed disodium for iv soln 750 mg</i>	5	PA
<i>pemetrexed disodium for iv soln 1000 mg</i>	5	PA
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 80 mg-40 mg-2000 unt/ml	5	PA
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)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg	5	PA
POLIVY - polatuzumab vedotin-piiq for iv solution 140 mg	5	PA
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	5	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (21 capsules/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
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (21 capsules/28 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml)	5	PA
RIABNI - rituximab-arrx iv soln 500 mg/50ml (10 mg/ml)	5	PA
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1600-26800 mg-unit/13.4ml*	5	PA
ROMIDEPSIN - romidepsin iv soln 27.5 mg/5.5ml (5 mg/ml)	5	PA
<i>romidepsin for iv inj 10 mg</i>	5	PA
ROZLYTREK - entrectinib cap 100 mg	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg*	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml)	5	PA
RUXIENCE - rituximab-pvvr iv soln 500 mg/50ml (10 mg/ml)	5	PA
RYBREVANT - amivantamab-vmjw iv soln 350 mg/7ml	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
RYLAZE - asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	5	
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml	5	PA
SARCLISA - isatuximab-irfc iv soln 500 mg/25ml	5	PA
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
<i>sorafenib tosylate tab 200 mg</i>	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 37.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 50 mg</i>	5	PA, QL (30 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
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	4	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (120 tablets/30 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg*	5	PA, QL (120 capsules/30 days)
TAGRISSO - osimertinib mesylate tab 40 mg*	5	PA, QL (30 tablets/30 days)
TAGRISSO - osimertinib mesylate tab 80 mg*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg*	5	PA, QL (90 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.75 mg*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg*	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg^</i>	2	
<i>tamoxifen citrate tab 20 mg^</i>	2	
TASIGNA - nilotinib hcl cap 50 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml*	5	PA
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	
TEPMETKO - tepotinib hcl tab 225 mg	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg</i>	5	
<i>thiotepa for inj 100 mg</i>	5	
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>topotecan hcl for inj 4 mg</i>	4	
<i>topotecan hcl inj 4 mg/4ml (for infusion)</i>	4	
<i>toremifene citrate tab 60 mg</i>	5	
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg	5	PA
TRAZIMERA - trastuzumab-qyyp for iv soln 420 mg	5	PA
TREANDA - bendamustine hcl for iv soln 25 mg	5	
TREANDA - bendamustine hcl for iv soln 100 mg	5	
<i>tretinoin cap 10 mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUSELTIQ - infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)	5	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)	5	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)	5	PA, QL (63 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 100 mg (100 mg daily dose)	5	PA, QL (21 capsules/28 days)
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml)	5	PA
TRUXIMA - rituximab-abbs iv soln 500 mg/50ml (10 mg/ml)	5	PA
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 200 mg	5	PA, QL (120 capsules/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	PA
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	PA
VELCADE - bortezomib for inj 3.5 mg	5	PA
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)
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	4	BD
<i>vincristine sulfate iv soln 1 mg/ml</i>	4	BD
<i>vinorelbine tartrate inj 10 mg/ml</i>	4	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	4	
VITRAKVI - larotrectinib sulfate cap 25 mg*	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacitinib tab 15 mg*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacitinib tab 30 mg*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacitinib tab 45 mg*	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	5	PA, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, 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
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
WELIREG - belzutifan tab 40 mg	5	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg	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)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	PA
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	PA
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZEPZELCA - lurbinectedin for iv soln 4 mg	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion)	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)
ZYNLONTA - loncastuximab tesirine-lpyl for iv soln 10 mg	5	PA
Antiparasitics		
albendazole tab 200 mg	4	
atovaquone susp 750 mg/5ml	5	
atovaquone-proguanil hcl tab 62.5-25 mg	3	
atovaquone-proguanil hcl tab 250-100 mg	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg	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
BENZNIDAZOLE - benznidazole tab 100 mg	4	
chloroquine phosphate tab 500 mg^	2	
chloroquine phosphate tab 250 mg	4	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 200 mg^	2	
ivermectin tab 3 mg^	2	
mefloquine hcl tab 250 mg	4	
nitazoxanide tab 500 mg	5	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	4	
pentamidine isethionate for nebulization soln 300 mg	3	BD
praziquantel tab 600 mg	4	
primaquine phosphate tab 26.3 mg (15 mg base)	4	
pyrimethamine tab 25 mg	5	
Antiparkinson Agents		
amantadine hcl cap 100 mg^	2	
amantadine hcl soln 50 mg/5ml^	2	
amantadine hcl tab 100 mg^	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
apomorphine hcl soln cartridge 30 mg/3ml	5	PA, QL (60 mls/30 days)
benztropine mesylate tab 0.5 mg#^	2	PA (>=65 yr)
benztropine mesylate tab 1 mg#^	2	PA (>=65 yr)
benztropine mesylate tab 2 mg#^	2	PA (>=65 yr)
bromocriptine mesylate cap 5 mg	4	
bromocriptine mesylate tab 2.5 mg	3	
carbidopa & levodopa orally disintegrating tab 10-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-250 mg	4	
carbidopa & levodopa tab er 25-100 mg^	2	
carbidopa & levodopa tab er 50-200 mg^	2	
carbidopa & levodopa tab 10-100 mg^	2	
carbidopa & levodopa tab 25-100 mg^	2	
carbidopa & levodopa tab 25-250 mg^	2	
carbidopa tab 25 mg	4	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	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
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone tab 200 mg	3	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	4	
pramipexole dihydrochloride tab 0.125 mg^	1	
pramipexole dihydrochloride tab 0.25 mg^	1	
pramipexole dihydrochloride tab 0.5 mg^	1	
pramipexole dihydrochloride tab 0.75 mg^	1	
pramipexole dihydrochloride tab 1 mg^	1	
pramipexole dihydrochloride tab 1.5 mg^	1	
rasagiline mesylate tab 0.5 mg	4	
rasagiline mesylate tab 1 mg	4	
ropinirole hydrochloride tab er 24hr 2 mg	4	
ropinirole hydrochloride tab er 24hr 4 mg	4	
ropinirole hydrochloride tab er 24hr 6 mg	4	
ropinirole hydrochloride tab er 24hr 8 mg	4	
ropinirole hydrochloride tab er 24hr 12 mg	4	
ropinirole hydrochloride tab 0.25 mg^	2	
ropinirole hydrochloride tab 0.5 mg^	2	
ropinirole hydrochloride tab 1 mg^	2	
ropinirole hydrochloride tab 2 mg^	2	
ropinirole hydrochloride tab 3 mg^	2	
ropinirole hydrochloride tab 4 mg^	2	
ropinirole hydrochloride tab 5 mg^	2	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg	3	
RYTARY - carbidopa & levodopa cap er 36.25-145 mg	3	
RYTARY - carbidopa & levodopa cap er 48.75-195 mg	3	
RYTARY - carbidopa & levodopa cap er 61.25-245 mg	3	
selegiline hcl cap 5 mg^	2	
selegiline hcl tab 5 mg	4	
tolcapone tab 100 mg	5	
Antipsychotics		
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	QL (1 syringe/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
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 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</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg^</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg^</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 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</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>asenapine maleate sl tab 5 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>asenapine maleate sl tab 10 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg	5	PA (>=65 yr), QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA - lumateperone tosylate cap 21 mg	5	PA (>=65 yr), QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	PA (>=65 yr), QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 25 mg^</i>	2	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 50 mg^</i>	2	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg^</i>	2	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	3	PA (>=65 yr), QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 2.5 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 5 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 10 mg</i>	4	PA (>=65 yr)

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
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 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>	4	PA (>=65 yr)
<i>haloperidol tab 0.5 mg^</i>	2	PA (>=65 yr)
<i>haloperidol tab 1 mg^</i>	2	PA (>=65 yr)
<i>haloperidol tab 2 mg^</i>	2	PA (>=65 yr)
<i>haloperidol tab 5 mg^</i>	2	PA (>=65 yr)
<i>haloperidol tab 10 mg^</i>	2	PA (>=65 yr)
<i>haloperidol tab 20 mg^</i>	2	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	5	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 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	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	5	QL (1 kit/84 days)
LATUDA - lurasidone hcl tab 20 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	QL (30 tablets/30 days)
<i>loxapine succinate cap 5 mg^</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 10 mg^</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 25 mg^</i>	2	PA (>=65 yr)

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>loxapine succinate cap 50 mg^</i>	2	PA (>=65 yr)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	4	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg^</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 5 mg^</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg^</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 10 mg^</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 20 mg^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 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)

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>paliperidone tab er 24hr 9 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	QL (1 syringe/28 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg	4	
PIMOZIDE - pimozide tab 2 mg	4	
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA (>=65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg^</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 200 mg^</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 300 mg^</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 400 mg^</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg^</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg^</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg^</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg^</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg^</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg^</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	4	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
REXULTI - brexpiprazole tab 4 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	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</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 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^</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg^</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 1 mg^</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 2 mg^</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 3 mg^</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 4 mg^</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg^</i>	2	PA (>=65 yr)

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>thioridazine hcl tab 25 mg^</i>	2	PA (>=65 yr)
<i>thioridazine hcl tab 50 mg^</i>	2	PA (>=65 yr)
<i>thioridazine hcl tab 100 mg^</i>	2	PA (>=65 yr)
<i>thiothixene cap 1 mg^</i>	2	PA (>=65 yr)
<i>thiothixene cap 2 mg^</i>	2	PA (>=65 yr)
<i>thiothixene cap 5 mg^</i>	2	PA (>=65 yr)
<i>thiothixene cap 10 mg^</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg^</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 2 mg^</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 5 mg^</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 10 mg^</i>	2	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	4	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg^</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg^</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg^</i>	2	QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg^</i>	2	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	3	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA (>=65 yr), QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 5 mg^</i>	2	
<i>baclofen tab 10 mg^</i>	2	
<i>baclofen tab 20 mg^</i>	2	
<i>dantrolene sodium cap 25 mg^</i>	2	
<i>dantrolene sodium cap 50 mg^</i>	2	
<i>dantrolene sodium cap 100 mg^</i>	2	
<i>tizanidine hcl tab 2 mg^</i>	1	
<i>tizanidine hcl tab 4 mg^</i>	1	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml</i>	4	QL (960 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
abacavir sulfate tab 300 mg	3	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
acyclovir cap 200 mg^	1	
acyclovir oint 5%	3	PA
acyclovir sodium iv soln 50 mg/ml	4	BD
acyclovir susp 200 mg/5ml	4	
acyclovir tab 400 mg^	1	
acyclovir tab 800 mg^	1	
adefovir dipivoxil tab 10 mg	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg	4	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg	4	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg	4	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	5	QL (30 tablets/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
CABENUVA - cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er*	5	QL (4 mls/30 days)
CABENUVA - cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er*	5	QL (6 mls/30 days)
cidofovir iv inj 75 mg/ml	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	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	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
efavirenz cap 50 mg^	2	QL (90 capsules/30 days)
efavirenz cap 200 mg	4	QL (120 capsules/30 days)
efavirenz tab 600 mg	4	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 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
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 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</i>	4	
<i>entecavir tab 1 mg</i>	4	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3	
<i>etravirine tab 100 mg</i>	4	QL (60 tablets/30 days)
<i>etravirine tab 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg^</i>	2	
<i>famciclovir tab 250 mg^</i>	2	
<i>famciclovir tab 500 mg^</i>	2	
<i>fosamprenavir calcium tab 700 mg</i>	4	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg</i>	4	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	5	PA
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	4	QL (40 capsules/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	4	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 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
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	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)
NEVIRAPINE ER - nevirapine tab er 24hr 100 mg	4	QL (90 tablets/30 days)
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	3	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg^</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir oral soln 80 mg/ml	4	QL (480 mls/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^</i>	2	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg^</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate cap 75 mg^</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	4	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	4	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	4	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 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	4	QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	5	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
<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)

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
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
SOVALDI - sofosbuvir pellet pack 150 mg	5	PA
SOVALDI - sofosbuvir pellet pack 200 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg	5	PA
SOVALDI - sofosbuvir tab 400 mg	5	PA
STAVUDINE - stavudine cap 15 mg	3	QL (60 capsules/30 days)
STAVUDINE - stavudine cap 20 mg	3	QL (60 capsules/30 days)
STAVUDINE - stavudine cap 30 mg	3	QL (60 capsules/30 days)
STAVUDINE - stavudine cap 40 mg	3	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofof af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg^</i>	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg	5	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	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	5	QL (180 tablets/30 days)
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	QL (60 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)*	5	QL (14 vials/28 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg^</i>	2	
<i>valacyclovir hcl tab 1 gm^</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg</i>	3	
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	5	PA
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	4	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	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 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
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
<i>zidovudine cap 100 mg^</i>	2	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^</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 0.5 mg^</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 1 mg^</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg^</i>	1	QL (150 tablets/30 days)
<i>buspirone hcl tab 5 mg^</i>	2	
<i>buspirone hcl tab 7.5 mg^</i>	2	
<i>buspirone hcl tab 10 mg^</i>	2	
<i>buspirone hcl tab 15 mg^</i>	2	
<i>buspirone hcl tab 30 mg^</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.5 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 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^</i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 1 mg^</i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg^</i>	1	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	3	PA, QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	3	PA, QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	3	PA, QL (180 tablets/30 days)
<i>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^</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 5 mg^</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 10 mg^</i>	1	PA, QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	4	PA (>=65 yr)
<i>hydroxyzine hcl tab 10 mg#^</i>	2	PA (>=65 yr)
<i>hydroxyzine hcl tab 25 mg#^</i>	2	PA (>=65 yr)

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
hydroxyzine hcl tab 50 mg#^	2	PA (>=65 yr)
lorazepam tab 0.5 mg^	1	PA, QL (120 tablets/30 days)
lorazepam tab 1 mg^	1	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg^	1	PA, QL (150 tablets/30 days)
oxazepam cap 10 mg	4	PA, QL (120 capsules/30 days)
oxazepam cap 15 mg	4	PA, QL (120 capsules/30 days)
oxazepam cap 30 mg	4	PA, QL (120 capsules/30 days)
Bipolar Agents		
lithium carbonate cap 600 mg^	1	
lithium carbonate cap 150 mg^	1	
lithium carbonate cap 300 mg^	1	
lithium carbonate tab er 300 mg^	2	
lithium carbonate tab er 450 mg^	2	
lithium carbonate tab 300 mg^	1	
Blood Glucose Regulators		
acarbose tab 25 mg^	2	QL (360 tablets/30 days)
acarbose tab 50 mg^	2	QL (180 tablets/30 days)
acarbose tab 100 mg^	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	QL (4 pens/28 days), ST
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	4	QL (2 pens/30 days), ST
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	4	QL (1 pen/30 days), ST
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
diazoxide susp 50 mg/ml	4	
GAUZE PADS 2" X 2"	3	
glimepiride tab 1 mg#^	1	QL (240 tablets/30 days)
glimepiride tab 2 mg#^	1	QL (120 tablets/30 days)
glimepiride tab 4 mg#^	1	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg^	1	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg^	1	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg^	1	QL (60 tablets/30 days)
glipizide tab 5 mg^	1	QL (240 tablets/30 days)
glipizide tab 10 mg^	1	QL (120 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg^	1	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg^	1	QL (120 tablets/30 days)
glipizide-metformin hcl tab 5-500 mg^	1	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
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	QL (4 kits/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	3	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR - glucagon hcl for inj 1 mg	3	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#^</i>	2	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#^</i>	2	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#^</i>	2	QL (60 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>	2	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg#^</i>	2	QL (120 tablets/30 days)
<i>glyburide-metformin tab 5-500 mg#^</i>	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	4	QL (30 tablets/30 days)
GVOKE HYPOOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	4	QL (4 syringes/30 days)
GVOKE HYPOOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	4	QL (4 syringes/30 days)
GVOKE HYPOOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	4	QL (4 syringes/30 days)
GVOKE HYPOOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	4	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	4	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	4	QL (4 syringes/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	4	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)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/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)

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
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 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	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 INJECTION DEVICE	3	
INSULIN SYRINGE/NEEDLE	3	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg	3	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	3	QL (90 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg	3	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/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
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR - insulin detemir inj 100 unit/ml	3	QL (6 vials/30 days)
LEVEMIR FLEXTOUCH - insulin detemir 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)
<i>nateglinide tab 60 mg^</i>	2	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg^</i>	2	QL (90 tablets/30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) - insulin infusion disposable pump kit	3	
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump supplies	3	
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump supplies	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump supplies	3	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	3	QL (1 pen/28 days), ST
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	3	QL (1 pen/28 days), ST
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	3	QL (1 pen/28 days), ST
<i>pioglitazone hcl tab 15 mg^</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg^</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg^</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg#</i>	3	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg#</i>	3	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg^</i>	2	QL (90 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg^</i>	2	QL (90 tablets/30 days)
<i>repaglinide tab 0.5 mg^</i>	1	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg^</i>	1	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
repaglinide tab 2 mg^	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg	3	QL (30 tablets/30 days), ST
RYBELSUS - semaglutide tab 7 mg	3	QL (30 tablets/30 days), ST
RYBELSUS - semaglutide tab 14 mg	3	QL (30 tablets/30 days), ST
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 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)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (6 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	3	QL (4 pens/28 days), ST
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	3	QL (4 pens/28 days), ST
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml	3	QL (4 pens/28 days), ST
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml	3	QL (4 pens/28 days), ST
V-GO 20 - insulin infusion disposable pump kit	3	
V-GO 30 - insulin infusion disposable pump kit	3	
V-GO 40 - insulin infusion disposable pump kit	3	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (3 pens/30 days), ST
Blood Products and Modifiers		
anagrelide hcl cap 0.5 mg	3	
anagrelide hcl cap 1 mg	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	4	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
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
BRILINTA - ticagrelor tab 60 mg	3	
BRILINTA - ticagrelor tab 90 mg	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
cilostazol tab 50 mg^	2	
cilostazol tab 100 mg^	2	
clopidogrel bisulfate tab 75 mg^	1	
dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
dipyridamole tab 25 mg#^	2	
dipyridamole tab 50 mg#^	2	
dipyridamole tab 75 mg#^	2	
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)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	4	QL (30 syringes/90 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>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QL (10 vials/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
HEPARIN SODIUM - heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	3	
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	3	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	4	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	PA
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
PRADAXA - dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (120 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
<i>prasugrel hcl tab 5 mg^</i>	2	
<i>prasugrel hcl tab 10 mg^</i>	2	
PROCERIT - epoetin alfa inj 2000 unit/ml	4	PA
PROCERIT - epoetin alfa inj 3000 unit/ml	4	PA
PROCERIT - epoetin alfa inj 4000 unit/ml	4	PA
PROCERIT - epoetin alfa inj 10000 unit/ml	4	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
PROCERIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCERIT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg*	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	4	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
<i>warfarin sodium tab 1 mg^</i>	1	
<i>warfarin sodium tab 2 mg^</i>	1	
<i>warfarin sodium tab 2.5 mg^</i>	1	
<i>warfarin sodium tab 3 mg^</i>	1	
<i>warfarin sodium tab 4 mg^</i>	1	
<i>warfarin sodium tab 5 mg^</i>	1	
<i>warfarin sodium tab 6 mg^</i>	1	
<i>warfarin sodium tab 7.5 mg^</i>	1	
<i>warfarin sodium tab 10 mg^</i>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
Cardiovascular Agents		
<i>acebutolol hcl cap 200 mg^</i>	2	
<i>acebutolol hcl cap 400 mg^</i>	2	
<i>acetazolamide cap er 12hr 500 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
acetazolamide tab 125 mg^	2	
acetazolamide tab 250 mg^	2	
aliskiren fumarate tab 150 mg^	2	QL (30 tablets/30 days)
aliskiren fumarate tab 300 mg^	2	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg^	2	
amiloride hcl tab 5 mg^	2	
amiodarone hcl tab 200 mg^	2	
amiodarone hcl tab 400 mg^	2	
amlodipine besylate tab 2.5 mg^	1	
amlodipine besylate tab 5 mg^	1	
amlodipine besylate tab 10 mg^	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg^	2	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg^	2	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg^	2	
amlodipine besylate-atorvastatin calcium tab 5-10 mg^	2	
amlodipine besylate-atorvastatin calcium tab 5-20 mg^	2	
amlodipine besylate-atorvastatin calcium tab 5-40 mg^	2	
amlodipine besylate-atorvastatin calcium tab 5-80 mg^	2	
amlodipine besylate-atorvastatin calcium tab 10-10 mg^	2	
amlodipine besylate-atorvastatin calcium tab 10-20 mg^	2	
amlodipine besylate-atorvastatin calcium tab 10-40 mg^	2	
amlodipine besylate-atorvastatin calcium tab 10-80 mg^	2	
amlodipine besylate-benazepril hcl cap 2.5-10 mg^	1	
amlodipine besylate-benazepril hcl cap 5-10 mg^	1	
amlodipine besylate-benazepril hcl cap 5-20 mg^	1	
amlodipine besylate-benazepril hcl cap 5-40 mg^	1	
amlodipine besylate-benazepril hcl cap 10-20 mg^	1	
amlodipine besylate-benazepril hcl cap 10-40 mg^	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg^	2	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg^	2	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg^	2	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg^	2	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg^	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-320 mg^	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-160 mg^	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-320 mg^	1	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg^	2	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg^	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.

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg^	2	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg^	2	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg^	2	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg^	1	
atenolol & chlorthalidone tab 100-25 mg^	1	
atenolol tab 25 mg^	1	
atenolol tab 50 mg^	1	
atenolol tab 100 mg^	1	
atorvastatin calcium tab 10 mg^	1	QL (45 tablets/30 days)
atorvastatin calcium tab 20 mg^	1	QL (45 tablets/30 days)
atorvastatin calcium tab 40 mg^	1	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg^	1	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg^	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg^	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg^	1	
benazepril & hydrochlorothiazide tab 20-25 mg^	1	
benazepril hcl tab 5 mg^	1	
benazepril hcl tab 10 mg^	1	
benazepril hcl tab 20 mg^	1	
benazepril hcl tab 40 mg^	1	
betaxolol hcl tab 10 mg^	2	
betaxolol hcl tab 20 mg^	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg^	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg^	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg^	1	
bisoprolol fumarate tab 5 mg^	2	
bisoprolol fumarate tab 10 mg^	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg^	2	
bumetanide tab 1 mg^	2	
bumetanide tab 2 mg^	2	
candesartan cilexetil tab 4 mg^	2	QL (60 tablets/30 days)
candesartan cilexetil tab 8 mg^	2	QL (60 tablets/30 days)
candesartan cilexetil tab 16 mg^	2	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg^	2	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg^	2	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg^	2	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg^	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.

Drug Name	Drug Tier	Requirements/Limits
captopril tab 12.5 mg^	2	
captopril tab 25 mg^	2	
captopril tab 50 mg^	2	
captopril tab 100 mg^	2	
carvedilol tab 3.125 mg^	1	
carvedilol tab 6.25 mg^	1	
carvedilol tab 12.5 mg^	1	
carvedilol tab 25 mg^	1	
chlorthalidone tab 25 mg^	2	
chlorthalidone tab 50 mg^	2	
cholestyramine light powder packets 4 gm^	2	
cholestyramine light powder 4 gm/dose^	2	
cholestyramine powder packets 4 gm^	2	
cholestyramine powder 4 gm/dose^	2	
choline fenofibrate cap dr 45 mg^	2	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg^	2	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg^	1	
clonidine hcl tab 0.2 mg^	1	
clonidine hcl tab 0.3 mg^	1	
clonidine td patch weekly 0.1 mg/24hr^	2	
clonidine td patch weekly 0.2 mg/24hr^	2	
clonidine td patch weekly 0.3 mg/24hr^	2	
colestipol hcl granule packets 5 gm	3	
colestipol hcl granules 5 gm	3	
colestipol hcl tab 1 gm^	2	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	3	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg	3	PA, QL (60 tablets/30 days)
digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg)#^	2	QL (30 tablets/30 days)
digoxin tab 250 mcg (0.25 mg)#^	2	QL (30 tablets/30 days)
diltiazem hcl cap er 12hr 60 mg^	2	
diltiazem hcl cap er 12hr 90 mg^	2	
diltiazem hcl cap er 12hr 120 mg^	2	
diltiazem hcl cap er 24hr 120 mg^	2	
diltiazem hcl cap er 24hr 180 mg^	2	
diltiazem hcl cap er 24hr 240 mg^	2	
diltiazem hcl coated beads cap er 24hr 120 mg^	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
diltiazem hcl coated beads cap er 24hr 180 mg^	2	
diltiazem hcl coated beads cap er 24hr 240 mg^	2	
diltiazem hcl coated beads cap er 24hr 300 mg^	2	
diltiazem hcl coated beads cap er 24hr 360 mg^	2	
diltiazem hcl coated beads tab er 24hr 180 mg^	2	
diltiazem hcl coated beads tab er 24hr 240 mg^	2	
diltiazem hcl coated beads tab er 24hr 300 mg^	2	
diltiazem hcl coated beads tab er 24hr 360 mg^	2	
diltiazem hcl coated beads tab er 24hr 420 mg^	2	
diltiazem hcl extended release beads cap er 24hr 120 mg^	2	
diltiazem hcl extended release beads cap er 24hr 180 mg^	2	
diltiazem hcl extended release beads cap er 24hr 240 mg^	2	
diltiazem hcl extended release beads cap er 24hr 300 mg^	2	
diltiazem hcl extended release beads cap er 24hr 360 mg^	2	
diltiazem hcl extended release beads cap er 24hr 420 mg^	2	
diltiazem hcl tab 30 mg^	2	
diltiazem hcl tab 60 mg^	2	
diltiazem hcl tab 90 mg^	2	
diltiazem hcl tab 120 mg^	2	
dofetilide cap 125 mcg (0.125 mg)	4	
dofetilide cap 250 mcg (0.25 mg)	4	
dofetilide cap 500 mcg (0.5 mg)	4	
doxazosin mesylate tab 1 mg^	2	QL (60 tablets/30 days)
doxazosin mesylate tab 2 mg^	2	QL (60 tablets/30 days)
doxazosin mesylate tab 4 mg^	2	QL (60 tablets/30 days)
doxazosin mesylate tab 8 mg^	2	QL (60 tablets/30 days)
droxidopa cap 100 mg	5	PA
droxidopa cap 200 mg	5	PA
droxidopa cap 300 mg	5	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg^	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg^	1	
enalapril maleate tab 2.5 mg^	1	
enalapril maleate tab 5 mg^	1	
enalapril maleate tab 10 mg^	1	
enalapril maleate tab 20 mg^	1	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 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
eplerenone tab 25 mg^	2	
eplerenone tab 50 mg^	2	
ezetimibe tab 10 mg^	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg^	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-20 mg^	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-40 mg^	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-80 mg^	2	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg^	2	
felodipine tab er 24hr 5 mg^	2	
felodipine tab er 24hr 10 mg^	2	
fenofibrate micronized cap 67 mg^	2	QL (30 capsules/30 days)
fenofibrate micronized cap 134 mg^	2	QL (30 capsules/30 days)
fenofibrate micronized cap 200 mg^	2	QL (30 capsules/30 days)
fenofibrate tab 48 mg^	2	QL (60 tablets/30 days)
fenofibrate tab 54 mg^	2	QL (60 tablets/30 days)
fenofibrate tab 145 mg^	2	QL (30 tablets/30 days)
fenofibrate tab 160 mg^	2	QL (30 tablets/30 days)
flecainide acetate tab 50 mg^	2	
flecainide acetate tab 100 mg^	2	
flecainide acetate tab 150 mg^	2	
fluvastatin sodium cap 20 mg^	2	QL (60 capsules/30 days)
fluvastatin sodium cap 40 mg^	2	QL (60 capsules/30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg^	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg^	1	
fosinopril sodium tab 10 mg^	1	
fosinopril sodium tab 20 mg^	1	
fosinopril sodium tab 40 mg^	1	
furosemide inj 10 mg/ml	4	
furosemide oral soln 10 mg/ml	4	
furosemide tab 20 mg^	1	
furosemide tab 40 mg^	1	
furosemide tab 80 mg^	1	
gemfibrozil tab 600 mg^	1	QL (60 tablets/30 days)
hydralazine hcl tab 10 mg^	1	
hydralazine hcl tab 25 mg^	1	
hydralazine hcl tab 50 mg^	1	
hydralazine hcl tab 100 mg^	1	
hydrochlorothiazide cap 12.5 mg^	1	

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

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide tab 12.5 mg^	1	
hydrochlorothiazide tab 25 mg^	1	
hydrochlorothiazide tab 50 mg^	1	
icosapent ethyl cap 0.5 gm	3	
icosapent ethyl cap 1 gm	3	
indapamide tab 1.25 mg^	1	
indapamide tab 2.5 mg^	1	
irbesartan tab 75 mg^	1	QL (30 tablets/30 days)
irbesartan tab 150 mg^	1	QL (30 tablets/30 days)
irbesartan tab 300 mg^	1	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg^	1	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg^	1	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg^	2	
isosorbide dinitrate tab 10 mg^	2	
isosorbide dinitrate tab 20 mg^	2	
isosorbide dinitrate tab 30 mg^	2	
isosorbide mononitrate tab er 24hr 30 mg^	1	
isosorbide mononitrate tab er 24hr 60 mg^	1	
isosorbide mononitrate tab er 24hr 120 mg^	2	
isosorbide mononitrate tab 10 mg^	2	
isosorbide mononitrate tab 20 mg^	1	
isradipine cap 2.5 mg^	2	
isradipine cap 5 mg^	2	
KERENDIA - finerenone tab 10 mg	3	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 20 mg	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg^	2	
labetalol hcl tab 200 mg^	2	
labetalol hcl tab 300 mg^	2	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	4	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	4	
lisinopril & hydrochlorothiazide tab 10-12.5 mg^	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg^	1	
lisinopril & hydrochlorothiazide tab 20-25 mg^	1	
lisinopril tab 2.5 mg^	1	
lisinopril tab 5 mg^	1	
lisinopril tab 10 mg^	1	
lisinopril tab 20 mg^	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tab 30 mg^</i>	1	
<i>lisinopril tab 40 mg^</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg^</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg^</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg^</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg^</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 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^</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg^</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg^</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	3	
<i>methazolamide tab 50 mg</i>	4	
<i>metolazone tab 2.5 mg^</i>	2	
<i>metolazone tab 5 mg^</i>	2	
<i>metolazone tab 10 mg^</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg^</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg^</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg^</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg^</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg^</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg^</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg^</i>	1	
<i>metoprolol tartrate tab 25 mg^</i>	1	
<i>metoprolol tartrate tab 50 mg^</i>	1	
<i>metoprolol tartrate tab 100 mg^</i>	1	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg</i>	3	
<i>mexiletine hcl cap 250 mg</i>	3	
<i>midodrine hcl tab 2.5 mg^</i>	2	
<i>midodrine hcl tab 5 mg^</i>	2	
<i>midodrine hcl tab 10 mg^</i>	2	
<i>minoxidil tab 2.5 mg^</i>	2	
<i>minoxidil tab 10 mg^</i>	2	
<i>moexipril hcl tab 7.5 mg^</i>	1	
<i>moexipril hcl tab 15 mg^</i>	1	
MULTAQ - dronedarone hcl tab 400 mg	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>nadolol tab 20 mg^</i>	2	
<i>nadolol tab 40 mg^</i>	2	
<i>nadolol tab 80 mg^</i>	2	
<i>nebivolol hcl tab 2.5 mg</i>	3	
<i>nebivolol hcl tab 5 mg</i>	3	
<i>nebivolol hcl tab 10 mg</i>	3	
<i>nebivolol hcl tab 20 mg</i>	3	
<i>niacin tab er 500 mg^</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg</i>	3	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg^</i>	2	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg</i>	3	
<i>nicardipine hcl cap 30 mg</i>	3	
<i>nifedipine tab er 24hr 30 mg^</i>	2	
<i>nifedipine tab er 24hr 60 mg^</i>	2	
<i>nifedipine tab er 24hr 90 mg^</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg^</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg^</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg^</i>	2	
<i>nimodipine cap 30 mg</i>	4	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
<i>nisoldipine tab er 24hr 8.5 mg</i>	3	
<i>nisoldipine tab er 24hr 17 mg</i>	3	
<i>nisoldipine tab er 24hr 34 mg</i>	3	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin sl tab 0.3 mg^</i>	2	
<i>nitroglycerin sl tab 0.4 mg^</i>	2	
<i>nitroglycerin sl tab 0.6 mg^</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr^</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr^</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr^</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr^</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	3	
<i>olmesartan medoxomil tab 5 mg^</i>	1	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg^</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg^</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg^</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg^</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg^</i>	1	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
olmesartanamlodipinehydrochlorothiazide tab 20-5-12.5 mg^	2	QL (30 tablets/30 days)
olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg^	2	QL (30 tablets/30 days)
olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg^	2	QL (30 tablets/30 days)
olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg^	2	QL (30 tablets/30 days)
olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg^	2	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm^	2	
pentoxifylline tab er 400 mg^	2	
perindopril erbumine tab 2 mg^	1	
perindopril erbumine tab 4 mg^	1	
perindopril erbumine tab 8 mg^	1	
phenoxybenzamine hcl cap 10 mg	5	
pindolol tab 5 mg^	2	
pindolol tab 10 mg^	2	
pravastatin sodium tab 10 mg^	1	QL (45 tablets/30 days)
pravastatin sodium tab 20 mg^	1	QL (45 tablets/30 days)
pravastatin sodium tab 40 mg^	1	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg^	1	QL (30 tablets/30 days)
prazosin hcl cap 1 mg^	2	
prazosin hcl cap 2 mg^	2	
prazosin hcl cap 5 mg^	2	
propafenone hcl cap er 12hr 225 mg	4	
propafenone hcl cap er 12hr 325 mg	4	
propafenone hcl cap er 12hr 425 mg	4	
propafenone hcl tab 150 mg^	2	
propafenone hcl tab 225 mg^	2	
propafenone hcl tab 300 mg^	2	
propranolol hcl cap er 24hr 60 mg^	2	
propranolol hcl cap er 24hr 80 mg^	2	
propranolol hcl cap er 24hr 120 mg^	2	
propranolol hcl cap er 24hr 160 mg^	2	
propranolol hcl inj 1 mg/ml	4	
propranolol hcl tab 10 mg^	2	
propranolol hcl tab 20 mg^	2	
propranolol hcl tab 40 mg^	2	
propranolol hcl tab 60 mg^	2	
propranolol hcl tab 80 mg^	2	
quinapril hcl tab 5 mg^	1	
quinapril hcl tab 10 mg^	1	

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

Drug Name	Drug Tier	Requirements/Limits
quinapril hcl tab 20 mg^	1	
quinapril hcl tab 40 mg^	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg^	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg^	1	
quinapril-hydrochlorothiazide tab 20-25 mg^	1	
quinidine gluconate tab er 324 mg	4	
quinidine sulfate tab 200 mg	3	
quinidine sulfate tab 300 mg	3	
ramipril cap 1.25 mg^	1	
ramipril cap 2.5 mg^	1	
ramipril cap 5 mg^	1	
ramipril cap 10 mg^	1	
ranolazine tab er 12hr 500 mg^	2	QL (60 tablets/30 days)
ranolazine tab er 12hr 1000 mg^	2	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
rosuvastatin calcium tab 5 mg^	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 10 mg^	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 20 mg^	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg^	1	QL (30 tablets/30 days)
simvastatin tab 5 mg^	1	QL (45 tablets/30 days)
simvastatin tab 10 mg^	1	QL (45 tablets/30 days)
simvastatin tab 20 mg^	1	QL (60 tablets/30 days)
simvastatin tab 40 mg^	1	QL (45 tablets/30 days)
simvastatin tab 80 mg^	1	QL (30 tablets/30 days)
SOAANZ - torsemide tab 20 mg^	1	
sotalol hcl (afib/afl) tab 80 mg^	2	
sotalol hcl (afib/afl) tab 120 mg^	2	
sotalol hcl (afib/afl) tab 160 mg^	2	
sotalol hcl tab 80 mg^	2	
sotalol hcl tab 120 mg^	2	
sotalol hcl tab 160 mg^	2	
sotalol hcl tab 240 mg^	2	
spironolactone & hydrochlorothiazide tab 25-25 mg^	1	

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

Drug Name	Drug Tier	Requirements/Limits
spironolactone tab 25 mg^	1	
spironolactone tab 50 mg^	1	
spironolactone tab 100 mg^	1	
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg	3	QL (30 tablets/30 days)
telmisartan tab 20 mg^	1	QL (30 tablets/30 days)
telmisartan tab 40 mg^	1	QL (30 tablets/30 days)
telmisartan tab 80 mg^	1	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg^	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-10 mg^	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-5 mg^	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-10 mg^	2	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg^	2	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg^	2	QL (60 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg^	2	QL (30 tablets/30 days)
terazosin hcl cap 1 mg^	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg^	1	QL (60 capsules/30 days)
terazosin hcl cap 5 mg^	1	QL (60 capsules/30 days)
terazosin hcl cap 10 mg^	1	QL (60 capsules/30 days)
timolol maleate tab 5 mg^	2	
timolol maleate tab 10 mg^	2	
timolol maleate tab 20 mg^	2	
torsemide tab 5 mg^	1	
torsemide tab 10 mg^	1	
torsemide tab 20 mg^	1	
torsemide tab 100 mg^	1	
trandolapril tab 1 mg^	1	
trandolapril tab 2 mg^	1	
trandolapril tab 4 mg^	1	
trandolapril-verapamil hcl tab er 2-180 mg^	2	
trandolapril-verapamil hcl tab er 2-240 mg^	2	
trandolapril-verapamil hcl tab er 4-240 mg^	2	
TRANDOLAPRIL/VERAPAMIL HCL - trandolapril-verapamil hcl tab er 1-240 mg^	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg^	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg^	1	
triamterene & hydrochlorothiazide tab 75-50 mg^	1	
valsartan tab 40 mg^	1	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
valsartan tab 80 mg^	1	QL (60 tablets/30 days)
valsartan tab 160 mg^	1	QL (60 tablets/30 days)
valsartan tab 320 mg^	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg^	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg^	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-25 mg^	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg^	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-25 mg^	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	
VASCEPA - icosapent ethyl cap 1 gm	3	
verapamil hcl cap er 24hr 120 mg^	2	
verapamil hcl cap er 24hr 180 mg^	2	
verapamil hcl cap er 24hr 240 mg^	2	
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg	4	
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 300 mg	4	
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg^	2	
verapamil hcl tab er 120 mg^	2	
verapamil hcl tab er 180 mg^	2	
verapamil hcl tab er 240 mg^	2	
verapamil hcl tab 40 mg^	1	
verapamil hcl tab 80 mg^	1	
verapamil hcl tab 120 mg^	1	
VERAPAMIL HYDROCHLORIDE ER - verapamil hcl cap er 24hr 200 mg	4	
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tablets/30 days)
atomoxetine hcl cap 10 mg	3	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
atomoxetine hcl cap 18 mg	3	QL (60 capsules/30 days)
atomoxetine hcl cap 25 mg	3	QL (60 capsules/30 days)
atomoxetine hcl cap 40 mg	3	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg	3	QL (30 capsules/30 days)
atomoxetine hcl cap 80 mg	3	QL (30 capsules/30 days)
atomoxetine hcl cap 100 mg	3	QL (30 capsules/30 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	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)
clonidine hcl tab er 12hr 0.1 mg	3	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
dalfampridine tab er 12hr 10 mg	3	PA
dexmethylphenidate hcl tab 2.5 mg	3	QL (60 tablets/30 days)
dexmethylphenidate hcl tab 5 mg	3	QL (60 tablets/30 days)
dexmethylphenidate hcl tab 10 mg	3	QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	3	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	3	QL (120 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	3	QL (120 capsules/30 days)
dextroamphetamine sulfate tab 5 mg	3	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	3	QL (180 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg	5	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 240 mg	5	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
GILENYA - fingolimod hcl cap 0.5 mg	5	PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
MAYZENT - siponimod fumarate tab 0.25 mg	3	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg	5	PA, QL (30 tablets/30 days)
MAYZENT - siponimod fumarate tab 2 mg	5	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	3	PA, QL (1 pack/28 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	3	PA, QL (1 pack/28 days)
methylphenidate hcl tab er 20 mg	3	QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg	3	QL (90 tablets/30 days)
methylphenidate hcl tab 10 mg	3	QL (90 tablets/30 days)
methylphenidate hcl tab 20 mg	3	QL (90 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
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION PACK - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
riluzole tab 50 mg	3	
tetrabenazine tab 12.5 mg	5	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
VUMERTY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
VUMERTY - diroximel fumarate capsule dr starter bottle 231 mg	5	PA, QL (106 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg	3	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 20 mg	3	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 30 mg	3	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 40 mg	3	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 50 mg	3	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 60 mg	3	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 70 mg	3	QL (30 capsules/30 days)
Dental and Oral Agents		
cevimeline hcl cap 30 mg	4	
chlorhexidine gluconate soln 0.12% [^]	1	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
pilocarpine hcl tab 5 mg [^]	2	
pilocarpine hcl tab 7.5 mg [^]	2	
triamcinolone acetonide dental paste 0.1% [^]	2	
Dermatological Agents		
acitretin cap 10 mg	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
acitretin cap 17.5 mg	4	
acitretin cap 25 mg	4	
alclometasone dipropionate cream 0.05%^	2	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%^	2	QL (120 grams/30 days)
azelaic acid gel 15%	3	
AZELEX - azelaic acid cream 20%	4	
benzoyl peroxide-erythromycin gel 5-3%	3	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	3	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%^	2	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%^	2	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%^	2	QL (135 grams/30 days)
betamethasone valerate cream 0.1%^	2	QL (135 grams/30 days)
betamethasone valerate lotion 0.1%^	2	QL (120 mls/30 days)
betamethasone valerate oint 0.1%^	2	QL (135 grams/30 days)
calcipotriene cream 0.005%	3	QL (120 grams/30 days)
calcipotriene oint 0.005%	4	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3	QL (120 mls/30 days)
CARAC - fluorouracil cream 0.5%	5	
clindamycin phosphate-benzoyl peroxide gel 1-5%	3	
clobetasol propionate cream 0.05%^	2	QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%^	2	QL (210 grams/28 days)
clobetasol propionate foam 0.05%	3	QL (200 grams/28 days)
clobetasol propionate gel 0.05%^	2	QL (210 grams/28 days)
clobetasol propionate oint 0.05%^	2	QL (210 grams/28 days)
clobetasol propionate shampoo 0.05%	3	QL (236 mls/30 days)
clobetasol propionate soln 0.05%^	2	QL (200 mls/28 days)
clotrimazole w/ betamethasone cream 1-0.05%^	2	
clotrimazole w/ betamethasone lotion 1-0.05%	3	
desonide cream 0.05%^	2	QL (120 grams/30 days)
desonide lotion 0.05%	4	QL (118 mls/30 days)
desonide oint 0.05%	3	QL (120 grams/30 days)
desoximetasone cream 0.05%	4	QL (120 grams/30 days)
desoximetasone cream 0.25%	4	QL (120 grams/30 days)
desoximetasone gel 0.05%	4	QL (120 grams/30 days)
desoximetasone oint 0.25%	4	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	PA
<i>FINACEA - azelaic acid foam 15%</i>	3	
<i>fluocinolone acetonide cream 0.01%^</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%^</i>	2	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%^</i>	2	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%^</i>	2	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%^</i>	2	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%^</i>	2	QL (120 mls/30 days)
<i>FLUOROURACIL - fluorouracil cream 0.5%</i>	5	
<i>FLUOROURACIL - fluorouracil soln 2%</i>	4	
<i>FLUOROURACIL - fluorouracil soln 5%</i>	4	
<i>fluorouracil cream 5%</i>	3	
<i>fluticasone propionate cream 0.05%^</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%^</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%^</i>	2	
<i>gentamicin sulfate oint 0.1%^</i>	2	
<i>halobetasol propionate cream 0.05%^</i>	2	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%^</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%^</i>	2	QL (120 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%^</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	3	QL (120 mls/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>	1	
<i>hydrocortisone oint 2.5%^</i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	3	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	3	QL (120 grams/30 days)
<i>imiquimod cream 5%^</i>	2	PA
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 25 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 35 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>isotretinoin cap 40 mg</i>	4	
<i>lactic acid (ammonium lactate) cream 12%[^]</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%[^]</i>	2	
LINDANE - lindane shampoo 1%	3	
<i>malathion lotion 0.5%</i>	4	
<i>methoxsalen rapid cap 10 mg</i>	5	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	3	
<i>metronidazole lotion 0.75%</i>	3	
<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 calcium cream 2%</i>	3	QL (30 grams/30 days)
<i>mupirocin oint 2%[^]</i>	2	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%[^]</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%[^]</i>	2	
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	4	
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
<i>permethrin cream 5%[^]</i>	2	
<i>pimecrolimus cream 1%</i>	4	PA
<i>podofilox soln 0.5%[^]</i>	2	
PREDNICARBATE - prednicarbate oint 0.1%	4	QL (120 grams/30 days)
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%[^]</i>	2	
<i>silver sulfadiazine cream 1%[^]</i>	2	
SOOLANTRA - ivermectin cream 1%	3	
<i>sulfacetamide sodium lotion 10%</i>	3	
<i>tacrolimus oint 0.03%</i>	4	PA
<i>tacrolimus oint 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	4	PA
<i>tazarotene gel 0.05%</i>	4	PA
<i>tazarotene gel 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
TAZORAC - tazarotene gel 0.05%	4	PA
TAZORAC - tazarotene gel 0.1%	4	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
tretinoin cream 0.025%	3	PA
tretinoin cream 0.05%	3	PA
tretinoin cream 0.1%	3	PA
tretinoin gel 0.01%	3	PA
tretinoin gel 0.025%	3	PA
triamcinolone acetonide cream 0.025%^	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.1%^	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.5%^	2	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%^	2	QL (120 mls/30 days)
triamcinolone acetonide lotion 0.1%^	2	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%^	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.1%^	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%^	2	QL (120 grams/30 days)
Electrolytes/Minerals/Metals/Vitamins		
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA, QL (360 tablets/30 days)
calcium acetate cap 667 mg (169 mg ca)^	2	
calcium acetate tab 667 mg^	2	
carglumic acid soluble tab 200 mg	5	PA
CHEMET - succimer cap 100 mg	5	
deferasirox granules packet 90 mg	5	PA
deferasirox granules packet 180 mg	5	PA
deferasirox granules packet 360 mg	5	PA
deferasirox tab for oral susp 125 mg	5	PA
deferasirox tab for oral susp 250 mg	5	PA
deferasirox tab for oral susp 500 mg	5	PA
deferasirox tab 90 mg	5	PA
deferasirox tab 180 mg	5	PA
deferasirox tab 360 mg	5	PA
dextrose inj 5%	4	
dextrose inj 10%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% in lactated ringers	4	
dextrose 5% w/ sodium chloride 0.2%	4	
dextrose 5% w/ sodium chloride 0.33%	4	
dextrose 5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.9%	4	
fomepizole inj 1 gm/ml (for iv infusion)	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	QL (180 packets/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
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	QL (120 packets/30 days)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	4	
lactated ringer's solution	4	
lanthanum carbonate chew tab 500 mg	4	QL (90 tablets/30 days)
lanthanum carbonate chew tab 750 mg	4	QL (180 tablets/30 days)
lanthanum carbonate chew tab 1000 mg	4	QL (120 tablets/30 days)
magnesium sulfate inj 50%	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
PHOSLYRA - calcium acetate oral soln 667 mg/5ml	3	
potassium chloride cap er 8 meq^	2	
potassium chloride cap er 10 meq^	2	
potassium chloride inj 2 meq/ml	4	
potassium chloride microencapsulated crys er tab 10 meq^	2	
potassium chloride microencapsulated crys er tab 15 meq^	2	
potassium chloride microencapsulated crys er tab 20 meq^	2	
potassium chloride oral soln 10% (20 meq/15ml)	4	
potassium chloride tab er 8 meq (600 mg)^	2	
potassium chloride tab er 10 meq^	2	
potassium chloride tab er 20 meq (1500 mg)^	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE - kcl 20 meq/l (0.15%) in nacl 0.45% inj	4	
potassium citrate tab er 5 meq (540 mg)^	2	
potassium citrate tab er 10 meq (1080 mg)	3	
potassium citrate tab er 15 meq (1620 mg)	3	
SAMSCA - tolvaptan tab 15 mg	5	PA
sevelamer carbonate packet 0.8 gm	4	QL (270 packets/30 days)
sevelamer carbonate packet 2.4 gm	4	QL (90 packets/30 days)
sevelamer carbonate tab 800 mg	4	QL (270 tablets/30 days)
sodium chloride irrigation soln 0.9%^	2	
sodium chloride iv soln 0.45%	4	
sodium chloride iv soln 0.9%	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
sodium chloride preservative free inj 0.9%	4	
sodium polystyrene sulfonate oral susp 15 gm/60ml^	2	
sodium polystyrene sulfonate powder^	2	
tolvaptan tab 15 mg	5	PA
tolvaptan tab 30 mg	5	PA
TRAVASOL - amino acid infusion 10%	4	BD
trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	5	QL (180 tablets/30 days)
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm	3	
VELTASSA - patiromer sorbitex calcium for susp packet 16.8 gm	3	
VELTASSA - patiromer sorbitex calcium for susp packet 25.2 gm	3	
water for irrigation, sterile irrigation soln^	2	
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg	4	PA, QL (60 tablets/30 days)
alosetron hcl tab 1 mg	5	PA, QL (60 tablets/30 days)
CHENODAL - chenodiol tab 250 mg*	5	PA
cimetidine hcl soln 300 mg/5ml	4	
cimetidine tab 200 mg^	2	
cimetidine tab 300 mg^	2	
cimetidine tab 400 mg^	2	
cimetidine tab 800 mg^	2	
dicyclomine hcl cap 10 mg#^	2	PA (>=65 yr)
dicyclomine hcl tab 20 mg#^	2	PA (>=65 yr)
esomeprazole magnesium cap delayed release 20 mg^	2	QL (30 capsules/30 days)
esomeprazole magnesium cap delayed release 40 mg^	2	QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 10 mg	3	QL (30 packets/30 days)
esomeprazole magnesium for delayed release susp packet 20 mg	3	QL (30 packets/30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	3	QL (30 packets/30 days)
esomeprazole sodium for intravenous soln 40 mg	4	
famotidine for susp 40 mg/5ml	4	
famotidine inj 40 mg/4ml	4	
famotidine inj 200 mg/20ml	4	
famotidine preservative free inj 20 mg/2ml	4	
famotidine tab 20 mg^	1	
famotidine tab 40 mg^	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	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
glycopyrrolate tab 1 mg^	2	
glycopyrrolate tab 2 mg^	2	
lactulose (encephalopathy) solution 10 gm/15ml^	2	
lactulose solution 10 gm/15ml^	2	
lansoprazole cap delayed release 15 mg^	2	QL (30 capsules/30 days)
lansoprazole cap delayed release 30 mg^	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg	3	QL (30 capsules/30 days)
loperamide hcl cap 2 mg^	2	
LUBIPROSTONE - lubiprostone cap 8 mcg	4	QL (120 capsules/30 days)
LUBIPROSTONE - lubiprostone cap 24 mcg	4	QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg#	3	
methscopolamine bromide tab 5 mg#	3	
metoclopramide hcl inj 5 mg/ml	4	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	4	
metoclopramide hcl tab 5 mg^	1	
metoclopramide hcl tab 10 mg^	1	
misoprostol tab 100 mcg^	2	
misoprostol tab 200 mcg^	2	
MOVANTIK - naloxegol oxalate tab 12.5 mg	3	PA
MOVANTIK - naloxegol oxalate tab 25 mg	3	PA
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NIZATIDINE - nizatidine cap 150 mg	4	
nizatidine cap 300 mg^	2	
OCALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
omeprazole cap delayed release 10 mg^	2	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg^	1	QL (60 capsules/30 days)
omeprazole cap delayed release 40 mg^	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg^	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg^	1	QL (60 tablets/30 days)
pantoprazole sodium for iv soln 40 mg	4	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm^	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm^	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm^	1	
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	5	
rabeprazole sodium ec tab 20 mg^	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.

Drug Name	Drug Tier	Requirements/Limits
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
sucralfate susp 1 gm/10ml	4	
sucralfate tab 1 gm^	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ursodiol cap 300 mg	4	
ursodiol tab 250 mg	3	
ursodiol tab 500 mg	3	
VIBERZI - eluxadoline tab 75 mg	5	PA, QL (60 tablets/30 days)
VIBERZI - eluxadoline tab 100 mg	5	PA, QL (60 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
betaine powder for oral solution	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
cromolyn sodium oral conc 100 mg/5ml	4	
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
levocarnitine oral soln 1 gm/10ml (10%)	4	
levocarnitine tab 330 mg^	2	
LUMIZYME - alglucosidase alfa for iv soln 50 mg*	5	
miglustat cap 100 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
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
<i>nitisinone cap 2 mg</i>	5	
<i>nitisinone cap 5 mg</i>	5	
<i>nitisinone cap 10 mg</i>	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCOVI - elapegademase-lvrl im soln 2.4 mg/1.5ml (1.6 mg/ml)	5	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	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
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3	
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg^	1	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg^	2	
bethanechol chloride tab 10 mg^	2	
bethanechol chloride tab 25 mg^	2	
bethanechol chloride tab 50 mg^	2	
dutasteride cap 0.5 mg^	2	QL (30 capsules/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	QL (30 capsules/30 days)
finasteride tab 5 mg^	1	QL (30 tablets/30 days)
methylergonovine maleate tab 0.2 mg	5	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3	QL (30 tablets/30 days)
oxybutynin chloride syrup 5 mg/5ml	4	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg^	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg^	2	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg^	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg^	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
silodosin cap 4 mg	3	QL (30 capsules/30 days)
silodosin cap 8 mg	3	QL (30 capsules/30 days)
solifenacin succinate tab 5 mg^	2	QL (30 tablets/30 days)
solifenacin succinate tab 10 mg^	2	QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg^	1	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg^	2	QL (30 capsules/30 days)
tolterodine tartrate cap er 24hr 4 mg^	2	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg^	2	QL (60 tablets/30 days)
tolterodine tartrate tab 2 mg^	2	QL (60 tablets/30 days)
trospium chloride tab 20 mg^	2	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	4	
DEXAMETHASONE - dexamethasone tab 1 mg	3	
dexamethasone elixir 0.5 mg/5ml	4	
dexamethasone sodium phosphate inj 4 mg/ml	4	
dexamethasone sodium phosphate inj 20 mg/5ml	4	
dexamethasone sodium phosphate inj 120 mg/30ml	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
dexamethasone tab therapy pack 1.5 mg (35)	3	
dexamethasone tab therapy pack 1.5 mg (51)	3	
dexamethasone tab therapy pack 1.5 mg (21)	3	
dexamethasone tab 0.5 mg^	2	
dexamethasone tab 0.75 mg^	2	
dexamethasone tab 1.5 mg	3	
dexamethasone tab 2 mg^	2	
dexamethasone tab 4 mg^	2	
dexamethasone tab 6 mg^	2	
fludrocortisone acetate tab 0.1 mg^	2	
HEMADY - dexamethasone tab 20 mg	4	
hydrocortisone tab 5 mg^	2	
hydrocortisone tab 10 mg^	2	
hydrocortisone tab 20 mg^	2	
methylprednisolone sod succ for inj 40 mg	4	
methylprednisolone sod succ for inj 125 mg	4	
methylprednisolone sod succ for inj 500 mg	4	
methylprednisolone sod succ for inj 1000 mg	4	
methylprednisolone tab therapy pack 4 mg (21)^	2	
methylprednisolone tab 4 mg^	2	
methylprednisolone tab 8 mg^	2	
methylprednisolone tab 16 mg^	2	
methylprednisolone tab 32 mg^	2	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)^	2	
prednisolone sod phosphate oral soln 15 mg/5ml^	2	
prednisolone soln 15 mg/5ml^	2	
PREDNISONE - prednisone oral soln 5 mg/5ml	3	
prednisone tab therapy pack 5 mg (21)^	2	
prednisone tab therapy pack 5 mg (48)^	2	
prednisone tab therapy pack 10 mg (21)^	2	
prednisone tab therapy pack 10 mg (48)^	2	
prednisone tab 1 mg^	1	
prednisone tab 2.5 mg^	1	
prednisone tab 5 mg^	2	
prednisone tab 10 mg^	2	
prednisone tab 20 mg^	1	
prednisone tab 50 mg^	1	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate preservative free inj 4 mcg/ml</i>	4	
<i>desmopressin acetate tab 0.1 mg^</i>	2	
<i>desmopressin acetate tab 0.2 mg^</i>	2	
EGRIFTA SV - tesamorelin acetate for inj 2 mg*	5	PA
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	5	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	3	PA, QL (30 patches/30 days)
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	3	PA, QL (30 patches/30 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	
<i>danazol cap 50 mg</i>	3	PA
<i>danazol cap 100 mg</i>	3	PA
<i>danazol cap 200 mg</i>	3	PA
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1.25 mg/1.25gm (0.1%)#	4	
<i>drosipренone-ethинyl estrад-levomefolate tab 3-0.02-0.451 mg</i>	3	
<i>drosipренone-ethинyl estrад-levomefolate tab 3-0.03-0.451 mg</i>	3	
<i>drosipренone-ethинyl estrадиол tab 3-0.02 mg</i>	3	
<i>drosipренone-ethинyl estrадиол tab 3-0.03 mg</i>	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	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
ELLA - ulipristal acetate tab 30 mg	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg#	4	
estradiol & norethindrone acetate tab 1-0.5 mg#	4	
estradiol tab 0.5 mg#^	2	
estradiol tab 1 mg#^	2	
estradiol tab 2 mg#^	2	
estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	
estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	
estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	
estradiol td gel 1 mg/gm (0.1%)#	4	
estradiol td gel 1.25 mg/1.25gm (0.1%)#	4	
estradiol td patch twice weekly 0.025 mg/24hr#^	2	
estradiol td patch twice weekly 0.0375 mg/24hr#^	2	
estradiol td patch twice weekly 0.05 mg/24hr#^	2	
estradiol td patch twice weekly 0.075 mg/24hr#^	2	
estradiol td patch twice weekly 0.1 mg/24hr#^	2	
estradiol td patch weekly 0.025 mg/24hr#^	2	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#^	2	
estradiol td patch weekly 0.05 mg/24hr#^	2	
estradiol td patch weekly 0.06 mg/24hr#^	2	
estradiol td patch weekly 0.075 mg/24hr#^	2	
estradiol td patch weekly 0.1 mg/24hr#^	2	
estradiol vaginal cream 0.1 mg/gm^	2	
estradiol vaginal tab 10 mcg	4	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	3	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	4	
medroxyprogesterone acetate im susp 150 mg/ml	4	
medroxyprogesterone acetate tab 2.5 mg^	1	

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

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate tab 5 mg^	1	
medroxyprogesterone acetate tab 10 mg^	1	
megestrol acetate susp 40 mg/ml#	4	PA (>=65 yr)
megestrol acetate tab 20 mg#^	2	PA (>=65 yr)
megestrol acetate tab 40 mg#^	2	PA (>=65 yr)
MENEST - esterified estrogens tab 0.3 mg#	4	
MENEST - esterified estrogens tab 0.625 mg#	4	
MENEST - esterified estrogens tab 1.25 mg#	4	
methyltestosterone cap 10 mg	5	PA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	3	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	3	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	3	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
norethindrone acetate tab 5 mg^	2	
norethindrone tab 0.35 mg	3	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
oxandrolone tab 2.5 mg	3	PA
oxandrolone tab 10 mg	4	PA
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	3	
PREMARIN - estrogens, conjugated tab 0.45 mg#	3	
PREMARIN - estrogens, conjugated tab 0.625 mg#	3	
PREMARIN - estrogens, conjugated tab 0.9 mg#	3	
PREMARIN - estrogens, conjugated tab 1.25 mg#	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypromethacrylate tab 0.625-5mg(14)#+	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
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg#	3	
<i>progesterone cap 100 mg^</i>	2	
<i>progesterone cap 200 mg^</i>	2	
<i>raloxifene hcl tab 60 mg^</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	4	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	3	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	3	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	4	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	4	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	4	PA, QL (2 pump bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	4	PA, QL (2 pump bottles/30 days)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)^</i>	1	
<i>liothyronine sodium tab 5 mcg^</i>	2	
<i>liothyronine sodium tab 25 mcg^</i>	2	
<i>liothyronine sodium tab 50 mcg^</i>	2	
SYNTHROID - levothyroxine sodium tab 25 mcg	3	
SYNTHROID - levothyroxine sodium tab 50 mcg	3	
SYNTHROID - levothyroxine sodium tab 75 mcg	3	
SYNTHROID - levothyroxine sodium tab 88 mcg	3	
SYNTHROID - levothyroxine sodium tab 100 mcg	3	
SYNTHROID - levothyroxine sodium tab 112 mcg	3	
SYNTHROID - levothyroxine sodium tab 125 mcg	3	
SYNTHROID - levothyroxine sodium tab 137 mcg	3	
SYNTHROID - levothyroxine sodium tab 150 mcg	3	
SYNTHROID - levothyroxine sodium tab 175 mcg	3	
SYNTHROID - levothyroxine sodium tab 200 mcg	3	
SYNTHROID - levothyroxine sodium tab 300 mcg	3	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg^</i>	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	
<i>leuprolide acetate inj kit 5 mg/ml</i>	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	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
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	PA
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA
ORGOVYX - relugolix tab 120 mg	5	PA, QL (90 tablets/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 30 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	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
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg^</i>	1	
<i>methimazole tab 10 mg^</i>	1	
<i>propylthiouracil tab 50 mg^</i>	2	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
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 If-If-mcg/0.5ml	3	
ARCALYST - rilonacept for inj 220 mg*	5	PA
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
AZATHIOPRINE - azathioprine sodium for inj 100 mg	3	BD
<i>azathioprine tab 50 mg^</i>	2	BD
<i>azathioprine tab 75 mg</i>	4	BD
<i>azathioprine tab 100 mg</i>	4	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	3	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 If-If-mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 If-mcg/0.5ml	3	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
cyclosporine cap 25 mg	3	BD
cyclosporine cap 100 mg	4	BD
cyclosporine iv soln 50 mg/ml	4	BD
cyclosporine modified cap 25 mg	3	BD
cyclosporine modified cap 50 mg	3	BD
cyclosporine modified cap 100 mg	3	BD
cyclosporine modified oral soln 100 mg/ml	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD

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
everolimus tab 0.25 mg	5	BD
everolimus tab 0.5 mg	5	BD
everolimus tab 0.75 mg	5	BD
everolimus tab 1 mg	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (24 vials/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
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	3	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate inj 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
INTRON A - interferon alfa-2b for inj 10000000 unit	3	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	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
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)^	1	
<i>methotrexate sodium for inj 1 gm^</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium tab 2.5 mg^</i>	2	
<i>mycophenolate mofetil cap 250 mg^</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	4	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	4	BD
<i>mycophenolate mofetil tab 500 mg^</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg</i>	4	BD
<i>mycophenolate sodium tab dr 360 mg</i>	4	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PREHEVBRIOP - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3	
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
PROGRAF - tacrolimus packet for susp 0.2 mg	4	BD
PROGRAF - tacrolimus packet for susp 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	3	BD

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
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	3	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 30 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime; >=18 yr)
SIMULECT - basiliximab for iv soln 10 mg	5	BD
SIMULECT - basiliximab for iv soln 20 mg	5	BD
<i>sirolimus oral soln 1 mg/ml</i>	4	BD
<i>sirolimus tab 0.5 mg</i>	4	BD
<i>sirolimus tab 1 mg</i>	4	BD
<i>sirolimus tab 2 mg</i>	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg^</i>	2	BD
<i>tacrolimus cap 1 mg^</i>	2	BD

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
tacrolimus cap 5 mg	3	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 Ifu	3	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml	3	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml	3	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - toficitinib citrate oral soln 1 mg/ml	5	PA
XELJANZ - toficitinib citrate tab 5 mg	5	PA
XELJANZ - toficitinib citrate tab 10 mg	5	PA
XELJANZ XR - toficitinib citrate tab er 24hr 11 mg	5	PA
XELJANZ XR - toficitinib citrate tab er 24hr 22 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
Inflammatory Bowel Disease Agents		
balsalazide disodium cap 750 mg	3	
budesonide delayed release particles cap 3 mg	4	QL (90 capsules/30 days)
budesonide tab er 24hr 9 mg	5	QL (30 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
hydrocortisone enema 100 mg/60ml	3	
hydrocortisone perianal cream 1% [^]	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
hydrocortisone perianal cream 2.5%^	2	QL (454 grams/30 days)
mesalamine cap dr 400 mg	4	QL (180 capsules/30 days)
mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	4	
mesalamine tab delayed release 800 mg	4	QL (180 tablets/30 days)
mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
sulfasalazine tab delayed release 500 mg^	2	
sulfasalazine tab 500 mg^	2	
Metabolic Bone Disease Agents		
alendronate sodium tab 10 mg^	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg^	1	QL (4 tablets/28 days)
alendronate sodium tab 70 mg^	1	QL (4 tablets/28 days)
calcitonin (salmon) inj 200 unit/ml	5	
calcitonin (salmon) nasal soln 200 unit/act^	2	
CALCITRIOL - calcitriol inj 1 mcg/ml	4	
calcitriol cap 0.25 mcg^	2	
calcitriol cap 0.5 mcg^	2	
calcitriol oral soln 1 mcg/ml	4	
cinacalcet hcl tab 30 mg	4	PA
cinacalcet hcl tab 60 mg	5	PA
cinacalcet hcl tab 90 mg	5	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
ibandronate sodium iv soln 3 mg/3ml	3	
ibandronate sodium tab 150 mg^	2	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	5	
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg*	5	PA, QL (2 cartridges/28 days)
paricalcitol cap 1 mcg^	2	
paricalcitol cap 2 mcg^	2	
paricalcitol cap 4 mcg^	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>paricalcitol iv soln 2 mcg/ml</i>	4	
<i>paricalcitol iv soln 5 mcg/ml</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 30 mg</i>	3	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 (recombinant) soln pen-inj 620 mcg/2.48ml	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	
Ophthalmic Agents		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	3	
<i>azelastine hcl ophth soln 0.05%^</i>	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint^</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%^</i>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	3	
<i>betaxolol hcl ophth soln 0.5%^</i>	2	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	3	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%^</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>brinzolamide ophth susp 1%</i>	4	
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	3	
CARTEOLOL HCL - carteolol hcl ophth soln 1%	4	
<i>ciprofloxacin hcl ophth soln 0.3%^</i>	2	
<i>cromolyn sodium ophth soln 4%^</i>	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37%*	5	PA
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%	3	
<i>diclofenac sodium ophth soln 0.1%^</i>	2	
<i>difluprednate ophth emulsion 0.05%</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
dorzolamide hcl ophth soln 2%^	2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml^	2	
epinastine hcl ophth soln 0.05%^	2	
erythromycin ophth oint 5 mg/gm^	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	4	PA
fluorometholone ophth susp 0.1%^	2	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	4	
GENTAK - gentamicin sulfate ophth oint 0.3%	4	
gentamicin sulfate ophth soln 0.3%^	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	4	
ketorolac tromethamine ophth soln 0.4%^	2	
ketorolac tromethamine ophth soln 0.5%^	2	
LACRISERT - artificial tear ophth insert	4	
latanoprost ophth soln 0.005%^	1	QL (15 mls/75 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	4	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)^	2	
moxifloxacin hcl ophth soln 0.5% (2 times daily)(generic for Moxeza)^	2	
NATACYN - natamycin ophth susp 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin^	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%^	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%^	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	4	
ofloxacin ophth soln 0.3%^	2	
olopatadine hcl ophth soln 0.1%^	2	
olopatadine hcl ophth soln 0.2%^	2	
pilocarpine hcl ophth soln 1%^	2	
pilocarpine hcl ophth soln 2%^	2	
pilocarpine hcl ophth soln 4%^	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%^	1	
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	4	
PROLENSA - bromfenac sodium ophth soln 0.07%	3	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	QL (60 mls/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	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
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	PA
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2% <i>sulfacetamide sodium ophth soln 10%^</i>	3 2	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	4	
<i>timolol maleate ophth gel forming soln 0.25%</i>	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	3	
<i>timolol maleate ophth soln 0.25%^</i>	2	
<i>timolol maleate ophth soln 0.5%^</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)^</i>	2	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
<i>tobramycin ophth soln 0.3%^</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%^</i>	2	
<i>travoprost ophth soln 0.004%</i>	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
Otic Agents		
<i>acetic acid otic soln 2%^</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%^</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	3	
<i>neomycin-polymyxin-hc otic soln 1%^</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%^</i>	2	
<i>ofloxacin otic soln 0.3%^</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%^</i>	2	BD
<i>acetylcysteine inhal soln 20%^</i>	2	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 canister/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
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 canister/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	3	QL (36 grams/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)^</i>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)^</i>	2	BD
<i>albuterol sulfate soln nebu 0.63 mg/3ml^</i>	2	BD
<i>albuterol sulfate soln nebu 1.25 mg/3ml^</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml^</i>	2	
<i>albuterol sulfate tab 2 mg</i>	3	
<i>albuterol sulfate tab 4 mg</i>	3	
<i>ambrisentan tab 5 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ambrisentan tab 10 mg*</i>	5	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	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	3	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)^</i>	2	QL (2 bottles/30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)^</i>	2	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg*</i>	5	PA, QL (60 tablets/30 days)
<i>bosentan tab 125 mg*</i>	5	PA, 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
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 canister/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 1 mg/2ml</i>	4	BD
<i>caffeine citrate oral soln 60 mg/3ml^A</i>	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 canisters/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	4	BD
<i>diphenhydramine hcl inj 50 mg/ml</i>	4	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3	QL (1 canister/30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/act	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/ act	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/ act	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50 valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125 valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250 valve)	3	QL (2 canisters/30 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act^A</i>	2	QL (1 bottle/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
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act	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)
KALYDECO - ivacaftor packet 25 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 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>	1	
<i>mometasone furoate nasal susp 50 mcg/act[^]</i>	2	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg[^]</i>	2	
<i>montelukast sodium chew tab 5 mg[^]</i>	2	
<i>montelukast sodium oral granules packet 4 mg[^]</i>	2	
<i>montelukast sodium tab 10 mg[^]</i>	1	
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	3	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
<i>ribavirin for inhal soln 6 gm</i>	5	
<i>roflumilast tab 250 mcg</i>	4	PA, QL (30 tablets/30 days)
<i>roflumilast tab 500 mcg</i>	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 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
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 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)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
tadalafil tab 20 mg (pa)	5	PA, QL (60 tablets/30 days)
terbutaline sulfate tab 2.5 mg	4	
terbutaline sulfate tab 5 mg	4	
THEO-24 - theophylline cap er 24hr 100 mg	4	
THEO-24 - theophylline cap er 24hr 200 mg	4	
THEO-24 - theophylline cap er 24hr 300 mg	4	
THEO-24 - theophylline cap er 24hr 400 mg	4	
theophylline tab er 12hr 300 mg	4	
theophylline tab er 12hr 450 mg	4	
theophylline tab er 24hr 400 mg^	2	
theophylline tab er 24hr 600 mg^	2	
tobramycin nebu soln 300 mg/5ml	5	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml)*	5	BD
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*	5	BD
treprostinil inj soln 100 mg/20ml (5 mg/ml)*	5	BD
treprostinil inj soln 200 mg/20ml (10 mg/ml)*	5	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, 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
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	QL (2 bottles/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 canisters/30 days)
zafirlukast tab 10 mg^	2	
zafirlukast tab 20 mg^	2	
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tab 5 mg#^	2	
cyclobenzaprine hcl tab 10 mg#^	2	
methocarbamol tab 500 mg#^	2	
methocarbamol tab 750 mg#^	2	
Sleep Disorder Agents		
armodafinil tab 50 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 150 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 200 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 250 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg	3	QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 10 mg	3	QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 15 mg	3	QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 20 mg	3	QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg	3	QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 10 mg	3	QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg	3	QL (30 tablets/30 days)
doxepin hcl (sleep) tab 6 mg	3	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
modafinil tab 100 mg	3	PA, QL (30 tablets/30 days)
modafinil tab 200 mg	3	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg	3	QL (30 tablets/30 days)
temazepam cap 15 mg^	1	QL (30 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>temazepam cap 30 mg[^]</i>	1	QL (30 capsules/30 days)
WAKIX - pitolisant hcl tab 4.45 mg	5	PA, QL (60 tablets/30 days)
WAKIX - pitolisant hcl tab 17.8 mg	5	PA, QL (60 tablets/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#[^]</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#[^]</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg#[^]</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 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**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	51
<i>abacavir sulfate soln 20 mg/ml</i>	50
<i>abacavir sulfate tab 300 mg</i>	51
<i>ABILIFY MAINTENA</i>	43
<i>ABILIFY MAINTENA</i>	44
<i>ABILIFY MAINTENA</i>	44
<i>ABILIFY MAINTENA</i>	44
<i>abiraterone acetate tab 250 mg</i>	27
<i>ABRAXANE</i>	27
<i>acamprosate calcium tab delayed release 333 mg</i>	4
<i>acarbose tab 100 mg</i>	56
<i>acarbose tab 25 mg</i>	56
<i>acarbose tab 50 mg</i>	56
<i>acebutolol hcl cap 200 mg</i>	63
<i>acebutolol hcl cap 400 mg</i>	63
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1
<i>acetazolamide cap er 12hr 500 mg</i>	63
<i>acetazolamide tab 125 mg</i>	64
<i>acetazolamide tab 250 mg</i>	64
<i>acetic acid otic soln 2%</i>	105
<i>acetylcysteine inhal soln 10%</i>	105
<i>acetylcysteine inhal soln 20%</i>	105
<i>acitretin cap 10 mg</i>	77
<i>acitretin cap 17.5 mg</i>	78
<i>acitretin cap 25 mg</i>	78
<i>ACTHIB</i>	95
<i>ACTIMMUNE</i>	95
<i>acyclovir cap 200 mg</i>	51
<i>acyclovir oint 5%</i>	51
<i>acyclovir sodium iv soln 50 mg/ml</i>	51
<i>acyclovir susp 200 mg/5ml</i>	51
<i>acyclovir tab 400 mg</i>	51
<i>acyclovir tab 800 mg</i>	51
<i>ADACEL</i>	95
<i>ADCETRIS</i>	27
<i>adefovir dipivoxil tab 10 mg</i>	51
<i>ADEMPAS</i>	105
<i>ADEMPAS</i>	105
<i>ADEMPAS</i>	105

<i>ADEMPAS</i>	105
<i>ADVAIR DISKUS</i>	105
<i>ADVAIR DISKUS</i>	105
<i>ADVAIR HFA</i>	105
<i>ADVAIR HFA</i>	105
<i>ADVAIR HFA</i>	106
<i>AIMOVIG</i>	26
<i>AIMOVIG</i>	26
<i>albendazole tab 200 mg</i>	41
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	106
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	106
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	106
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>	106
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>	106
<i>albuterol sulfate syrup 2 mg/5ml</i>	106
<i>albuterol sulfate tab 2 mg</i>	106
<i>albuterol sulfate tab 4 mg</i>	106
<i>alclometasone dipropionate cream 0.05%</i>	78
<i>alclometasone dipropionate oint 0.05%</i>	78
<i>ALCOHOL SWABS</i>	56
<i>ALDURAZYME</i>	85
<i>ALECENSA</i>	28
<i>alendronate sodium tab 10 mg</i>	102
<i>alendronate sodium tab 35 mg</i>	102
<i>alendronate sodium tab 70 mg</i>	102
<i>alfuzosin hcl tab er 24hr 10 mg</i>	87
<i>ALIQOPA</i>	28
<i>aliskiren fumarate tab 150 mg</i>	64
<i>aliskiren fumarate tab 300 mg</i>	64
<i>allopurinol sodium for inj 500 mg</i>	26
<i>allopurinol tab 100 mg</i>	26
<i>allopurinol tab 300 mg</i>	26
<i>alosetron hcl tab 0.5 mg</i>	83
<i>alosetron hcl tab 1 mg</i>	83
<i>ALPHAGAN P</i>	103
<i>alprazolam tab 0.25 mg</i>	55
<i>alprazolam tab 0.5 mg</i>	55
<i>alprazolam tab 1 mg</i>	55
<i>alprazolam tab 2 mg</i>	55
<i>ALUNBRIG</i>	28

ALYMSYS.....	28
ALYMSYS.....	28
amantadine hcl cap 100 mg.....	42
amantadine hcl soln 50 mg/5ml.....	42
amantadine hcl tab 100 mg.....	42
ambrisentan tab 10 mg.....	106
ambrisentan tab 5 mg.....	106
amikacin sulfate inj 1 gm/4ml (250 mg/ml).....	5
amikacin sulfate inj 500 mg/2ml (250 mg/ml).....	5
amiloride & hydrochlorothiazide tab 5-50 mg.....	64
amiloride hcl tab 5 mg.....	64
amiodarone hcl tab 200 mg.....	64
amiodarone hcl tab 400 mg.....	64
amitriptyline hcl tab 100 mg.....	19
amitriptyline hcl tab 10 mg.....	19
amitriptyline hcl tab 150 mg.....	19
amitriptyline hcl tab 25 mg.....	19
amitriptyline hcl tab 50 mg.....	19
amitriptyline hcl tab 75 mg.....	19
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....	64
amlodipine besylate-atorvastatin calcium tab 10-20 mg.....	64
amlodipine besylate-atorvastatin calcium tab 10-40 mg.....	64
amlodipine besylate-atorvastatin calcium tab 10-80 mg.....	64
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg.....	64
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg.....	64
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg.....	64
amlodipine besylate-atorvastatin calcium tab 5-10 mg.....	64
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....	64
amlodipine besylate-atorvastatin calcium tab 5-40 mg.....	64
amlodipine besylate-atorvastatin calcium tab 5-80 mg.....	64
amlodipine besylate-benazepril hcl cap 10-20 mg.....	64
amlodipine besylate-benazepril hcl cap 10-40 mg.....	64
amlodipine besylate-benazepril hcl cap 2.5-10 mg.....	64
amlodipine besylate-benazepril hcl cap 5-10 mg.....	64
amlodipine besylate-benazepril hcl cap 5-20 mg.....	64
amlodipine besylate-benazepril hcl cap 5-40 mg.....	64
amlodipine besylate-olmesartan medoxomil tab 10-20 mg.....	64
amlodipine besylate-olmesartan medoxomil tab 10-40 mg.....	64
amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....	64
amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....	64
amlodipine besylate tab 10 mg.....	64
amlodipine besylate tab 2.5 mg.....	64
amlodipine besylate tab 5 mg.....	64
amlodipine besylate-valsartan tab 10-160 mg.....	64
amlodipine besylate-valsartan tab 10-320 mg.....	64
amlodipine besylate-valsartan tab 5-160 mg.....	64
amlodipine besylate-valsartan tab 5-320 mg.....	64
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg.....	65
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg.....	65
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg.....	65
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg.....	64
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg.....	64
AMOXAPINE.....	19
AMOXICILLIN/CLAVULANATE POTASSIUM.....	6
AMOXICILLIN/CLAVULANATE POTASSIUM.....	6
AMOXICILLIN/CLAVULANATE POTASSIUM ER.....	6
amoxicillin (trihydrate) cap 250 mg.....	5
amoxicillin (trihydrate) cap 500 mg.....	5
amoxicillin (trihydrate) for susp 125 mg/5ml.....	5
amoxicillin (trihydrate) for susp 200 mg/5ml.....	5
amoxicillin (trihydrate) for susp 250 mg/5ml.....	5

amoxicillin (trihydrate) for susp 400 mg/5ml.....	5	ampicillin sodium for inj 500 mg.....	6
amoxicillin (trihydrate) tab 500 mg.....	5	ampicillin sodium for iv soln 10 gm.....	6
amoxicillin (trihydrate) tab 875 mg.....	5	ampicillin sodium for iv soln 2 gm.....	6
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....	5	AMPICILLIN-SULBACTAM.....	6
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	6	anagrelide hcl cap 0.5 mg.....	60
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	6	anagrelide hcl cap 1 mg.....	60
amoxicillin & k clavulanate tab 250-125 mg.....	6	anastrozole tab 1 mg.....	28
amoxicillin & k clavulanate tab 500-125 mg.....	6	ANDRODERM.....	89
amoxicillin & k clavulanate tab 875-125 mg.....	6	ANDRODERM.....	89
amphetamine-dextroamphetamine cap er 24hr 10 mg.....	75	ANORO ELLIPTA.....	106
amphetamine-dextroamphetamine cap er 24hr 15 mg.....	75	APOKYN.....	42
amphetamine-dextroamphetamine cap er 24hr 20 mg.....	75	apomorphine hcl soln cartridge 30 mg/3ml.....	42
amphetamine-dextroamphetamine cap er 24hr 25 mg.....	75	APO-VARENICLINE.....	4
amphetamine-dextroamphetamine cap er 24hr 30 mg.....	75	APO-VARENICLINE.....	4
amphetamine-dextroamphetamine cap er 24hr 5 mg.....	75	aprepitant capsule 125 mg.....	23
amphetamine-dextroamphetamine tab 10 mg.....	75	aprepitant capsule 40 mg.....	23
amphetamine-dextroamphetamine tab 12.5 mg.....	75	aprepitant capsule 80 mg.....	23
amphetamine-dextroamphetamine tab 20 mg.....	75	aprepitant capsule therapy pack 80 & 125 mg.....	23
amphetamine-dextroamphetamine tab 30 mg.....	75	APTIOM.....	14
amphetamine-dextroamphetamine tab 5 mg.....	75	APTIOM.....	14
amphetamine-dextroamphetamine tab 7.5 mg.....	75	APTIOM.....	14
AMPHOTERICIN B.....	24	APTVUS.....	51
amphotericin b liposome iv for susp 50 mg.....	25	ARANESP ALBUMIN FREE.....	60
AMPICILLIN.....	6	ARANESP ALBUMIN FREE.....	61
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....	6	ARANESP ALBUMIN FREE.....	61
AMPICILLIN SODIUM.....	6	ARANESP ALBUMIN FREE.....	61
ampicillin sodium for inj 1 gm.....	6	ARANESP ALBUMIN FREE.....	61
ampicillin sodium for inj 250 mg.....	6	ARANESP ALBUMIN FREE.....	61
ampicillin sodium for inj 2 gm.....	6	ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARANESP ALBUMIN FREE.....	61
		ARCALYST.....	95
		aripiprazole orally disintegrating tab 10 mg.....	44
		aripiprazole orally disintegrating tab 15 mg.....	44
		aripiprazole oral solution 1 mg/ml.....	44
		aripiprazole tab 10 mg.....	44
		aripiprazole tab 15 mg.....	44
		aripiprazole tab 20 mg.....	44
		aripiprazole tab 2 mg.....	44
		aripiprazole tab 30 mg.....	44
		aripiprazole tab 5 mg.....	44
		ARISTADA.....	44

ARISTADA.....	44
ARISTADA.....	44
ARISTADA.....	44
ARISTADA INITIO.....	44
armodafinil tab 150 mg.....	110
armodafinil tab 200 mg.....	110
armodafinil tab 250 mg.....	110
armodafinil tab 50 mg.....	110
ARNUITY ELLIPTA.....	106
ARNUITY ELLIPTA.....	106
ARNUITY ELLIPTA.....	106
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml).....	28
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml).....	28
ARZERRA.....	28
ARZERRA.....	28
asenapine maleate sl tab 10 mg.....	44
asenapine maleate sl tab 2.5 mg.....	44
asenapine maleate sl tab 5 mg.....	44
ASMANEX HFA.....	106
ASMANEX HFA.....	106
ASMANEX HFA.....	106
ASMANEX TWISTHALER 120 METERED DOSES.....	106
ASMANEX TWISTHALER 14 METERED DOSES.....	106
ASMANEX TWISTHALER 30 METERED DOSES.....	106
ASMANEX TWISTHALER 30 METERED DOSES.....	106
ASMANEX TWISTHALER 60 METERED DOSES.....	106
ASPARLAS.....	28
aspirin-dipyridamole cap er 12hr 25-200 mg.....	61
atazanavir sulfate cap 150 mg.....	51
atazanavir sulfate cap 200 mg.....	51
atazanavir sulfate cap 300 mg.....	51
atenolol & chlorthalidone tab 100-25 mg.....	65
atenolol & chlorthalidone tab 50-25 mg.....	65
atenolol tab 100 mg.....	65
atenolol tab 25 mg.....	65
atenolol tab 50 mg.....	65
ATGAM.....	95
atomoxetine hcl cap 100 mg.....	76
atomoxetine hcl cap 10 mg.....	75
atomoxetine hcl cap 18 mg.....	76
atomoxetine hcl cap 25 mg.....	76
atomoxetine hcl cap 40 mg.....	76
atomoxetine hcl cap 60 mg.....	76
atomoxetine hcl cap 80 mg.....	76
atorvastatin calcium tab 10 mg.....	65
atorvastatin calcium tab 20 mg.....	65
atorvastatin calcium tab 40 mg.....	65
atorvastatin calcium tab 80 mg.....	65
atovaquone-proguanil hcl tab 250-100 mg.....	41
atovaquone-proguanil hcl tab 62.5-25 mg.....	41
atovaquone susp 750 mg/5ml.....	41
ATROVENT HFA.....	106
AURYXIA.....	81
AUVELITY.....	19
AVASTIN.....	28
AVASTIN.....	28
AVONEX.....	76
AVONEX PEN.....	76
AYVAKIT.....	28
azacitidine for inj 100 mg.....	28
AZATHIOPRINE.....	95
azathioprine tab 100 mg.....	95
azathioprine tab 50 mg.....	95
azathioprine tab 75 mg.....	95
azelaic acid gel 15%.....	78
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	106
azelastine hcl nasal spray 0.15% (205.5 mcg/spray).....	106
azelastine hcl ophth soln 0.05%.....	103
AZELEX.....	78
AZITHROMYCIN.....	6
azithromycin for susp 100 mg/5ml.....	6
azithromycin for susp 200 mg/5ml.....	6
azithromycin iv for soln 500 mg.....	6
azithromycin tab 250 mg.....	6
azithromycin tab 500 mg.....	6
azithromycin tab 600 mg.....	6
aztreonam for inj 1 gm.....	6
aztreonam for inj 2 gm.....	6
B	
BACITRACIN.....	103
bacitracin-polymyxin b ophth oint.....	103
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	103
baclofen tab 10 mg.....	50
baclofen tab 20 mg.....	50
baclofen tab 5 mg.....	50

<i>balsalazide disodium cap 750 mg</i>	101
BALVERSA	28
BALVERSA	28
BALVERSA	28
BAQSIMI ONE PACK	56
BAQSIMI TWO PACK	56
BARACLUDE	51
BAVENCIO	28
BCG VACCINE	95
BELEODAQ	28
BELSOMRA	110
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	65
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	65
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	65
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	65
<i>benazepril hcl tab 10 mg</i>	65
<i>benazepril hcl tab 20 mg</i>	65
<i>benazepril hcl tab 40 mg</i>	65
<i>benazepril hcl tab 5 mg</i>	65
BENDEKA	28
BENLYSTA	95
BENZNIDAZOLE	41
BENZNIDAZOLE	42
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	78
<i>benztropine mesylate tab 0.5 mg</i>	42
<i>benztropine mesylate tab 1 mg</i>	42
<i>benztropine mesylate tab 2 mg</i>	42
BESIVANCE	103
BESPONSA	28
BESREMI	28
<i>betaine powder for oral solution</i>	85
BETAMETHASONE DIPROPIONATE AUGMENTED	78
<i>betamethasone dipropionate augmented cream 0.05%</i>	78
<i>betamethasone dipropionate augmented lotion 0.05%</i>	78
<i>betamethasone dipropionate augmented oint 0.05%</i>	78
<i>betamethasone dipropionate cream 0.05%</i>	78
<i>betamethasone dipropionate lotion 0.05%</i>	78
<i>betamethasone dipropionate oint 0.05%</i>	78
<i>betamethasone valerate cream 0.1%</i>	78
<i>betamethasone valerate lotion 0.1%</i>	78
<i>betamethasone valerate oint 0.1%</i>	78
BETASERON	76
<i>betaxolol hcl ophth soln 0.5%</i>	103
<i>betaxolol hcl tab 10 mg</i>	65
<i>betaxolol hcl tab 20 mg</i>	65
<i>bethanechol chloride tab 10 mg</i>	87
<i>bethanechol chloride tab 25 mg</i>	87
<i>bethanechol chloride tab 50 mg</i>	87
<i>bethanechol chloride tab 5 mg</i>	87
BETOPTIC-S	103
<i>bexarotene cap 75 mg</i>	28
<i>bexarotene gel 1%</i>	28
BEXZERO	95
<i>bicalutamide tab 50 mg</i>	28
BICILLIN L-A	6
BICILLIN L-A	6
BICILLIN L-A	6
BIKTARVY	51
BIKTARVY	51
<i>bimatoprost ophth soln 0.03%</i>	103
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	65
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	65
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	65
<i>bisoprolol fumarate tab 10 mg</i>	65
<i>bisoprolol fumarate tab 5 mg</i>	65
BLENREP	28
<i>bleomycin sulfate for inj 15 unit</i>	28
<i>bleomycin sulfate for inj 30 unit</i>	28
BLINCYTO	29
BOOSTRIX	95
BOOSTRIX	95
BORTEZOMIB	29
BORTEZOMIB	29
<i>bortezomib for inj 3.5 mg</i>	29
<i>bosentan tab 125 mg</i>	106
<i>bosentan tab 62.5 mg</i>	106
BOSULIF	29
BOSULIF	29
BOSULIF	29
BRAFTOVI	29
BREO ELLIPTA	107
BREO ELLIPTA	107
BREZTRI AEROSPHERE	107

BRILINTA.....	61	bupropion hcl tab er 24hr 150 mg.....	20
BRILINTA.....	61	bupropion hcl tab er 24hr 300 mg.....	20
brimonidine tartrate ophth soln 0.15%.....	103	buspirone hcl tab 10 mg.....	55
brimonidine tartrate ophth soln 0.2%.....	103	buspirone hcl tab 15 mg.....	55
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....	103	buspirone hcl tab 30 mg.....	55
brinzolamide ophth susp 1%.....	103	buspirone hcl tab 5 mg.....	55
BRIVIACT.....	14	buspirone hcl tab 7.5 mg.....	55
BRIVIACT.....	14	busulfan inj 6 mg/ml.....	29
BRIVIACT.....	14	butalbital-acetaminophen-caffeine cap 50-300-40 mg.....	1
BRIVIACT.....	14	butalbital-acetaminophen-caffeine cap 50-325-40 mg.....	1
BRIVIACT.....	14	butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	1
BRIVIACT.....	14	butalbital-acetaminophen tab 50-325 mg.....	1
bromfenac sodium ophth soln 0.09% (once- daily).....	103	butalbital-aspirin-caffeine cap 50-325-40 mg.....	1
bromocriptine mesylate cap 5 mg.....	42	BUTORPHANOL TARTRATE.....	1
bromocriptine mesylate tab 2.5 mg.....	42	butorphanol tartrate inj 2 mg/ml.....	1
BRUKINSA.....	29	butorphanol tartrate nasal soln 10 mg/ ml.....	1
budesonide delayed release particles cap 3 mg.....	101	BYDUREON BCISE.....	56
budesonide inhalation susp 0.25 mg/2ml.....	107	BYETTA.....	56
budesonide inhalation susp 0.5 mg/2ml.....	107	BYETTA.....	56
budesonide inhalation susp 1 mg/2ml.....	107	C	
budesonide tab er 24hr 9 mg.....	101	CABENUVA.....	51
bumetanide inj 0.25 mg/ml.....	65	CABENUVA.....	51
bumetanide tab 0.5 mg.....	65	cabergoline tab 0.5 mg.....	93
bumetanide tab 1 mg.....	65	CABLIVI.....	61
bumetanide tab 2 mg.....	65	CABOMETYX.....	29
buprenorphine hcl-naloxone hcl sl film 12-3 mg.....	5	CABOMETYX.....	29
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg.....	4	CABOMETYX.....	29
buprenorphine hcl-naloxone hcl sl film 4-1 mg.....	4	caffeine citrate oral soln 60 mg/3ml.....	107
buprenorphine hcl-naloxone hcl sl film 8-2 mg.....	5	calcipotriene cream 0.005%.....	78
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg.....	5	calcipotriene oint 0.005%.....	78
buprenorphine hcl-naloxone hcl sl tab 8-2 mg.....	5	calcipotriene soln 0.005% (50 mcg/ml).....	78
buprenorphine hcl sl tab 2 mg.....	4	calcitonin (salmon) inj 200 unit/ml.....	102
buprenorphine hcl sl tab 8 mg.....	4	calcitonin (salmon) nasal soln 200 unit/ act.....	102
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	5	CALCITRIOL.....	102
bupropion hcl tab 100 mg.....	20	calcitriol cap 0.25 mcg.....	102
bupropion hcl tab 75 mg.....	20	calcitriol cap 0.5 mcg.....	102
bupropion hcl tab er 12hr 100 mg.....	19	calcitriol oral soln 1 mcg/ml.....	102
bupropion hcl tab er 12hr 150 mg.....	19	calcium acetate cap 667 mg (169 mg ca).....	81
bupropion hcl tab er 12hr 200 mg.....	19	calcium acetate tab 667 mg.....	81

candesartan cilexetil-hydrochlorothiazide tab 32-12.5	42
mg.....	65
candesartan cilexetil-hydrochlorothiazide tab 32-25	29
mg.....	65
candesartan cilexetil tab 16 mg.....	65
candesartan cilexetil tab 32 mg.....	65
candesartan cilexetil tab 4 mg.....	65
candesartan cilexetil tab 8 mg.....	65
CAPLYTA.....	44
CAPLYTA.....	45
CAPLYTA.....	45
CAPRELSA.....	29
CAPRELSA.....	29
captopril tab 100 mg.....	66
captopril tab 12.5 mg.....	66
captopril tab 25 mg.....	66
captopril tab 50 mg.....	66
CARAC.....	78
carbamazepine cap er 12hr 100 mg.....	14
carbamazepine cap er 12hr 200 mg.....	14
carbamazepine cap er 12hr 300 mg.....	14
carbamazepine chew tab 100 mg.....	14
carbamazepine susp 100 mg/5ml.....	14
carbamazepine tab 200 mg.....	14
carbamazepine tab er 12hr 100 mg.....	14
carbamazepine tab er 12hr 200 mg.....	14
carbamazepine tab er 12hr 400 mg.....	14
carbidopa & levodopa orally disintegrating tab 10-100 mg.....	42
carbidopa & levodopa orally disintegrating tab 25-100 mg.....	42
carbidopa & levodopa orally disintegrating tab 25-250 mg.....	42
carbidopa & levodopa tab 10-100 mg.....	42
carbidopa & levodopa tab 25-100 mg.....	42
carbidopa & levodopa tab 25-250 mg.....	42
carbidopa & levodopa tab er 25-100 mg.....	42
carbidopa & levodopa tab er 50-200 mg.....	42
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	42
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	42
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	42
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	42
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	42
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	43
carbidopa tab 25 mg.....	42
carboplatin iv soln 150 mg/15ml.....	29
carboplatin iv soln 450 mg/45ml.....	29
carboplatin iv soln 50 mg/5ml.....	29
carboplatin iv soln 600 mg/60ml.....	29
carglumic acid soluble tab 200 mg.....	81
carmustine for inj 100 mg.....	29
CARTEOLOL HCL.....	103
carvedilol tab 12.5 mg.....	66
carvedilol tab 25 mg.....	66
carvedilol tab 3.125 mg.....	66
carvedilol tab 6.25 mg.....	66
caspofungin acetate for iv soln 50 mg.....	25
caspofungin acetate for iv soln 70 mg.....	25
CEFACLOR.....	6
CEFACLOR.....	6
cefadroxil cap 500 mg.....	6
cefadroxil for susp 250 mg/5ml.....	7
cefadroxil for susp 500 mg/5ml.....	7
cefadroxil tab 1 gm.....	7
CEFAZOLIN.....	7
CEFAZOLIN SODIUM.....	7
CEFAZOLIN SODIUM/DEXTROSE.....	7
cefazolin sodium for inj 10 gm.....	7
cefazolin sodium for inj 1 gm.....	7
cefazolin sodium for inj 500 mg.....	7
cefdinir cap 300 mg.....	7
cefdinir for susp 125 mg/5ml.....	7
cefdinir for susp 250 mg/5ml.....	7
CEFEPIME.....	7
CEFEPIME.....	7
CEFEPIME/DEXTROSE.....	7
CEFEPIME/DEXTROSE.....	7
cefpime hcl for inj 1 gm.....	7
cefpime hcl for inj 2 gm.....	7
CEFEPIME HYDROCHLORIDE.....	7
cefixime cap 400 mg.....	7
CEFOXITIN SODIUM.....	7
CEFOXITIN SODIUM.....	7
cefoxitin sodium for iv soln 10 gm.....	7
cefoxitin sodium for iv soln 1 gm.....	7
cefoxitin sodium for iv soln 2 gm.....	7
cefpodoxime proxetil for susp 100 mg/5ml.....	7
cefpodoxime proxetil for susp 50 mg/5ml.....	7
cefpodoxime proxetil tab 100 mg.....	7
cefpodoxime proxetil tab 200 mg.....	7
cefprozil for susp 125 mg/5ml.....	7

cefprozil for susp 250 mg/5ml.....	7	CHLORPROMAZINE HYDROCHLORIDE.....	23
cefprozil tab 250 mg.....	8	CHLORPROMAZINE HYDROCHLORIDE.....	23
cefprozil tab 500 mg.....	8	CHLORPROMAZINE HYDROCHLORIDE.....	23
CEFTAZIDIME/DEXTROSE.....	8	chlothaldione tab 25 mg.....	66
CEFTAZIDIME/DEXTROSE.....	8	chlothaldione tab 50 mg.....	66
ceftazidime for inj 1 gm.....	8	cholestyramine light powder 4 gm/ dose.....	66
ceftazidime for inj 6 gm.....	8	cholestyramine light powder packets 4 gm.....	66
ceftazidime for iv soln 2 gm.....	8	cholestyramine powder 4 gm/dose.....	66
CEFTRIAXONE/DEXTROSE.....	8	cholestyramine powder packets 4 gm.....	66
CEFTRIAXONE/DEXTROSE.....	8	choline fenofibrate cap dr 135 mg.....	66
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE.....	8	choline fenofibrate cap dr 45 mg.....	66
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE.....	8	CHORIONIC GONADOTROPIN.....	89
CEFTRIAXONE SODIUM.....	8	ciclopirox gel 0.77%.....	25
ceftriaxone sodium for inj 10 gm.....	8	ciclopirox olamine cream 0.77%.....	25
ceftriaxone sodium for inj 1 gm.....	8	ciclopirox olamine susp 0.77%.....	25
ceftriaxone sodium for inj 250 mg.....	8	ciclopirox shampoo 1%.....	25
ceftriaxone sodium for inj 2 gm.....	8	ciclopirox solution 8%.....	25
ceftriaxone sodium for inj 500 mg.....	8	cidofovir iv inj 75 mg/ml.....	51
ceftriaxone sodium for iv soln 1 gm.....	8	cilostazol tab 100 mg.....	61
ceftriaxone sodium for iv soln 2 gm.....	8	cilostazol tab 50 mg.....	61
cefuroxime axetil tab 250 mg.....	8	CIMDUO.....	51
cefuroxime axetil tab 500 mg.....	8	cimetidine hcl soln 300 mg/5ml.....	83
cefuroxime sodium for inj 750 mg.....	8	cimetidine tab 200 mg.....	83
cefuroxime sodium for iv soln 1.5 gm.....	8	cimetidine tab 300 mg.....	83
celecoxib cap 100 mg.....	1	cimetidine tab 400 mg.....	83
celecoxib cap 200 mg.....	1	cimetidine tab 800 mg.....	83
celecoxib cap 400 mg.....	1	cinacalcet hcl tab 30 mg.....	102
celecoxib cap 50 mg.....	1	cinacalcet hcl tab 60 mg.....	102
CELONTIN.....	14	cinacalcet hcl tab 90 mg.....	102
cephalexin cap 250 mg.....	8	CINRYZE.....	95
cephalexin cap 500 mg.....	8	ciprofloxacin 200 mg/100ml in d5w.....	9
cephalexin cap 750 mg.....	8	ciprofloxacin 400 mg/200ml in d5w.....	9
cephalexin for susp 125 mg/5ml.....	8	CIPROFLOXACIN HCL.....	8
cephalexin for susp 250 mg/5ml.....	8	ciprofloxacin hcl ophth soln 0.3%.....	103
CEREZYME.....	85	ciprofloxacin hcl tab 250 mg.....	8
cevimeline hcl cap 30 mg.....	77	ciprofloxacin hcl tab 500 mg.....	8
CHEMET.....	81	ciprofloxacin hcl tab 750 mg.....	8
CHENODAL.....	83	CISPLATIN.....	29
CHLORAMPHENICOL SODIUM SUCCINATE.....	8	cisplatin inj 100 mg/100ml (1 mg/ml).....	29
chlorhexidine gluconate soln 0.12%.....	77	cisplatin inj 50 mg/50ml (1 mg/ml).....	29
chloroquine phosphate tab 250 mg.....	42	citalopram hydrobromide cap 30 mg.....	20
chloroquine phosphate tab 500 mg.....	42	citalopram hydrobromide oral soln 10 mg/5ml.....	20
chlorpromazine hcl inj 25 mg/ml.....	23	citalopram hydrobromide tab 10 mg.....	20
chlorpromazine hcl tab 100 mg.....	23	citalopram hydrobromide tab 20 mg.....	20
chlorpromazine hcl tab 10 mg.....	23	citalopram hydrobromide tab 40 mg.....	20
chlorpromazine hcl tab 200 mg.....	23		
chlorpromazine hcl tab 25 mg.....	23		
chlorpromazine hcl tab 50 mg.....	23		

<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	29	<i>clonazepam orally disintegrating tab 0.5 mg</i>	55
CLARITHROMYCIN	9	<i>clonazepam orally disintegrating tab 1 mg</i>	55
CLARITHROMYCIN	9	<i>clonazepam orally disintegrating tab 2 mg</i>	55
<i>clarithromycin tab 250 mg</i>	9	<i>clonazepam tab 0.5 mg</i>	55
<i>clarithromycin tab 500 mg</i>	9	<i>clonazepam tab 1 mg</i>	55
<i>clarithromycin tab er 24hr 500 mg</i>	9	<i>clonazepam tab 2 mg</i>	55
CLEMASTINE FUMARATE	107	<i>clonidine hcl tab 0.1 mg</i>	66
CLINDAMYCIN/SODIUM CHLORIDE	9	<i>clonidine hcl tab 0.2 mg</i>	66
CLINDAMYCIN/SODIUM CHLORIDE	9	<i>clonidine hcl tab 0.3 mg</i>	66
<i>clindamycin hcl cap 150 mg</i>	9	<i>clonidine hcl tab er 12hr 0.1 mg</i>	76
<i>clindamycin hcl cap 300 mg</i>	9	<i>clonidine td patch weekly 0.1 mg/24hr</i>	66
<i>clindamycin hcl cap 75 mg</i>	9	<i>clonidine td patch weekly 0.2 mg/24hr</i>	66
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	78	<i>clonidine td patch weekly 0.3 mg/24hr</i>	66
<i>clindamycin phosphate gel 1%</i>	9	<i>clopидogrel bisulfate tab 75 mg</i>	61
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	9	<i>clorazepate dipotassium tab 15 mg</i>	55
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	9	<i>clorazepate dipotassium tab 3.75 mg</i>	55
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	9	<i>clotrimazole cream 1%</i>	25
<i>clindamycin phosphate inj 300 mg/2ml</i>	9	<i>clotrimazole troche 10 mg</i>	25
<i>clindamycin phosphate inj 600 mg/4ml</i>	9	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	78
<i>clindamycin phosphate inj 900 mg/6ml</i>	9	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	78
<i>clindamycin phosphate inj 9 gm/60ml</i>	9	CLOZAPINE ODT	45
<i>clindamycin phosphate lotion 1%</i>	9	<i>clozapine orally disintegrating tab 100 mg</i>	45
<i>clindamycin phosphate soln 1%</i>	9	<i>clozapine orally disintegrating tab 25 mg</i>	45
<i>clindamycin phosphate swab 1%</i>	9	<i>clozapine tab 100 mg</i>	45
<i>clindamycin phosphate vaginal cream 2%</i>	9	<i>clozapine tab 200 mg</i>	45
<i>clobazam suspension 2.5 mg/ml</i>	14	<i>clozapine tab 25 mg</i>	45
<i>clobazam tab 10 mg</i>	14	<i>clozapine tab 50 mg</i>	45
<i>clobazam tab 20 mg</i>	14	COARTEM	42
<i>clobetasol propionate cream 0.05%</i>	78	CODEINE SULFATE	1
<i>clobetasol propionate emollient base cream 0.05%</i>	78	CODEINE SULFATE	1
<i>clobetasol propionate foam 0.05%</i>	78	<i>codeine sulfate tab 30 mg</i>	1
<i>clobetasol propionate gel 0.05%</i>	78	<i>colchicine tab 0.6 mg</i>	26
<i>clobetasol propionate oint 0.05%</i>	78	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	26
<i>clobetasol propionate shampoo 0.05%</i>	78	<i>colestipol hcl granule packets 5 gm</i>	66
<i>clobetasol propionate soln 0.05%</i>	78	<i>colestipol hcl granules 5 gm</i>	66
<i>clofarabine iv soln 1 mg/ml</i>	29	<i>colestipol hcl tab 1 gm</i>	66
<i>clomipramine hcl cap 25 mg</i>	20	<i>colistimethate sod for inj 150 mg</i>	9
<i>clomipramine hcl cap 50 mg</i>	20	COMBIPATCH	89
<i>clomipramine hcl cap 75 mg</i>	20	COMBIPATCH	89
<i>clonazepam orally disintegrating tab 0.125 mg</i>	55	COMBIVENT RESPIMAT	107
<i>clonazepam orally disintegrating tab 0.25 mg</i>	55	COMETRIQ	29
		COMETRIQ	29
		COMETRIQ	29

COMPLERA.....	51
COPAXONE.....	76
COPAXONE.....	76
COPIKTRA.....	29
COPIKTRA.....	29
CORLANOR.....	66
CORLANOR.....	66
COSELA.....	29
COSENTYX.....	95
COSENTYX.....	96
COSENTYX.....	96
COSENTYX SENSOREADY PEN.....	96
COSENTYX SENSOREADY PEN.....	96
COTELLIC.....	29
CREON.....	85
CRESEMBA.....	25
CRESEMBA.....	25
cromolyn sodium ophth soln 4%.....	103
cromolyn sodium oral conc 100 mg/5ml.....	85
cromolyn sodium soln nebu 20 mg/2ml.....	107
CRYSVITA.....	85
CRYSVITA.....	85
CRYSVITA.....	85
cyclobenzaprine hcl tab 10 mg.....	110
cyclobenzaprine hcl tab 5 mg.....	110
CYCLOPHOSPHAMIDE.....	29
CYCLOPHOSPHAMIDE.....	30
CYCLOPHOSPHAMIDE.....	30
CYCLOPHOSPHAMIDE.....	30
cyclophosphamide cap 25 mg.....	30
cyclophosphamide cap 50 mg.....	30
cyclophosphamide for inj 1 gm.....	30
cyclophosphamide for inj 2 gm.....	30
cyclophosphamide for inj 500 mg.....	30
CYCLOPHOSPHAMIDE MONOHYDRATE.....	30
cycloserine cap 250 mg.....	27
CYCLOSET.....	56
cyclosporine cap 100 mg.....	96
cyclosporine cap 25 mg.....	96
cyclosporine iv soln 50 mg/ml.....	96
cyclosporine modified cap 100 mg.....	96
cyclosporine modified cap 25 mg.....	96
cyclosporine modified cap 50 mg.....	96
cyclosporine modified oral soln 100 mg/ml.....	96
CYRAMZA.....	30
CYRAMZA.....	30
CYSTADROPS.....	103
CYSTAGON.....	85
CYSTAGON.....	85
CYSTARAN.....	103
CYTARABINE.....	30
cytarabine inj pf 100 mg/ml.....	30
cytarabine inj pf 20 mg/ml.....	30
D	
dabigatran etexilate mesylate cap 150 mg.....	61
dabigatran etexilate mesylate cap 75 mg.....	61
DACARBAZINE.....	30
dacarbazine for inj 200 mg.....	30
dactinomycin for inj 0.5 mg.....	30
dalfampridine tab er 12hr 10 mg.....	76
DALVANCE.....	9
danazol cap 100 mg.....	89
danazol cap 200 mg.....	89
danazol cap 50 mg.....	89
dantrolene sodium cap 100 mg.....	50
dantrolene sodium cap 25 mg.....	50
dantrolene sodium cap 50 mg.....	50
DANYELZA.....	30
dapsone tab 100 mg.....	27
dapsone tab 25 mg.....	27
DAPTACEL.....	96
daptomycin for iv soln 500 mg.....	9
DARZALEX.....	30
DARZALEX.....	30
DARZALEX FASPRO.....	30
daunorubicin hcl iv soln 20 mg/4ml.....	30
DAUNORUBICIN HYDROCHLORIDE.....	30
DAURISMO.....	30
DAURISMO.....	30
DAYVIGO.....	110
DAYVIGO.....	110
decitabine for inj 50 mg.....	30
deferasirox granules packet 180 mg.....	81
deferasirox granules packet 360 mg.....	81
deferasirox granules packet 90 mg.....	81
deferasirox tab 180 mg.....	81
deferasirox tab 360 mg.....	81
deferasirox tab 90 mg.....	81
deferasirox tab for oral susp 125 mg.....	81
deferasirox tab for oral susp 250 mg.....	81
deferasirox tab for oral susp 500 mg.....	81

DELSTRIGO.....	51
demeclocycline hcl tab 150 mg.....	9
demeclocycline hcl tab 300 mg.....	9
DENGVAXIA.....	96
DEPO-ESTRADIOL.....	89
DESCOVERY.....	51
DESCOVERY.....	51
desipramine hcl tab 100 mg.....	20
desipramine hcl tab 10 mg.....	20
desipramine hcl tab 150 mg.....	20
desipramine hcl tab 25 mg.....	20
desipramine hcl tab 50 mg.....	20
desipramine hcl tab 75 mg.....	20
desmopressin acetate inj 4 mcg/ml.....	89
desmopressin acetate nasal spray soln 0.01%.....	89
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	89
desmopressin acetate preservative free inj 4 mcg/ ml.....	89
desmopressin acetate tab 0.1 mg.....	89
desmopressin acetate tab 0.2 mg.....	89
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	89
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg- mg.....	89
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	89
desonide cream 0.05%.....	78
desonide lotion 0.05%.....	78
desonide oint 0.05%.....	78
desoximetasone cream 0.05%.....	78
desoximetasone cream 0.25%.....	78
desoximetasone gel 0.05%.....	78
desoximetasone oint 0.25%.....	78
desvenlafaxine succinate tab er 24hr 100 mg.....	20
desvenlafaxine succinate tab er 24hr 25 mg.....	20
desvenlafaxine succinate tab er 24hr 50 mg.....	20
DEXAMETHASONE.....	87
DEXAMETHASONE.....	87
dexamethasone elixir 0.5 mg/5ml.....	87
DEXAMETHASONE SODIUM PHOSPHATE.....	103
dexamethasone sodium phosphate inj 120 mg/30ml.....	87
dexamethasone sodium phosphate inj 20 mg/5ml.....	87
dexamethasone sodium phosphate inj 4 mg/ ml.....	87
dexamethasone tab 0.5 mg.....	88
dexamethasone tab 0.75 mg.....	88
dexamethasone tab 1.5 mg.....	88
dexamethasone tab 2 mg.....	88
dexamethasone tab 4 mg.....	88
dexamethasone tab 6 mg.....	88
dexamethasone tab therapy pack 1.5 mg (21).....	88
dexamethasone tab therapy pack 1.5 mg (35).....	88
dexamethasone tab therapy pack 1.5 mg (51).....	88
dexamethylphenidate hcl tab 10 mg.....	76
dexamethylphenidate hcl tab 2.5 mg.....	76
dexamethylphenidate hcl tab 5 mg.....	76
dexrazoxane hcl for inj 250 mg.....	30
dexrazoxane hcl for inj 500 mg.....	30
dextroamphetamine sulfate cap er 24hr 10 mg.....	76
dextroamphetamine sulfate cap er 24hr 15 mg.....	76
dextroamphetamine sulfate cap er 24hr 5 mg.....	76
dextroamphetamine sulfate tab 10 mg.....	76
dextroamphetamine sulfate tab 5 mg.....	76
dextrose 2.5% w/ sodium chloride 0.45%.....	81
dextrose 5% in lactated ringers.....	81
dextrose 5% w/ sodium chloride 0.2%.....	81
dextrose 5% w/ sodium chloride 0.33%.....	81
dextrose 5% w/ sodium chloride 0.45%.....	81
dextrose 5% w/ sodium chloride 0.9%.....	81
dextrose inj 10%.....	81
dextrose inj 5%.....	81
DIACOMIT.....	14
DIACOMIT.....	14
DIACOMIT.....	15
DIACOMIT.....	15
DIASTAT ACUDIAL.....	15
DIASTAT ACUDIAL.....	15
DIASTAT PEDIATRIC.....	15
diazepam conc 5 mg/ml.....	55
diazepam oral soln 1 mg/ml.....	55
DIAZEPAM RECTAL GEL.....	15
DIAZEPAM RECTAL GEL.....	15
DIAZEPAM RECTAL GEL.....	15
diazepam tab 10 mg.....	55
diazepam tab 2 mg.....	55

diazepam tab 5 mg.....	55
diazoxide susp 50 mg/ml.....	56
diclofenac potassium tab 50 mg.....	1
diclofenac sodium (actinic keratoses) gel 3%.....	79
diclofenac sodium gel 1%.....	1
diclofenac sodium ophth soln 0.1%.....	103
diclofenac sodium tab delayed release 25 mg.....	1
diclofenac sodium tab delayed release 50 mg.....	1
diclofenac sodium tab delayed release 75 mg.....	1
diclofenac sodium tab er 24hr 100 mg.....	1
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	1
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	1
dicloxacillin sodium cap 250 mg.....	9
dicloxacillin sodium cap 500 mg.....	9
dicyclomine hcl cap 10 mg.....	83
dicyclomine hcl tab 20 mg.....	83
DIFICID.....	9
DIFICID.....	9
dilfluprednate ophth emulsion 0.05%.....	103
digoxin oral soln 0.05 mg/ml.....	66
digoxin tab 125 mcg (0.125 mg).....	66
digoxin tab 250 mcg (0.25 mg).....	66
dihydroergotamine mesylate nasal spray 4 mg/ ml.....	26
DILANTIN.....	15
diltiazem hcl cap er 12hr 120 mg.....	66
diltiazem hcl cap er 12hr 60 mg.....	66
diltiazem hcl cap er 12hr 90 mg.....	66
diltiazem hcl cap er 24hr 120 mg.....	66
diltiazem hcl cap er 24hr 180 mg.....	66
diltiazem hcl cap er 24hr 240 mg.....	66
diltiazem hcl coated beads cap er 24hr 120 mg.....	66
diltiazem hcl coated beads cap er 24hr 180 mg.....	67
diltiazem hcl coated beads cap er 24hr 240 mg.....	67
diltiazem hcl coated beads cap er 24hr 300 mg.....	67
diltiazem hcl coated beads cap er 24hr 360 mg.....	67
diltiazem hcl coated beads tab er 24hr 180 mg.....	67
diltiazem hcl coated beads tab er 24hr 240 mg.....	67
diltiazem hcl coated beads tab er 24hr 300 mg.....	67
diltiazem hcl coated beads tab er 24hr 360 mg.....	67
diltiazem hcl coated beads tab er 24hr 420 mg.....	67
diltiazem hcl extended release beads cap er 24hr 120 mg.....	67
diltiazem hcl extended release beads cap er 24hr 180 mg.....	67
diltiazem hcl extended release beads cap er 24hr 240 mg.....	67
diltiazem hcl extended release beads cap er 24hr 300 mg.....	67
diltiazem hcl extended release beads cap er 24hr 360 mg.....	67
diltiazem hcl extended release beads cap er 24hr 420 mg.....	67
diltiazem hcl tab 120 mg.....	67
diltiazem hcl tab 30 mg.....	67
diltiazem hcl tab 60 mg.....	67
diltiazem hcl tab 90 mg.....	67
dimethyl fumarate capsule delayed release 120 mg.....	76
dimethyl fumarate capsule delayed release 240 mg.....	76
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	76
DIPENTUM.....	101
diphenhydramine hcl inj 50 mg/ml.....	107
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	96
dipyridamole tab 25 mg.....	61
dipyridamole tab 50 mg.....	61
dipyridamole tab 75 mg.....	61
disulfiram tab 250 mg.....	5
disulfiram tab 500 mg.....	5
divalproex sodium cap delayed release sprinkle 125 mg.....	15
divalproex sodium tab delayed release 125 mg.....	15
divalproex sodium tab delayed release 250 mg.....	15
divalproex sodium tab delayed release 500 mg.....	15
divalproex sodium tab er 24 hr 250 mg.....	15
divalproex sodium tab er 24 hr 500 mg.....	15
DIVIGEL.....	89

docetaxel for inj conc 160 mg/8ml (20 mg/ml).....	30	doxycycline monohydrate tab 100 mg.....	10
docetaxel for inj conc 20 mg/ml.....	30	doxycycline monohydrate tab 150 mg.....	10
docetaxel for inj conc 80 mg/4ml (20 mg/ml).....	30	doxycycline monohydrate tab 50 mg.....	10
docetaxel soln for iv infusion 160 mg/16ml.....	30	doxycycline monohydrate tab 75 mg.....	10
docetaxel soln for iv infusion 20 mg/2ml.....	30	DRIZALMA SPRINKLE.....	20
docetaxel soln for iv infusion 80 mg/8ml.....	30	DRIZALMA SPRINKLE.....	20
dofetilide cap 125 mcg (0.125 mg).....	67	DRIZALMA SPRINKLE.....	20
dofetilide cap 250 mcg (0.25 mg).....	67	DRIZALMA SPRINKLE.....	20
dofetilide cap 500 mcg (0.5 mg).....	67	dronabinol cap 10 mg.....	24
donepezil hydrochloride orally disintegrating tab 10 mg.....	18	dronabinol cap 2.5 mg.....	23
donepezil hydrochloride orally disintegrating tab 5 mg.....	18	dronabinol cap 5 mg.....	24
donepezil hydrochloride tab 10 mg.....	18	drospirenone-ethinyl estradiol tab 3-0.02 mg.....	89
donepezil hydrochloride tab 23 mg.....	19	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	89
donepezil hydrochloride tab 5 mg.....	18	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	89
dorzolamide hcl ophth soln 2%.....	104	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	89
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....	104	droxidopa cap 100 mg.....	67
DOVATO.....	51	droxidopa cap 200 mg.....	67
doxazosin mesylate tab 1 mg.....	67	droxidopa cap 300 mg.....	67
doxazosin mesylate tab 2 mg.....	67	DUAVEE.....	89
doxazosin mesylate tab 4 mg.....	67	DULERA.....	107
doxazosin mesylate tab 8 mg.....	67	DULERA.....	107
doxepin hcl (sleep) tab 3 mg.....	110	DULERA.....	107
doxepin hcl (sleep) tab 6 mg.....	110	duloxetine hcl enteric coated pellets cap 20 mg.....	20
doxepin hcl cap 100 mg.....	20	duloxetine hcl enteric coated pellets cap 30 mg.....	20
doxepin hcl cap 10 mg.....	20	duloxetine hcl enteric coated pellets cap 60 mg.....	20
doxepin hcl cap 150 mg.....	20	DUPIXENT.....	96
doxepin hcl cap 25 mg.....	20	DUPIXENT.....	96
doxepin hcl cap 50 mg.....	20	DUPIXENT.....	96
doxepin hcl cap 75 mg.....	20	DUPIXENT.....	96
doxepin hcl conc 10 mg/ml.....	20	dutasteride cap 0.5 mg.....	87
doxorubicin hcl for inj 50 mg.....	30	dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	87
doxorubicin hcl inj 2 mg/ml.....	31	E	
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml.....	31	econazole nitrate cream 1%.....	25
DOXORUBICIN HYDROCHLORIDE.....	31	EDURANT.....	51
doxycycline hyclate cap 100 mg.....	9	efavirenz cap 200 mg.....	51
doxycycline hyclate cap 50 mg.....	9	efavirenz cap 50 mg.....	51
doxycycline hyclate for inj 100 mg.....	10	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	51
doxycycline hyclate tab 100 mg.....	10	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	51
doxycycline hyclate tab 20 mg.....	10	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	51
doxycycline monohydrate cap 100 mg.....	10		
doxycycline monohydrate cap 150 mg.....	10		
doxycycline monohydrate cap 50 mg.....	10		
doxycycline monohydrate cap 75 mg.....	10		

efavirenz tab 600 mg.....	51
EGRIFTA SV.....	89
ELAPRASE.....	85
ELELYSO.....	85
ELIGARD.....	93
ELIGARD.....	93
ELIGARD.....	93
ELIQUIS.....	61
ELIQUIS.....	61
ELIQUIS STARTER PACK.....	61
ELITEK.....	31
ELITEK.....	31
ELLA.....	90
EMCYT.....	31
EMGALITY.....	26
EMGALITY.....	26
EMGALITY.....	26
EMPLICITI.....	31
EMPLICITI.....	31
EMSAM.....	21
EMSAM.....	21
EMSAM.....	21
emtricitabine caps 200 mg.....	51
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	51
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	52
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	52
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	52
EMTRIVA.....	52
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	67
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	67
enalapril maleate tab 10 mg.....	67
enalapril maleate tab 2.5 mg.....	67
enalapril maleate tab 20 mg.....	67
enalapril maleate tab 5 mg.....	67
ENBREL.....	96
ENBREL.....	96
ENBREL.....	96
ENBREL MINI.....	96
ENBREL SURECLICK.....	96
ENGERIX-B.....	96
ENGERIX-B.....	96
ENGERIX-B.....	96
ENHERTU.....	31
enoxaparin sodium inj 300 mg/3ml.....	62
enoxaparin sodium inj soln pref syr 100 mg/ ml.....	62
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....	62
enoxaparin sodium inj soln pref syr 150 mg/ ml.....	62
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....	61
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....	61
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....	61
enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	61
entacapone tab 200 mg.....	43
entecavir tab 0.5 mg.....	52
entecavir tab 1 mg.....	52
ENTRESTO.....	67
ENTRESTO.....	67
EPCLUSIA.....	52
EPCLUSIA.....	52
EPCLUSIA.....	52
EPIDIOLEX.....	15
epinastine hcl ophth soln 0.05%.....	104
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	107
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak).....	107
epirubicin hcl iv soln 200 mg/100ml (2 mg/ ml).....	31
epirubicin hcl iv soln 50 mg/25ml (2 mg/ ml).....	31
EPIVIR HBV.....	52
eplerenone tab 25 mg.....	68
eplerenone tab 50 mg.....	68
EPRONTIA.....	15
ERBITUX.....	31
ERBITUX.....	31
ergotamine w/ caffeine tab 1-100 mg.....	26
ERIVEDGE.....	31
ERLEADA.....	31
erlotinib hcl tab 100 mg.....	31
erlotinib hcl tab 150 mg.....	31
erlotinib hcl tab 25 mg.....	31
ertapenem sodium for inj 1 gm.....	10
ERY.....	10
ERYTHROCIN LACTOBIONATE.....	10
ERYTHROCIN STEARATE.....	10
erythromycin ethylsuccinate for susp 200 mg/5ml.....	10

erythromycin ethylsuccinate for susp 400 mg/5ml.....	10
erythromycin lactobionate for inj 500 mg.....	10
erythromycin ophth oint 5 mg/gm.....	104
erythromycin soln 2%.....	10
erythromycin tab 250 mg.....	10
erythromycin tab 500 mg.....	10
erythromycin tab delayed release 250 mg.....	10
erythromycin tab delayed release 333 mg.....	10
erythromycin tab delayed release 500 mg.....	10
ESBRIET.....	107
escitalopram oxalate soln 5 mg/5ml.....	21
escitalopram oxalate tab 10 mg.....	21
escitalopram oxalate tab 20 mg.....	21
escitalopram oxalate tab 5 mg.....	21
esomeprazole magnesium cap delayed release 20 mg.....	83
esomeprazole magnesium cap delayed release 40 mg.....	83
esomeprazole magnesium for delayed release susp packet 10 mg.....	83
esomeprazole magnesium for delayed release susp packet 20 mg.....	83
esomeprazole magnesium for delayed release susp packet 40 mg.....	83
esomeprazole sodium for intravenous soln 40 mg.....	83
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	90
estradiol & norethindrone acetate tab 1-0.5 mg.....	90
estradiol tab 0.5 mg.....	90
estradiol tab 1 mg.....	90
estradiol tab 2 mg.....	90
estradiol td gel 0.25 mg/0.25gm (0.1%).....	90
estradiol td gel 0.5 mg/0.5gm (0.1%).....	90
estradiol td gel 0.75 mg/0.75gm (0.1%).....	90
estradiol td gel 1.25 mg/1.25gm (0.1%).....	90
estradiol td gel 1 mg/gm (0.1%).....	90
estradiol td patch twice weekly 0.025 mg/24hr.....	90
estradiol td patch twice weekly 0.0375 mg/24hr.....	90
estradiol td patch twice weekly 0.05 mg/24hr.....	90

estradiol td patch twice weekly 0.075 mg/24hr.....	90
estradiol vaginal cream 0.1 mg/gm.....	90
estradiol vaginal tab 10 mcg.....	90
ESTRING.....	90
ethambutol hcl tab 100 mg.....	27
ethambutol hcl tab 400 mg.....	27
ethosuximide cap 250 mg.....	15
ethosuximide soln 250 mg/5ml.....	15
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	90
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	90
etodolac cap 200 mg.....	1
etodolac cap 300 mg.....	1
etodolac tab 400 mg.....	1
etodolac tab 500 mg.....	1
etodolac tab er 24hr 400 mg.....	1
etodolac tab er 24hr 500 mg.....	1
etodolac tab er 24hr 600 mg.....	1
ETOPOPHOS.....	31
etoposide inj 100 mg/5ml (20 mg/ml).....	31
etoposide inj 1 gm/50ml (20 mg/ml).....	31
etoposide inj 500 mg/25ml (20 mg/ml).....	31
etravirine tab 100 mg.....	52
etravirine tab 200 mg.....	52
EULEXIN.....	31
everolimus tab 0.25 mg.....	97
everolimus tab 0.5 mg.....	97
everolimus tab 0.75 mg.....	97
everolimus tab 10 mg.....	31
everolimus tab 1 mg.....	97
everolimus tab 2.5 mg.....	31
everolimus tab 5 mg.....	31
everolimus tab 7.5 mg.....	31
everolimus tab for oral susp 2 mg.....	31
everolimus tab for oral susp 3 mg.....	31
everolimus tab for oral susp 5 mg.....	31
EVOMELA.....	31
EVOTAZ.....	52
exemestane tab 25 mg.....	31

EXKIVITY.....	31
EYSUVIS.....	104
ezetimibe-simvastatin tab 10-10 mg.....	68
ezetimibe-simvastatin tab 10-20 mg.....	68
ezetimibe-simvastatin tab 10-40 mg.....	68
ezetimibe-simvastatin tab 10-80 mg.....	68
ezetimibe tab 10 mg.....	68
F	
FABRAZYME.....	85
FABRAZYME.....	85
famciclovir tab 125 mg.....	52
famciclovir tab 250 mg.....	52
famciclovir tab 500 mg.....	52
famotidine for susp 40 mg/5ml.....	83
famotidine inj 200 mg/20ml.....	83
famotidine inj 40 mg/4ml.....	83
famotidine preservative free inj 20 mg/2ml.....	83
famotidine tab 20 mg.....	83
famotidine tab 40 mg.....	83
FANAPT.....	45
FANAPT TITRATION PACK.....	45
FASENRA.....	107
FASENRA PEN.....	107
felbamate susp 600 mg/5ml.....	15
felbamate tab 400 mg.....	15
felbamate tab 600 mg.....	15
felodipine tab er 24hr 10 mg.....	68
felodipine tab er 24hr 2.5 mg.....	68
felodipine tab er 24hr 5 mg.....	68
fenofibrate micronized cap 134 mg.....	68
fenofibrate micronized cap 200 mg.....	68
fenofibrate micronized cap 67 mg.....	68
fenofibrate tab 145 mg.....	68
fenofibrate tab 160 mg.....	68
fenofibrate tab 48 mg.....	68
fenofibrate tab 54 mg.....	68
fentanyl citrate lozenge on a handle 1200 mcg.....	2
fentanyl citrate lozenge on a handle 1600 mcg.....	2
fentanyl citrate lozenge on a handle 200 mcg.....	1
fentanyl citrate lozenge on a handle 400 mcg.....	1
fentanyl citrate lozenge on a handle 600 mcg.....	1
fentanyl citrate lozenge on a handle 800 mcg.....	2
fentanyl td patch 72hr 100 mcg/hr.....	2
fentanyl td patch 72hr 12 mcg/hr.....	2
fentanyl td patch 72hr 25 mcg/hr.....	2
fentanyl td patch 72hr 37.5 mcg/hr.....	2
fentanyl td patch 72hr 50 mcg/hr.....	2
fentanyl td patch 72hr 62.5 mcg/hr.....	2
fentanyl td patch 72hr 75 mcg/hr.....	2
fentanyl td patch 72hr 87.5 mcg/hr.....	2
FETZIMA.....	21
FETZIMA TITRATION PACK.....	21
FINACEA.....	79
finasteride tab 5 mg.....	87
FINTEPLA.....	15
FIRMAGON.....	93
FIRMAGON.....	93
flecainide acetate tab 100 mg.....	68
flecainide acetate tab 150 mg.....	68
flecainide acetate tab 50 mg.....	68
FLOVENT DISKUS.....	107
FLOVENT DISKUS.....	107
FLOVENT DISKUS.....	107
FLOVENT HFA.....	107
FLOVENT HFA.....	107
FLOVENT HFA.....	107
fluconazole for susp 10 mg/ml.....	25
fluconazole for susp 40 mg/ml.....	25
fluconazole in nacl 0.9% inj 200 mg/100ml.....	25
fluconazole in nacl 0.9% inj 400 mg/200ml.....	25
fluconazole tab 100 mg.....	25
fluconazole tab 150 mg.....	25
fluconazole tab 200 mg.....	25
fluconazole tab 50 mg.....	25
flucytosine cap 250 mg.....	25
flucytosine cap 500 mg.....	25
fludarabine phosphate for inj 50 mg.....	31
fludarabine phosphate inj 25 mg/ml.....	31
fludrocortisone acetate tab 0.1 mg.....	88
flunisolide nasal soln 25 mcg/act (0.025%).....	107
fluocinolone acetonide (otic) oil 0.01%.....	105
fluocinolone acetonide cream 0.01%.....	79

fluocinolone acetonide oil 0.01% (body oil).....	79	fluvastatin sodium cap 20 mg.....	68
fluocinolone acetonide oil 0.01% (scalp oil).....	79	fluvastatin sodium cap 40 mg.....	68
fluocinolone acetonide soln 0.01%.....	79	fluvoxamine maleate tab 100 mg.....	21
fluocinonide cream 0.05%.....	79	fluvoxamine maleate tab 25 mg.....	21
fluocinonide emulsified base cream 0.05%.....	79	fluvoxamine maleate tab 50 mg.....	21
fluocinonide gel 0.05%.....	79	FOLOTYN.....	32
fluocinonide oint 0.05%.....	79	FOLOTYN.....	32
fluocinonide soln 0.05%.....	79	fomepizole inj 1 gm/ml (for iv infusion).....	81
fluorometholone ophth susp 0.1%.....	104	fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....	62
FLUOROURACIL.....	79	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	62
FLUOROURACIL.....	79	fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	62
FLUOROURACIL.....	79	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....	62
fluorouracil cream 5%.....	79	FORTEO.....	102
fluorouracil iv soln 1 gm/20ml (50 mg/ml).....	31	fosamprenavir calcium tab 700 mg.....	52
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml).....	31	fosaprepitant dimeglumine for iv infusion 150 mg.....	24
fluorouracil iv soln 500 mg/10ml (50 mg/ml).....	31	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....	68
fluorouracil iv soln 5 gm/100ml (50 mg/ml).....	32	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....	68
FLUOXETINE DR.....	21	fosinopril sodium tab 10 mg.....	68
fluoxetine hcl cap 10 mg.....	21	fosinopril sodium tab 20 mg.....	68
fluoxetine hcl cap 20 mg.....	21	fosinopril sodium tab 40 mg.....	68
fluoxetine hcl cap 40 mg.....	21	fosphénytoïn sodium inj 100 mg/2ml.....	15
fluoxetine hcl solution 20 mg/5ml.....	21	fosphénytoïn sodium inj 500 mg/10ml.....	15
fluoxetine hcl tab 10 mg.....	21	FOSRENOL.....	81
fluoxetine hcl tab 20 mg.....	21	FOSRENOL.....	82
fluphenazine decanoate inj 25 mg/ml.....	45	FOTIVDA.....	32
FLUPHENAZINE HCL.....	45	FOTIVDA.....	32
FLUPHENAZINE HCL.....	45	FULPHILA.....	62
fluphenazine hcl tab 10 mg.....	45	fulvestrant inj soln pref syr 250 mg/5ml.....	32
fluphenazine hcl tab 1 mg.....	45	furosemide inj 10 mg/ml.....	68
fluphenazine hcl tab 2.5 mg.....	45	furosemide oral soln 10 mg/ml.....	68
fluphenazine hcl tab 5 mg.....	45	furosemide tab 20 mg.....	68
FLUPHENAZINE HYDROCHLORIDE.....	46	furosemide tab 40 mg.....	68
FLURBIPROFEN SODIUM.....	104	furosemide tab 80 mg.....	68
flurbiprofen tab 100 mg.....	2	FUZEON.....	52
flutamide cap 125 mg.....	32	FYCOMPA.....	15
FLUTICASONE PROPIONATE/ SALMETEROL.....	108	FYCOMPA.....	15
FLUTICASONE PROPIONATE/ SALMETEROL.....	108	FYCOMPA.....	15
FLUTICASONE PROPIONATE/ SALMETEROL.....	108	FYCOMPA.....	15
fluticasone propionate cream 0.05%.....	79	FYCOMPA.....	15
fluticasone propionate nasal susp 50 mcg/act.....	107	G	
fluticasone propionate oint 0.005%.....	79	gabapentin cap 100 mg.....	15
		gabapentin cap 300 mg.....	15

<i>gabapentin cap 400 mg</i>	15	GENTAK	104
<i>gabapentin oral soln 250 mg/5ml</i>	15	<i>gentamicin in saline inj 1.2 mg/ml</i>	10
<i>gabapentin tab 600 mg</i>	16	GENTAMICIN SULFATE/0.9% SODIUM	
<i>gabapentin tab 800 mg</i>	16	CHLORIDE	10
GALANTAMINE HYDROBROMIDE	19	GENTAMICIN SULFATE/0.9% SODIUM	
<i>galantamine hydrobromide cap er 24hr 16</i>		CHLORIDE	10
<i>mg</i>	19	<i>gentamicin sulfate cream 0.1%</i>	79
<i>galantamine hydrobromide cap er 24hr 24</i>		<i>gentamicin sulfate inj 40 mg/ml</i>	10
<i>mg</i>	19	<i>gentamicin sulfate oint 0.1%</i>	79
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>gentamicin sulfate ophth soln 0.3%</i>	104
<i>mg</i>	19	GENTAMICIN SULFATE PEDIATRIC	10
<i>galantamine hydrobromide tab 12 mg</i>	19	GENVOYA	52
<i>galantamine hydrobromide tab 4 mg</i>	19	GILENYA	76
<i>galantamine hydrobromide tab 8 mg</i>	19	GILOTRIF	32
GAMMAGARD LIQUID	97	GILOTRIF	32
GAMMAGARD LIQUID	97	GILOTRIF	32
GAMMAGARD LIQUID	97	<i>glatiramer acetate soln prefilled syringe 20 mg/</i>	
GAMMAGARD LIQUID	97	<i>ml</i>	76
GAMMAGARD LIQUID	97	<i>glatiramer acetate soln prefilled syringe 40 mg/</i>	
GAMMAGARD S/D	97	<i>ml</i>	76
GAMMAGARD S/D	97	glimepiride tab 1 mg	56
GAMMAPLEX	97	glimepiride tab 2 mg	56
GAMMAPLEX	97	glimepiride tab 4 mg	56
GAMMAPLEX	97	glipizide-metformin hcl tab 2.5-250 mg	56
GAMMAPLEX	97	glipizide-metformin hcl tab 2.5-500 mg	56
GAMMAPLEX	97	glipizide-metformin hcl tab 5-500 mg	56
GAMMAPLEX	97	glipizide tab 10 mg	56
GAMMAPLEX	97	glipizide tab 5 mg	56
GAMUNEX-C	97	glipizide tab er 24hr 10 mg	56
GAMUNEX-C	97	glipizide tab er 24hr 2.5 mg	56
GAMUNEX-C	97	glipizide tab er 24hr 5 mg	56
GAMUNEX-C	97	GLUCAGEN HYPOKIT	57
GAMUNEX-C	97	glucagon (rdna) for inj kit 1 mg	57
GAMUNEX-C	97	GLUCAGON EMERGENCY KIT	57
<i>ganciclovir sodium for inj 500 mg</i>	52	GLUCAGON EMERGENCY KIT FOR LOW BLOOD	
GARDASIL 9	97	SUGAR	57
GARDASIL 9	97	glyburide-metformin tab 1.25-250 mg	57
GATTEX	83	glyburide-metformin tab 2.5-500 mg	57
GAUZE PADS 2" X 2"	56	glyburide-metformin tab 5-500 mg	57
GAVILYTE-C	83	glyburide micronized tab 1.5 mg	57
GAVRETO	32	glyburide micronized tab 3 mg	57
GAZYVA	32	glyburide micronized tab 6 mg	57
<i>gemcitabine hcl for inj 1 gm</i>	32	glyburide tab 1.25 mg	57
<i>gemcitabine hcl for inj 200 mg</i>	32	glyburide tab 2.5 mg	57
<i>gemcitabine hcl for inj 2 gm</i>	32	glyburide tab 5 mg	57
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/</i>		glycopyrrolate tab 1 mg	84
<i>ml</i>).....	32	glycopyrrolate tab 2 mg	84
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/</i>		GLYXAMBI	57
<i>ml</i>).....	32	GLYXAMBI	57
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/</i>		<i>gransetron hcl inj 1 mg/ml</i>	24
<i>ml</i>).....	32	<i>gransetron hcl inj 4 mg/4ml (1 mg/ml)</i>	24
<i>gemfibrozil tab 600 mg</i>	68	<i>gransetron hcl tab 1 mg</i>	24

GRANIX.....	62
<i>griseofulvin microsize susp 125 mg/5ml.....</i>	25
<i>griseofulvin ultramicrosize tab 125 mg.....</i>	25
<i>griseofulvin ultramicrosize tab 250 mg.....</i>	25
GVOKE HYPOEN 1-PACK.....	57
GVOKE HYPOEN 1-PACK.....	57
GVOKE HYPOEN 2-PACK.....	57
GVOKE HYPOEN 2-PACK.....	57
GVOKE KIT.....	57
GVOKE PFS.....	57
GVOKE PFS.....	57
H	
HAEGARDA.....	97
HAEGARDA.....	98
HALAVEN.....	32
<i>halobetasol propionate cream 0.05%.....</i>	79
<i>halobetasol propionate oint 0.05%.....</i>	79
<i>haloperidol decanoate im soln 100 mg/ml.....</i>	46
<i>haloperidol decanoate im soln 50 mg/ml.....</i>	46
<i>haloperidol lactate inj 5 mg/ml.....</i>	46
<i>haloperidol lactate oral conc 2 mg/ml.....</i>	46
<i>haloperidol tab 0.5 mg.....</i>	46
<i>haloperidol tab 10 mg.....</i>	46
<i>haloperidol tab 1 mg.....</i>	46
<i>haloperidol tab 20 mg.....</i>	46
<i>haloperidol tab 2 mg.....</i>	46
<i>haloperidol tab 5 mg.....</i>	46
HARVONI.....	52
HAVRIX.....	98
HAVRIX.....	98
HEMADY.....	88
HEPARIN SODIUM.....	62
HEPARIN SODIUM.....	62
HEPARIN SODIUM/D5W.....	62
<i>heparin sodium (porcine) inj 10000 unit/ml.....</i>	62
<i>heparin sodium (porcine) inj 1000 unit/ml.....</i>	62
<i>heparin sodium (porcine) inj 20000 unit/ml.....</i>	62
<i>heparin sodium (porcine) inj 5000 unit/ml.....</i>	62
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml.....</i>	62
HERCEPTIN.....	32
HERCEPTIN HYLECTA.....	32
HERZUMA.....	32
HERZUMA.....	32
HETLIOZ.....	110
HIBERIX.....	98
HUMALOG.....	57
HUMALOG.....	57
HUMALOG JUNIOR KWIKPEN.....	57
HUMALOG KWIKPEN.....	57
HUMALOG KWIKPEN.....	57
HUMALOG MIX 50/50.....	57
HUMALOG MIX 50/50 KWIKPEN.....	57
HUMALOG MIX 75/25.....	57
HUMALOG MIX 75/25 KWIKPEN.....	58
HUMIRA.....	98
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	98
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	98
HUMIRA PEN.....	98
HUMIRA PEN.....	98
HUMIRA PEN.....	98
HUMIRA PEN-CD/UC/HS STARTER.....	98
HUMIRA PEN-CD/UC/HS STARTER.....	98
HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	98
HUMIRA PEN-PS/UV STARTER.....	98
HUMIRA PEN-PS/UV STARTER.....	98
HUMULIN 70/30.....	58
HUMULIN 70/30 KWIKPEN.....	58
HUMULIN N.....	58
HUMULIN N KWIKPEN.....	58
HUMULIN R.....	58
HUMULIN R U-500 (CONCENTRATE).....	58
HUMULIN R U-500 KWIKPEN.....	58
<i>hydralazine hcl tab 100 mg.....</i>	68
<i>hydralazine hcl tab 10 mg.....</i>	68
<i>hydralazine hcl tab 25 mg.....</i>	68
<i>hydralazine hcl tab 50 mg.....</i>	68
<i>hydrochlorothiazide cap 12.5 mg.....</i>	68
<i>hydrochlorothiazide tab 12.5 mg.....</i>	69
<i>hydrochlorothiazide tab 25 mg.....</i>	69
<i>hydrochlorothiazide tab 50 mg.....</i>	69
HYDROCODONE/IBUPROFEN.....	2
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....</i>	2

hydrocodone-acetaminophen tab 10-300 mg.....	2	hydromorphone hcl tab 2 mg.....	2
hydrocodone-acetaminophen tab 10-325 mg.....	2	hydromorphone hcl tab 4 mg.....	2
hydrocodone-acetaminophen tab 5-300 mg.....	2	hydromorphone hcl tab 8 mg.....	2
hydrocodone-acetaminophen tab 5-325 mg.....	2	hydroxychloroquine sulfate tab 200 mg.....	42
hydrocodone-acetaminophen tab 7.5-300 mg.....	2	HYDROXYPROGESTERONE	
hydrocodone-acetaminophen tab 7.5-325 mg.....	2	CAPROATE.....	90
hydrocodone bitartrate cap er 12hr 10 mg.....	2	hydroxyurea cap 500 mg.....	32
hydrocodone bitartrate cap er 12hr 15 mg.....	2	hydroxyzine hcl syrup 10 mg/5ml.....	55
hydrocodone bitartrate cap er 12hr 20 mg.....	2	hydroxyzine hcl tab 10 mg.....	55
hydrocodone bitartrate cap er 12hr 30 mg.....	2	hydroxyzine hcl tab 25 mg.....	55
hydrocodone bitartrate cap er 12hr 40 mg.....	2	hydroxyzine hcl tab 50 mg.....	56
hydrocodone bitartrate cap er 12hr 50 mg.....	2	I	
hydrocodone-ibuprofen tab 10-200 mg.....	2	ibandronate sodium iv soln 3 mg/3ml.....	102
hydrocodone-ibuprofen tab 7.5-200 mg.....	2	ibandronate sodium tab 150 mg.....	102
hydrocortisone butyrate cream 0.1%.....	79	IBRANCE.....	32
hydrocortisone butyrate hydrophilic lipo base cream 0.1%.....	79	IBRANCE.....	32
hydrocortisone butyrate oint 0.1%.....	79	IBRANCE.....	32
hydrocortisone butyrate soln 0.1%.....	79	IBRANCE.....	32
hydrocortisone cream 1%.....	79	IBRANCE.....	32
hydrocortisone cream 2.5%.....	79	IBRANCE.....	32
hydrocortisone enema 100 mg/60ml.....	101	ibuprofen susp 100 mg/5ml.....	2
hydrocortisone lotion 2.5%.....	79	ibuprofen tab 400 mg.....	2
hydrocortisone oint 1%.....	79	ibuprofen tab 600 mg.....	2
hydrocortisone oint 2.5%.....	79	ibuprofen tab 800 mg.....	3
hydrocortisone perianal cream 1%.....	101	icatibant acetate inj 30 mg/3ml.....	98
hydrocortisone perianal cream 2.5%.....	102	ICLUSIG.....	32
hydrocortisone tab 10 mg.....	88	ICLUSIG.....	32
hydrocortisone tab 20 mg.....	88	ICLUSIG.....	32
hydrocortisone tab 5 mg.....	88	icosapent ethyl cap 0.5 gm.....	69
hydrocortisone valerate cream 0.2%.....	79	icosapent ethyl cap 1 gm.....	69
hydrocortisone valerate oint 0.2%.....	79	idarubicin hcl iv inj 10 mg/10ml (1 mg/ ml).....	32
hydrocortisone w/ acetic acid otic soln 1-2%.....	105	idarubicin hcl iv inj 20 mg/20ml (1 mg/ ml).....	32
hydromorphone hcl inj 2 mg/ml.....	2	IDHIFA.....	33
hydromorphone hcl liqd 1 mg/ml.....	2	IDHIFA.....	33
hydromorphone hcl preservative free inj 10 mg/ ml.....	2	IFEX.....	33
hydromorphone hcl preservative free inj 2 mg/ ml.....	2	IFOSFAMIDE.....	33
		ifosfamide for inj 1 gm.....	33
		ifosfamide iv inj 1 gm/20ml (50 mg/ml).....	33
		ifosfamide iv inj 3 gm/60ml (50 mg/ml).....	33
		ILARIS.....	98
		ILEVRO.....	104
		imatinib mesylate tab 100 mg.....	33
		imatinib mesylate tab 400 mg.....	33
		IMBRUVICA.....	33

IMBRUVICA.....	33
IMFINZI.....	33
IMFINZI.....	33
IMIPENEM/CILASTATIN.....	10
<i>imipenem-cilastatin intravenous for soln 500 mg.....</i>	10
<i>imipramine hcl tab 10 mg.....</i>	21
<i>imipramine hcl tab 25 mg.....</i>	21
<i>imipramine hcl tab 50 mg.....</i>	21
<i>imiquimod cream 5%.....</i>	79
IMLYGIC.....	33
IMLYGIC.....	33
IMOVAX RABIES (H.D.C.V.).....	98
IMPAVIDO.....	10
INBRIJA.....	43
INCRELEX.....	89
INCRUSE ELLIPTA.....	108
<i>indapamide tab 1.25 mg.....</i>	69
<i>indapamide tab 2.5 mg.....</i>	69
INFANRIX.....	98
INLYTA.....	33
INLYTA.....	33
INQOVI.....	33
INREBIC.....	33
INSULIN INJECTION DEVICE.....	58
INSULIN SYRINGE/NEEDLE.....	58
INTELENCE.....	52
INTRALIPID.....	82
INTRON A.....	98
INTRON A.....	98
INVEGA HAFYERA.....	46
INVEGA HAFYERA.....	46
INVEGA SUSTENNA.....	46
INVEGA TRINZA.....	46
INVELTYS.....	104
INVOKAMET.....	58
INVOKAMET XR.....	58
INVOKANA.....	58
INVOKANA.....	58
IPOP INACTIVATED IPV.....	98
<i>ipratropium bromide inhal soln 0.02%.....</i>	108
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray).....</i>	108
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray).....</i>	108
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg.....</i>	69
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg.....</i>	69
<i>irbesartan tab 150 mg.....</i>	69
<i>irbesartan tab 300 mg.....</i>	69
<i>irbesartan tab 75 mg.....</i>	69
IRESSA.....	33
IRINOTECAN.....	33
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml).....</i>	33
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml).....</i>	33
ISENTRESS.....	52
ISENTRESS HD.....	52
ISONIAZID.....	27
<i>isoniazid tab 100 mg.....</i>	27
<i>isoniazid tab 300 mg.....</i>	27
<i>isosorbide dinitrate tab 10 mg.....</i>	69
<i>isosorbide dinitrate tab 20 mg.....</i>	69
<i>isosorbide dinitrate tab 30 mg.....</i>	69
<i>isosorbide dinitrate tab 5 mg.....</i>	69
<i>isosorbide mononitrate tab 10 mg.....</i>	69
<i>isosorbide mononitrate tab 20 mg.....</i>	69
<i>isosorbide mononitrate tab er 24hr 120 mg.....</i>	69
<i>isosorbide mononitrate tab er 24hr 30 mg.....</i>	69
<i>isosorbide mononitrate tab er 24hr 60 mg.....</i>	69
ISOTONIC GENTAMICIN.....	10
<i>isotretinoin cap 10 mg.....</i>	79
<i>isotretinoin cap 20 mg.....</i>	79
<i>isotretinoin cap 25 mg.....</i>	79
<i>isotretinoin cap 30 mg.....</i>	79
<i>isotretinoin cap 35 mg.....</i>	79
<i>isotretinoin cap 40 mg.....</i>	80
<i>isradipine cap 2.5 mg.....</i>	69
<i>isradipine cap 5 mg.....</i>	69
<i>itraconazole cap 100 mg.....</i>	25
<i>ivermectin tab 3 mg.....</i>	42
IXEMPRA KIT.....	33
IXEMPRA KIT.....	33
IXIARO.....	98

J	
JAKAFI.....	33
JANUMET.....	58
JANUMET.....	58
JANUMET XR.....	58
JANUMET XR.....	58
JANUMET XR.....	58
JANUVIA.....	58
JANUVIA.....	58
JANUVIA.....	58
JARDIANCE.....	58
JARDIANCE.....	58
JEMPERLI.....	33
JEVTANA.....	33
JULUCA.....	52
K	
KADCYLA.....	33
KADCYLA.....	33
KALYDECO.....	108
KANJINTI.....	34
KANJINTI.....	34
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....</i>	82
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj.....</i>	82
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.....</i>	82
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.....</i>	82
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj.....</i>	82
KEPIVANCE.....	77
KERENDIA.....	69
KERENDIA.....	69
<i>ketoconazole cream 2%</i>	25
<i>ketoconazole shampoo 2%</i>	25
<i>ketoconazole tab 200 mg</i>	25
<i>ketorolac tromethamine ophth soln 0.4%</i>	104
<i>ketorolac tromethamine ophth soln 0.5%</i>	104
KEYTRUDA.....	34
KINRIX.....	98
KISQALI.....	34

KISQALI.....	34
KISQALI.....	34
KISQALI FEMARA 200 DOSE.....	34
KISQALI FEMARA 400 DOSE.....	34
KISQALI FEMARA 600 DOSE.....	34
KLOXXADO.....	5
KORLYM.....	93
KOSELUGO.....	34
KOSELUGO.....	34
KYPROLIS.....	34
KYPROLIS.....	34
KYPROLIS.....	34
L	
<i>labetalol hcl tab 100 mg</i>	69
<i>labetalol hcl tab 200 mg</i>	69
<i>labetalol hcl tab 300 mg</i>	69
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	16
<i>lacosamide oral solution 10 mg/ml</i>	16
<i>lacosamide tab 100 mg</i>	16
<i>lacosamide tab 150 mg</i>	16
<i>lacosamide tab 200 mg</i>	16
<i>lacosamide tab 50 mg</i>	16
LACRISERT.....	104
<i>lactated ringer's solution</i>	82
<i>lactic acid (ammonium lactate) cream 12%</i>	80
<i>lactic acid (ammonium lactate) lotion 12%</i>	80
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	84
<i>lactulose solution 10 gm/15ml</i>	84
LAGEVRIO.....	52
<i>lamivudine oral soln 10 mg/ml</i>	52
<i>lamivudine tab 100 mg (hbv)</i>	52
<i>lamivudine tab 150 mg</i>	52
<i>lamivudine tab 300 mg</i>	52
<i>lamivudine-zidovudine tab 150-300 mg</i>	52
<i>lamotrigine tab 100 mg</i>	16
<i>lamotrigine tab 150 mg</i>	16
<i>lamotrigine tab 200 mg</i>	16
<i>lamotrigine tab 25 mg</i>	16
<i>lamotrigine tab chewable dispersible 25 mg</i>	16
<i>lamotrigine tab chewable dispersible 5 mg</i>	16
<i>lamotrigine tab er 24hr 100 mg</i>	16
<i>lamotrigine tab er 24hr 200 mg</i>	16
<i>lamotrigine tab er 24hr 25 mg</i>	16
<i>lamotrigine tab er 24hr 300 mg</i>	16
<i>lamotrigine tab er 24hr 50 mg</i>	16

<i>lansoprazole cap delayed release 15 mg</i>	84
<i>lansoprazole cap delayed release 30 mg</i>	84
<i>lanthanum carbonate chew tab 1000 mg</i>	82
<i>lanthanum carbonate chew tab 500 mg</i>	82
<i>lanthanum carbonate chew tab 750 mg</i>	82
LANTUS	58
LANTUS SOLOSTAR	59
<i>lapatinib ditosylate tab 250 mg</i>	34
<i>latanoprost ophth soln 0.005%</i>	104
LATUDA	46
LEDIPASVIR/SOFOSBUVIR	53
<i>leflunomide tab 10 mg</i>	98
<i>leflunomide tab 20 mg</i>	98
<i>lenalidomide cap 10 mg</i>	34
<i>lenalidomide cap 15 mg</i>	34
<i>lenalidomide cap 20 mg</i>	34
<i>lenalidomide cap 25 mg</i>	34
<i>lenalidomide cap 5 mg</i>	34
<i>lenalidomide caps 2.5 mg</i>	34
LENVIMA 10 MG DAILY DOSE	34
LENVIMA 12MG DAILY DOSE	34
LENVIMA 14 MG DAILY DOSE	34
LENVIMA 18 MG DAILY DOSE	34
LENVIMA 20 MG DAILY DOSE	34
LENVIMA 24 MG DAILY DOSE	34
LENVIMA 4 MG DAILY DOSE	34
LENVIMA 8 MG DAILY DOSE	34
<i>letrozole tab 2.5 mg</i>	34
LEUCOVORIN CALCIUM	35
<i>leucovorin calcium for inj 100 mg</i>	35
<i>leucovorin calcium for inj 200 mg</i>	35
<i>leucovorin calcium for inj 350 mg</i>	35
<i>leucovorin calcium for inj 500 mg</i>	35
<i>leucovorin calcium for inj 50 mg</i>	35
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	35
<i>leucovorin calcium tab 10 mg</i>	35
<i>leucovorin calcium tab 15 mg</i>	35
<i>leucovorin calcium tab 25 mg</i>	35
<i>leucovorin calcium tab 5 mg</i>	35
LEUKERAN	35
LEUKINE	62
<i>leuprolide acetate inj kit 5 mg/ml</i>	93

LEVEMIR	59
LEVEMIR FLEXTOUCH	59
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	16
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	16
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	16
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	16
<i>levetiracetam oral soln 100 mg/ml</i>	16
<i>levetiracetam tab 1000 mg</i>	16
<i>levetiracetam tab 250 mg</i>	16
<i>levetiracetam tab 500 mg</i>	16
<i>levetiracetam tab 750 mg</i>	16
<i>levetiracetam tab er 24hr 500 mg</i>	16
<i>levetiracetam tab er 24hr 750 mg</i>	16
LEVOBUNOLOL HCL	104
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	85
<i>levocarnitine tab 330 mg</i>	85
<i>levocetirizine dihydrochloride tab 5 mg</i>	108
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	10
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	10
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	11
<i>levofloxacin iv soln 25 mg/ml</i>	11
<i>levofloxacin oral soln 25 mg/ml</i>	11
<i>levofloxacin tab 250 mg</i>	11
<i>levofloxacin tab 500 mg</i>	11
<i>levofloxacin tab 750 mg</i>	11
<i>levonorgestrel & ethynodiolide (91-day) tab 0.15-0.03 mg</i>	90
<i>levonorgestrel & ethynodiolide tab 0.15 mg-30 mcg</i>	90
<i>levonorgestrel & ethynodiolide tab 0.1 mg-20 mcg</i>	90
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	90
<i>levonorgestrel-ethynodiol (continuous) tab 90-20 mcg</i>	90
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	90
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	90
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92

<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	93
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	93
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	93
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	92
LEXIVA.....	53
LIBTAYO.....	35
LIDOCAINE HCL.....	4
LIDOCAINE HCL.....	69
LIDOCAINE HCL.....	69
LIDOCAINE HCL JELLY.....	4
<i>lidocaine hcl local inj 1%</i>	4
<i>lidocaine hcl local preservative free inj 1%</i>	4
<i>lidocaine hcl soln 4%</i>	4
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	4
<i>lidocaine hcl viscous soln 2%</i>	4
<i>lidocaine oint 5%</i>	4
<i>lidocaine patch 5%</i>	4
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4
LINDANE.....	80
LINEZOLID.....	11
<i>linezolid for susp 100 mg/5ml</i>	11
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	11
<i>linezolid tab 600 mg</i>	11
LINZESS.....	84
LINZESS.....	84
LINZESS.....	84
<i>liothyronine sodium tab 25 mcg</i>	93
<i>liothyronine sodium tab 50 mcg</i>	93
<i>liothyronine sodium tab 5 mcg</i>	93
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	69
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	69
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	69
<i>lisinopril tab 10 mg</i>	69
<i>lisinopril tab 2.5 mg</i>	69
<i>lisinopril tab 20 mg</i>	69
<i>lisinopril tab 30 mg</i>	70
<i>lisinopril tab 40 mg</i>	70
<i>lisinopril tab 5 mg</i>	69
<i>lithium carbonate cap 150 mg</i>	56
<i>lithium carbonate cap 300 mg</i>	56
<i>lithium carbonate cap 600 mg</i>	56
<i>lithium carbonate tab 300 mg</i>	56
<i>lithium carbonate tab er 300 mg</i>	56
<i>lithium carbonate tab er 450 mg</i>	56
LONSURF.....	35
LONSURF.....	35
<i>loperamide hcl cap 2 mg</i>	84
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	53
<i>lopinavir-ritonavir tab 100-25 mg</i>	53
<i>lopinavir-ritonavir tab 200-50 mg</i>	53
<i>lorazepam tab 0.5 mg</i>	56
<i>lorazepam tab 1 mg</i>	56
<i>lorazepam tab 2 mg</i>	56
LORBRENA.....	35
LORBRENA.....	35
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	70
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	70
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	70
<i>losartan potassium tab 100 mg</i>	70
<i>losartan potassium tab 25 mg</i>	70
<i>losartan potassium tab 50 mg</i>	70
<i>lovastatin tab 10 mg</i>	70
<i>lovastatin tab 20 mg</i>	70
<i>lovastatin tab 40 mg</i>	70
<i>loxapine succinate cap 10 mg</i>	46
<i>loxapine succinate cap 25 mg</i>	46
<i>loxapine succinate cap 50 mg</i>	47
<i>loxapine succinate cap 5 mg</i>	46
LUBIPROSTONE.....	84
LUBIPROSTONE.....	84
LUMAKRAS.....	35
LUMIGAN.....	104
LUMIZYME.....	85
LUMOXITI.....	35
LUPRON DEPOT (1-MONTH).....	93
LUPRON DEPOT (1-MONTH).....	93
LUPRON DEPOT (3-MONTH).....	93
LUPRON DEPOT (3-MONTH).....	94

LUPRON DEPOT (4-MONTH).....	94
LUPRON DEPOT (6-MONTH).....	94
LUPRON DEPOT-PED (1-MONTH).....	94
LUPRON DEPOT-PED (1-MONTH).....	94
LUPRON DEPOT-PED (1-MONTH).....	94
LUPRON DEPOT-PED (3-MONTH).....	94
LUPRON DEPOT-PED (3-MONTH).....	94
LYBALVI.....	47
LYBALVI.....	47
LYBALVI.....	47
LYNPARZA.....	35
LYNPARZA.....	35
LYSODREN.....	93
LYUMJEV.....	59
LYUMJEV KWIKPEN.....	59
LYUMJEV KWIKPEN.....	59
M	
<i>magnesium sulfate inj 50%</i>	82
<i>malathion lotion 0.5%</i>	80
<i>maraviroc tab 150 mg</i>	53
<i>maraviroc tab 300 mg</i>	53
MARGENZA.....	35
MARPLAN.....	21
MATULANE.....	35
MAYZENT.....	76
MAYZENT.....	76
MAYZENT.....	76
MAYZENT STARTER PACK.....	76
MAYZENT STARTER PACK.....	76
<i>meclizine hcl tab 12.5 mg</i>	24
<i>meclizine hcl tab 25 mg</i>	24
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	90
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	90
<i>medroxyprogesterone acetate tab 10 mg</i>	91
<i>medroxyprogesterone acetate tab 2.5 mg</i>	90
<i>medroxyprogesterone acetate tab 5 mg</i>	91
<i>mfloquine hcl tab 250 mg</i>	42
<i>megestrol acetate susp 40 mg/ml</i>	91
<i>megestrol acetate tab 20 mg</i>	91
<i>megestrol acetate tab 40 mg</i>	91
MEKINIST.....	35
MEKINIST.....	35
MEKTOVI.....	35
<i>meloxicam tab 15 mg</i>	3
<i>meloxicam tab 7.5 mg</i>	3

<i>melphalan hcl for inj 50 mg</i>	35
<i>memantine hcl cap er 24hr 14 mg</i>	19
<i>memantine hcl cap er 24hr 21 mg</i>	19
<i>memantine hcl cap er 24hr 28 mg</i>	19
<i>memantine hcl cap er 24hr 7 mg</i>	19
<i>memantine hcl oral solution 2 mg/ml</i>	19
<i>memantine hcl tab 10 mg</i>	19
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	19
<i>memantine hcl tab 5 mg</i>	19
MENACTRA.....	98
MENEST.....	91
MENEST.....	91
MENEST.....	91
MENQUADFI.....	99
MENVEO.....	99
<i>mercaptopurine tab 50 mg</i>	35
MEROOPENEM/SODIUM CHLORIDE.....	11
MEROOPENEM/SODIUM CHLORIDE.....	11
<i>meropenem iv for soln 1 gm</i>	11
<i>meropenem iv for soln 500 mg</i>	11
<i>mesalamine cap dr 400 mg</i>	102
<i>mesalamine cap er 24hr 0.375 gm</i>	102
<i>mesalamine cap er 500 mg</i>	102
<i>mesalamine enema 4 gm</i>	102
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	102
<i>mesalamine suppos 1000 mg</i>	102
<i>mesalamine tab delayed release 1.2 gm</i>	102
<i>mesalamine tab delayed release 800 mg</i>	102
<i>mesna inj 100 mg/ml</i>	35
MESNEX.....	35
<i>metformin hcl tab 1000 mg</i>	59
<i>metformin hcl tab 500 mg</i>	59
<i>metformin hcl tab 850 mg</i>	59
<i>metformin hcl tab er 24hr 500 mg</i>	59
<i>metformin hcl tab er 24hr 750 mg</i>	59
<i>methadone hcl tab 10 mg</i>	3
<i>methadone hcl tab 5 mg</i>	3
<i>methazolamide tab 25 mg</i>	70
<i>methazolamide tab 50 mg</i>	70
<i>methenamine hippurate tab 1 gm</i>	11
<i>methimazole tab 10 mg</i>	95
<i>methimazole tab 5 mg</i>	95
<i>methocarbamol tab 500 mg</i>	110
<i>methocarbamol tab 750 mg</i>	110
METHOTREXATE SODIUM.....	99
<i>methotrexate sodium for inj 1 gm</i>	99
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	99

<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	99	<i>metoprolol tartrate tab 100 mg</i>	70
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	99	<i>metoprolol tartrate tab 25 mg</i>	70
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	99	<i>metoprolol tartrate tab 50 mg</i>	70
<i>methotrexate sodium tab 2.5 mg</i>	99	<i>metronidazole cap 375 mg</i>	11
<i>methoxsalen rapid cap 10 mg</i>	80	<i>metronidazole cream 0.75%</i>	80
<i>methscopolamine bromide tab 2.5 mg</i>	84	<i>metronidazole gel 0.75%</i>	80
<i>methscopolamine bromide tab 5 mg</i>	84	<i>metronidazole gel 1%</i>	80
<i>methylergonovine maleate tab 0.2 mg</i>	87	<i>metronidazole iv soln 500 mg/100ml</i>	11
<i>methylphenidate hcl tab 10 mg</i>	76	<i>metronidazole lotion 0.75%</i>	80
<i>methylphenidate hcl tab 20 mg</i>	76	<i>metronidazole tab 250 mg</i>	11
<i>methylphenidate hcl tab 5 mg</i>	76	<i>metronidazole tab 500 mg</i>	11
<i>methylphenidate hcl tab er 20 mg</i>	76	<i>metronidazole vaginal gel 0.75%</i>	11
<i>methylprednisolone sod succ for inj 1000 mg</i>	88	<i>metyrosine cap 250 mg</i>	70
<i>methylprednisolone sod succ for inj 125 mg</i>	88	<i>mexiletine hcl cap 150 mg</i>	70
<i>methylprednisolone sod succ for inj 40 mg</i>	88	<i>mexiletine hcl cap 200 mg</i>	70
<i>methylprednisolone sod succ for inj 500 mg</i>	88	<i>mexiletine hcl cap 250 mg</i>	70
<i>methylprednisolone tab 16 mg</i>	88	<i>MIACALCIN</i>	102
<i>methylprednisolone tab 32 mg</i>	88	<i>micafungin sodium for iv soln 100 mg</i>	25
<i>methylprednisolone tab 4 mg</i>	88	<i>micafungin sodium for iv soln 50 mg</i>	25
<i>methylprednisolone tab 8 mg</i>	88	<i>midodrine hcl tab 10 mg</i>	70
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	88	<i>midodrine hcl tab 2.5 mg</i>	70
<i>methyltestosterone cap 10 mg</i>	91	<i>midodrine hcl tab 5 mg</i>	70
<i>metoclopramide hcl inj 5 mg/ml</i>	84	<i>miglustat cap 100 mg</i>	85
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	84	<i>minocycline hcl cap 100 mg</i>	11
<i>metoclopramide hcl tab 10 mg</i>	84	<i>minocycline hcl cap 50 mg</i>	11
<i>metoclopramide hcl tab 5 mg</i>	84	<i>minocycline hcl cap 75 mg</i>	11
<i>metolazone tab 10 mg</i>	70	<i>minocycline hcl tab 100 mg</i>	11
<i>metolazone tab 2.5 mg</i>	70	<i>minocycline hcl tab 50 mg</i>	11
<i>metolazone tab 5 mg</i>	70	<i>minocycline hcl tab 75 mg</i>	11
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	70	<i>minoxidil tab 10 mg</i>	70
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	70	<i>minoxidil tab 2.5 mg</i>	70
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	70	<i>mirtazapine orally disintegrating tab 15 mg</i>	21
<i>metoprolol succinate tab er 24hr 100 mg</i>	70	<i>mirtazapine orally disintegrating tab 30 mg</i>	21
<i>metoprolol succinate tab er 24hr 200 mg</i>	70	<i>mirtazapine orally disintegrating tab 45 mg</i>	21
<i>metoprolol succinate tab er 24hr 25 mg</i>	70	<i>mirtazapine tab 15 mg</i>	21
<i>metoprolol succinate tab er 24hr 50 mg</i>	70	<i>mirtazapine tab 30 mg</i>	21
		<i>mirtazapine tab 45 mg</i>	21
		<i>mirtazapine tab 7.5 mg</i>	21
		<i>misoprostol tab 100 mcg</i>	84
		<i>misoprostol tab 200 mcg</i>	84
		<i>mitomycin for iv soln 20 mg</i>	35
		<i>mitomycin for iv soln 40 mg</i>	35
		<i>mitomycin for iv soln 5 mg</i>	35
		<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	35
		<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	35
		<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	35

M-M-R II.....	98
modafinil tab 100 mg.....	110
modafinil tab 200 mg.....	110
moexipril hcl tab 15 mg.....	70
moexipril hcl tab 7.5 mg.....	70
MOLINDONE HYDROCHLORIDE.....	47
MOLINDONE HYDROCHLORIDE.....	47
MOLINDONE HYDROCHLORIDE.....	47
mometasone furoate cream 0.1%.....	80
mometasone furoate nasal susp 50 mcg/ act.....	108
mometasone furoate oint 0.1%.....	80
mometasone furoate solution 0.1% (lotion).....	80
MONJUVI.....	35
montelukast sodium chew tab 4 mg.....	108
montelukast sodium chew tab 5 mg.....	108
montelukast sodium oral granules packet 4 mg.....	108
montelukast sodium tab 10 mg.....	108
morphine sulfate inj pf 0.5 mg/ml.....	3
morphine sulfate inj pf 1 mg/ml.....	3
morphine sulfate oral soln 100 mg/5ml (20 mg/ ml).....	3
morphine sulfate oral soln 10 mg/5ml.....	3
morphine sulfate oral soln 20 mg/5ml.....	3
morphine sulfate tab 15 mg.....	3
morphine sulfate tab 30 mg.....	3
morphine sulfate tab er 100 mg.....	3
morphine sulfate tab er 15 mg.....	3
morphine sulfate tab er 200 mg.....	3
morphine sulfate tab er 30 mg.....	3
morphine sulfate tab er 60 mg.....	3
MOVANTIK.....	84
MOVANTIK.....	84
moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza).....	104
moxifloxacin hcl ophth soln 0.5% (generic for Vigamox).....	104
moxifloxacin hcl tab 400 mg.....	11
MOXIFLOXACIN HYDROCHLORIDE.....	11
MOXIFLOXACIN HYDROCHLORIDE.....	11
MOZOBIL.....	62
MULTAQ.....	70
mupirocin calcium cream 2%.....	80
mupirocin oint 2%.....	80
MVASI.....	35
MVASI.....	36
MYALEPT.....	84
mycophenolate mofetil cap 250 mg.....	99
mycophenolate mofetil for oral susp 200 mg/ ml.....	99

mycophenolate mofetil hcl for iv soln 500 mg.....	99
mycophenolate mofetil tab 500 mg.....	99
mycophenolate sodium tab dr 180 mg.....	99
mycophenolate sodium tab dr 360 mg.....	99
MYLOTARG.....	36
MYRBETRIQ.....	87
MYRBETRIQ.....	87
MYRBETRIQ.....	87
N	
nabumetone tab 500 mg.....	3
nabumetone tab 750 mg.....	3
nadolol tab 20 mg.....	71
nadolol tab 40 mg.....	71
nadolol tab 80 mg.....	71
NAFCILLIN.....	11
NAFCILLIN.....	11
NAFCILLIN SODIUM.....	11
NAFCILLIN SODIUM.....	11
nafcillin sodium for inj 1 gm.....	11
nafcillin sodium for inj 2 gm.....	11
nafcillin sodium for iv soln 10 gm.....	12
NAGLAZYME.....	86
naloxone hcl inj 0.4 mg/ml.....	5
naloxone hcl inj 4 mg/10ml.....	5
naloxone hcl nasal spray 4 mg/0.1ml.....	5
naloxone hcl soln prefilled syringe 2 mg/2ml.....	5
NALOXONE HYDROCHLORIDE.....	5
naltrexone hcl tab 50 mg.....	5
naproxen sodium tab 275 mg.....	3
naproxen sodium tab 550 mg.....	3
naproxen susp 125 mg/5ml.....	3
naproxen tab 250 mg.....	3
naproxen tab 375 mg.....	3
naproxen tab 500 mg.....	3
naproxen tab ec 375 mg.....	3
naproxen tab ec 500 mg.....	3
naratriptan hcl tab 1 mg.....	26
naratriptan hcl tab 2.5 mg.....	26
NARCAN.....	5
NATACYN.....	104
nateglinide tab 120 mg.....	59
nateglinide tab 60 mg.....	59
NATPARA.....	102
NATPARA.....	102
NATPARA.....	102
NAYZILAM.....	16
nebivolol hcl tab 10 mg.....	71
nebivolol hcl tab 2.5 mg.....	71

nebivolol hcl tab 20 mg.....	71	NINLARO.....	36
nebivolol hcl tab 5 mg.....	71	NINLARO.....	36
NEFAZODONE HYDROCHLORIDE.....	21	NINLARO.....	36
NEFAZODONE HYDROCHLORIDE.....	21	NIPENT.....	36
NEFAZODONE HYDROCHLORIDE.....	21	NISOLDIPINE ER.....	71
NEFAZODONE HYDROCHLORIDE.....	21	nisoldipine tab er 24hr 17 mg.....	71
NEFAZODONE HYDROCHLORIDE.....	21	nisoldipine tab er 24hr 34 mg.....	71
NEFAZODONE HYDROCHLORIDE.....	21	nisoldipine tab er 24hr 8.5 mg.....	71
NEOMYCIN/POLYMYXIN/		nitazoxanide tab 500 mg.....	42
GRAMICIDIN.....	104	nitisinone cap 10 mg.....	86
NEOMYCIN/POLYMYXIN B		nitisinone cap 2 mg.....	86
SULFATES.....	12	nitisinone cap 5 mg.....	86
neomycin-bacitrac zn-polymyx		NITRO-BID.....	71
5(3.5)mg-400unt-1000unt op oin.....	104	nitrofurantoin macrocrystalline cap 100	
neomycin-polymyxin-dexamethasone ophth oint		mg.....	12
0.1%.....	104	nitrofurantoin macrocrystalline cap 50	
mg.....	104	mg.....	12
neomycin-polymyxin-dexamethasone ophth susp		nitrofurantoin monohydrate macrocrystalline cap 100	
0.1%.....	104	mg.....	12
neomycin-polymyxin-hc otic soln 1%.....	105	nitroglycerin sl tab 0.3 mg.....	71
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000		nitroglycerin sl tab 0.4 mg.....	71
unit/ml-1%.....	105	nitroglycerin sl tab 0.6 mg.....	71
neomycin sulfate tab 500 mg.....	12	nitroglycerin td patch 24hr 0.1 mg/hr.....	71
NERLYNX.....	36	nitroglycerin td patch 24hr 0.2 mg/hr.....	71
NEUPRO.....	43	nitroglycerin td patch 24hr 0.4 mg/hr.....	71
NEUPRO.....	43	nitroglycerin td patch 24hr 0.6 mg/hr.....	71
NEUPRO.....	43	nitroglycerin tl soln 0.4 mg/spray (400 mcg/	
NEUPRO.....	43	spray).....	71
NEUPRO.....	43	NIVESTYM.....	62
NEVIRAPINE ER.....	53	NIVESTYM.....	62
nevirapine susp 50 mg/5ml.....	53	NIVESTYM.....	62
nevirapine tab 200 mg.....	53	NIVESTYM.....	62
nevirapine tab er 24hr 400 mg.....	53	NIZATIDINE.....	84
NEXAVAR.....	36	nizatidine cap 300 mg.....	84
niacin tab er 1000 mg.....	71	norethindrone & ethinyl estradiol-fe chew tab 0.4	
niacin tab er 500 mg.....	71	mg-35 mcg.....	91
niacin tab er 750 mg.....	71	norethindrone & ethinyl estradiol-fe chew tab 0.8	
nicardipine hcl cap 20 mg.....	71	mg-25 mcg.....	91
nicardipine hcl cap 30 mg.....	71	norethindrone & ethinyl estradiol tab 0.4 mg-35	
NICOTROL INHALER.....	5	mcg.....	91
NICOTROL NS.....	5	norethindrone & ethinyl estradiol tab 0.5 mg-35	
nifedipine tab er 24hr 30 mg.....	71	mcg.....	91
nifedipine tab er 24hr 60 mg.....	71	norethindrone ace & ethinyl estradiol-fe tab 1.5	
nifedipine tab er 24hr 90 mg.....	71	mg-30 mcg.....	91
nifedipine tab er 24hr osmotic release 30		norethindrone ace & ethinyl estradiol-fe tab 1 mg-20	
mg.....	71	mcg.....	91
nifedipine tab er 24hr osmotic release 60		norethindrone ace & ethinyl estradiol tab 1.5 mg-30	
mg.....	71	mcg.....	91
nifedipine tab er 24hr osmotic release 90		norethindrone ace & ethinyl estradiol tab 1 mg-20	
mg.....	71	mcg.....	91
nilutamide tab 150 mg.....	36		
nimodipine cap 30 mg.....	71		

norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	91
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	91
norethindrone acetate tab 5 mg.....	91
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	91
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	91
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	91
norethindrone tab 0.35 mg.....	91
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	91
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	91
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	91
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	91
NORTRIPTYLINE HCL.....	22
nortriptyline hcl cap 10 mg.....	22
nortriptyline hcl cap 25 mg.....	22
nortriptyline hcl cap 50 mg.....	22
nortriptyline hcl cap 75 mg.....	22
NORVIR.....	53
NORVIR.....	53
NOXAFL.....	25
NOXAFL.....	25
NUBEQA.....	36
NUCYNTA ER.....	3
NUEDEXTA.....	77
NULOJIX.....	99
NUPLAZID.....	47
NUPLAZID.....	47
NURTEC.....	26
NUTRILIPID.....	82
nystatin cream 100000 unit/gm.....	25
nystatin oint 100000 unit/gm.....	25
nystatin susp 100000 unit/ml.....	25
nystatin tab 500000 unit.....	26
nystatin topical powder 100000 unit/gm.....	26
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	80
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	80

O

OCALIVA.....	84
OCALIVA.....	84
OCTREOTIDE ACETATE.....	94
OCTREOTIDE ACETATE.....	94
OCTREOTIDE ACETATE.....	94
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....	94
octreotide acetate inj 100 mcg/ml (0.1 mg/ml).....	94
octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	94
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....	94
octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....	94
ODEFSEY.....	53
ODOMZO.....	36
OFEV.....	108
OFEV.....	108
ofloxacin ophth soln 0.3%.....	104
ofloxacin otic soln 0.3%.....	105
ofloxacin tab 400 mg.....	12
OGIVRI.....	36
OGIVRI.....	36
olanzapine for im inj 10 mg.....	47
olanzapine orally disintegrating tab 10 mg.....	47
olanzapine orally disintegrating tab 15 mg.....	47
olanzapine orally disintegrating tab 20 mg.....	47
olanzapine orally disintegrating tab 5 mg.....	47
olanzapine tab 10 mg.....	47
olanzapine tab 15 mg.....	47
olanzapine tab 2.5 mg.....	47
olanzapine tab 20 mg.....	47
olanzapine tab 5 mg.....	47
olanzapine tab 7.5 mg.....	47
olmesartanamlodipinehydrochlorothiazide tab 20-5-12.5 mg.....	72
olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg.....	72
olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg.....	72
olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg.....	72
olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg.....	72

<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	71	<i>OPSUMIT</i>	108
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	71	<i>ORACEA</i>	80
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	71	<i>ORALAIR</i>	108
<i>olmesartan medoxomil tab 20 mg</i>	71	<i>ORFADIN</i>	86
<i>olmesartan medoxomil tab 40 mg</i>	71	<i>ORFADIN</i>	86
<i>olmesartan medoxomil tab 5 mg</i>	71	<i>ORGOVYX</i>	94
<i>olopatadine hcl nasal soln 0.6%</i>	108	<i>ORKAMBI</i>	108
<i>olopatadine hcl ophth soln 0.1%</i>	104	<i>ORKAMBI</i>	108
<i>olopatadine hcl ophth soln 0.2%</i>	104	<i>ORKAMBI</i>	108
<i>omega-3-acid ethyl esters cap 1 gm</i>	72	<i>ORKAMBI</i>	108
<i>omeprazole cap delayed release 10 mg</i>	84	<i>oseltamivir phosphate cap 30 mg</i>	53
<i>omeprazole cap delayed release 20 mg</i>	84	<i>oseltamivir phosphate cap 45 mg</i>	53
<i>omeprazole cap delayed release 40 mg</i>	84	<i>oseltamivir phosphate cap 75 mg</i>	53
<i>OMNIPOD 5 G6 INTRO KIT (GEN 5)</i>	59	<i>oseltamivir phosphate for susp 6 mg/ml</i>	53
<i>OMNIPOD 5 G6 PODS (GEN 5)</i>	59	<i>OTEZLA</i>	80
<i>OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)</i>	59	<i>OTEZLA</i>	80
<i>OMNIPOD CLASSIC PODS (GEN 3)</i>	59	<i>OXALIPLATIN</i>	36
<i>OMNIPOD DASH INTRO KIT (GEN 4)</i>	59	<i>oxaliplatin for iv inj 100 mg</i>	36
<i>OMNIPOD DASH PODS (GEN 4)</i>	59	<i>oxaliplatin for iv inj 50 mg</i>	36
<i>OMNITROPE</i>	89	<i>oxaliplatin iv soln 100 mg/20ml</i>	36
<i>OMNITROPE</i>	89	<i>oxaliplatin iv soln 50 mg/10ml</i>	36
<i>OMNITROPE</i>	89	<i>oxandrolone tab 10 mg</i>	91
<i>ONCASPAR</i>	36	<i>oxandrolone tab 2.5 mg</i>	91
<i>ONDANSETRON HCL</i>	24	<i>oxaprozin tab 600 mg</i>	3
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	24	<i>oxazepam cap 10 mg</i>	56
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	24	<i>oxazepam cap 15 mg</i>	56
<i>ondansetron hcl oral soln 4 mg/5ml</i>	24	<i>oxazepam cap 30 mg</i>	56
<i>ondansetron hcl tab 4 mg</i>	24	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	16
<i>ondansetron hcl tab 8 mg</i>	24	<i>oxcarbazepine tab 150 mg</i>	16
<i>ONDANSETRON HYDROCHLORIDE</i>	24	<i>oxcarbazepine tab 300 mg</i>	16
<i>ondansetron orally disintegrating tab 4 mg</i>	24	<i>oxcarbazepine tab 600 mg</i>	16
<i>ondansetron orally disintegrating tab 8 mg</i>	24	<i>oxybutynin chloride syrup 5 mg/5ml</i>	87
<i>ONIVYDE</i>	36	<i>oxybutynin chloride tab 5 mg</i>	87
<i>ONTRUZANT</i>	36	<i>oxybutynin chloride tab er 24hr 10 mg</i>	87
<i>ONTRUZANT</i>	36	<i>oxybutynin chloride tab er 24hr 15 mg</i>	87
<i>ONUREG</i>	36	<i>oxybutynin chloride tab er 24hr 5 mg</i>	87
<i>ONUREG</i>	36	<i>oxycodone hcl tab 10 mg</i>	3
<i>OPDIVO</i>	36	<i>oxycodone hcl tab 15 mg</i>	3
<i>OPDIVO</i>	36	<i>oxycodone hcl tab 20 mg</i>	3
<i>OPDIVO</i>	36	<i>oxycodone hcl tab 30 mg</i>	3
<i>OPDIVO</i>	36	<i>oxycodone hcl tab 5 mg</i>	3
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	4	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4

OZEMPICTM.....	59	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	84
OZEMPICTM.....	59	peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	84
OZEMPICTM.....	59	PEGASYS.....	99
P		PEGASYS.....	99
PACLITAXEL.....	36	PEMAZYRE.....	36
paclitaxel iv conc 100 mg/16.7ml (6 mg/ ml).....	36	PEMAZYRE.....	37
paclitaxel iv conc 300 mg/50ml (6 mg/ ml).....	36	PEMAZYRE.....	37
paclitaxel iv conc 30 mg/5ml (6 mg/ml).....	36	PEMETREXED.....	37
PADCEV.....	36	PEMETREXED.....	37
PADCEV.....	36	PEMETREXED.....	37
paliperidone tab er 24hr 1.5 mg.....	47	PEMETREXED.....	37
paliperidone tab er 24hr 3 mg.....	47	PEMETREXED.....	37
paliperidone tab er 24hr 6 mg.....	47	pemetrexed disodium for iv soln 1000 mg.....	37
paliperidone tab er 24hr 9 mg.....	48	pemetrexed disodium for iv soln 100 mg.....	37
palonosetron hcl iv soln 0.25 mg/5ml.....	24	pemetrexed disodium for iv soln 500 mg.....	37
palonosetron hcl iv soln pref syr 0.25 mg/5ml.....	24	pemetrexed disodium for iv soln 750 mg.....	37
PALONOSETRON HYDROCHLORIDE.....	24	penicillamine tab 250 mg.....	87
PALYNZIQ.....	86	penicillin g potassium for inj 2000000 unit.....	12
PALYNZIQ.....	86	penicillin g potassium for inj 5000000 unit.....	12
PALYNZIQ.....	86	PENICILLIN G POTASSIUM IN DEXTROSE.....	12
PANRETIN.....	36	PENICILLIN G POTASSIUM IN DEXTROSE.....	12
pantoprazole sodium ec tab 20 mg.....	84	PENICILLIN G POTASSIUM IN DEXTROSE.....	12
pantoprazole sodium ec tab 40 mg.....	84	PENICILLIN G SODIUM.....	12
pantoprazole sodium for iv soln 40 mg.....	84	PENICILLIN V POTASSIUM.....	12
PARAPLATIN.....	36	PENICILLIN V POTASSIUM.....	12
paricalcitol cap 1 mcg.....	102	penicillin v potassium tab 250 mg.....	12
paricalcitol cap 2 mcg.....	102	penicillin v potassium tab 500 mg.....	12
paricalcitol cap 4 mcg.....	102	PENTACEL.....	99
paricalcitol iv soln 2 mcg/ml.....	103	pentamidine isethionate for inj soln 300 mg.....	42
paricalcitol iv soln 5 mcg/ml.....	103	pentamidine isethionate for nebulization soln 300 mg.....	42
paromomycin sulfate cap 250 mg.....	12	PENTASA.....	102
paroxetine hcl oral susp 10 mg/5ml.....	22	pentoxifylline tab er 400 mg.....	72
paroxetine hcl tab 10 mg.....	22	perindopril erbumine tab 2 mg.....	72
paroxetine hcl tab 20 mg.....	22	perindopril erbumine tab 4 mg.....	72
paroxetine hcl tab 30 mg.....	22	perindopril erbumine tab 8 mg.....	72
paroxetine hcl tab 40 mg.....	22	PERJETA.....	37
paroxetine hcl tab er 24hr 12.5 mg.....	22	permethrin cream 5%.....	80
paroxetine hcl tab er 24hr 25 mg.....	22	perphenazine tab 16 mg.....	24
paroxetine hcl tab er 24hr 37.5 mg.....	22	perphenazine tab 2 mg.....	24
PASER.....	27		
PAXIL.....	22		
PAXLOVID.....	53		
PAXLOVID.....	53		
PEDIARIX.....	99		
PEDVAX HIB.....	99		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	84		

perphenazine tab 4 mg.....	24
perphenazine tab 8 mg.....	24
PERSERIS.....	48
PERSERIS.....	48
phenelzine sulfate tab 15 mg.....	22
phenobarbital elixir 20 mg/5ml.....	16
phenobarbital sodium inj 130 mg/ml.....	16
phenobarbital sodium inj 65 mg/ml.....	16
phenobarbital tab 100 mg.....	17
phenobarbital tab 15 mg.....	17
phenobarbital tab 16.2 mg.....	17
phenobarbital tab 30 mg.....	17
phenobarbital tab 32.4 mg.....	17
phenobarbital tab 60 mg.....	17
phenobarbital tab 64.8 mg.....	17
phenobarbital tab 97.2 mg.....	17
phenoxybenzamine hcl cap 10 mg.....	72
phenytoin chew tab 50 mg.....	17
phenytoin sodium extended cap 100 mg.....	17
phenytoin sodium extended cap 200 mg.....	17
phenytoin sodium extended cap 300 mg.....	17
phenytoin susp 125 mg/5ml.....	17
PHESGO.....	37
PHESGO.....	37
PHOSLYRA.....	82
PIFELTRO.....	53
pilocarpine hcl ophth soln 1%.....	104
pilocarpine hcl ophth soln 2%.....	104
pilocarpine hcl ophth soln 4%.....	104
pilocarpine hcl tab 5 mg.....	77
pilocarpine hcl tab 7.5 mg.....	77
pimecrolimus cream 1%.....	80
PIMOZIDE.....	48
PIMOZIDE.....	48
pindolol tab 10 mg.....	72
pindolol tab 5 mg.....	72
pioglitazone hcl-glimepiride tab 30-2 mg.....	59
pioglitazone hcl-glimepiride tab 30-4 mg.....	59
pioglitazone hcl-metformin hcl tab 15-500 mg.....	59
pioglitazone hcl-metformin hcl tab 15-850 mg.....	59
pioglitazone hcl tab 15 mg.....	59
pioglitazone hcl tab 30 mg.....	59
pioglitazone hcl tab 45 mg.....	59
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....	12
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....	12
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm).....	12
PIQRAY 200MG DAILY DOSE.....	37
PIQRAY 250MG DAILY DOSE.....	37
PIQRAY 300MG DAILY DOSE.....	37
pirfenidone tab 267 mg.....	108
pirfenidone tab 801 mg.....	108
piroxicam cap 10 mg.....	4
piroxicam cap 20 mg.....	4
PLEGRIDY.....	77
PLEGRIDY.....	77
PLEGRIDY.....	77
PLEGRIDY STARTER PACK.....	77
PLEGRIDY STARTER PACK.....	77
podofilox soln 0.5%.....	80
POLIVY.....	37
POLIVY.....	37
polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1%.....	104
POMALYST.....	37
PORTRAZZA.....	37
posaconazole tab delayed release 100 mg.....	26
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	82
POTASSIUM CHLORIDE/SODIUM CHLORIDE.....	82
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....	82
potassium chloride cap er 10 meq.....	82
potassium chloride cap er 8 meq.....	82
potassium chloride inj 2 meq/ml.....	82
potassium chloride microencapsulated crys er tab 10 meq.....	82
potassium chloride microencapsulated crys er tab 15 meq.....	82
potassium chloride microencapsulated crys er tab 20 meq.....	82
potassium chloride oral soln 10% (20 meq/15ml).....	82
potassium chloride tab er 10 meq.....	82
potassium chloride tab er 20 meq (1500 mg).....	82
potassium chloride tab er 8 meq (600 mg).....	82
potassium citrate tab er 10 meq (1080 mg).....	82

<i>potassium citrate tab er 15 meq (1620 mg)</i>	82
<i>potassium citrate tab er 5 meq (540 mg)</i>	82
POTELIGEO.....	37
PRADAXA.....	62
PRADAXA.....	62
PRADAXA.....	62
<i>pramipexole dihydrochloride tab 0.125 mg</i>	43
<i>pramipexole dihydrochloride tab 0.25 mg</i>	43
<i>pramipexole dihydrochloride tab 0.5 mg</i>	43
<i>pramipexole dihydrochloride tab 0.75 mg</i>	43
<i>pramipexole dihydrochloride tab 1.5 mg</i>	43
<i>pramipexole dihydrochloride tab 1 mg</i>	43
<i>prasugrel hcl tab 10 mg</i>	62
<i>prasugrel hcl tab 5 mg</i>	62
<i>pravastatin sodium tab 10 mg</i>	72
<i>pravastatin sodium tab 20 mg</i>	72
<i>pravastatin sodium tab 40 mg</i>	72
<i>pravastatin sodium tab 80 mg</i>	72
<i>praziquantel tab 600 mg</i>	42
<i>prazosin hcl cap 1 mg</i>	72
<i>prazosin hcl cap 2 mg</i>	72
<i>prazosin hcl cap 5 mg</i>	72
PREDNICARBATE.....	80
PREDNISOLONE ACETATE.....	104
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	88
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	88
<i>prednisolone soln 15 mg/5ml</i>	88
PREDNISONE.....	88
<i>prednisone tab 10 mg</i>	88
<i>prednisone tab 1 mg</i>	88
<i>prednisone tab 2.5 mg</i>	88
<i>prednisone tab 20 mg</i>	88
<i>prednisone tab 50 mg</i>	88
<i>prednisone tab 5 mg</i>	88
<i>prednisone tab therapy pack 10 mg (21)</i>	88
<i>prednisone tab therapy pack 10 mg (48)</i>	88
<i>prednisone tab therapy pack 5 mg (21)</i>	88
<i>prednisone tab therapy pack 5 mg (48)</i>	88
<i>pregabalin cap 100 mg</i>	17
<i>pregabalin cap 150 mg</i>	17
<i>pregabalin cap 200 mg</i>	17
<i>pregabalin cap 225 mg</i>	17
<i>pregabalin cap 25 mg</i>	17
<i>pregabalin cap 300 mg</i>	17
<i>pregabalin cap 50 mg</i>	17
<i>pregabalin cap 75 mg</i>	17
<i>pregabalin soln 20 mg/ml</i>	17
PREGNYL W/DILUENT BENZYL ALCOHOL/ NACL.....	89
PREHEVBRIOS.....	99
PREMARIN.....	91
PREMPHASE.....	91
PREMPRO.....	92
PREMPRO.....	92
PREMPRO.....	92
PREVYMIS.....	53
PREVYMIS.....	53
PREZCOBIX.....	53
PREZISTA.....	53
PRIFTIN.....	27
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	42
<i>primidone tab 250 mg</i>	17
<i>primidone tab 50 mg</i>	17
PRIORIX.....	99
<i>probenecid tab 500 mg</i>	26
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	24
<i>prochlorperazine maleate tab 10 mg</i>	24
<i>prochlorperazine maleate tab 5 mg</i>	24
<i>prochlorperazine suppos 25 mg</i>	24
PROCERIT.....	62
PROCERIT.....	63
PROCERIT.....	63
<i>progesterone cap 100 mg</i>	92
<i>progesterone cap 200 mg</i>	92
PROGRAF.....	99
PROGRAF.....	99
PROGRAF.....	99
PROLASTIN-C.....	86

PROLASTIN-C.....	86
PROLENZA.....	104
PROLIA.....	103
PROMACTA.....	63
<i>promethazine hcl suppos 12.5 mg.....</i>	24
<i>promethazine hcl suppos 25 mg.....</i>	24
<i>promethazine hcl syrup 6.25 mg/5ml.....</i>	24
<i>promethazine hcl tab 12.5 mg.....</i>	24
<i>promethazine hcl tab 25 mg.....</i>	24
<i>promethazine hcl tab 50 mg.....</i>	24
<i>propafenone hcl cap er 12hr 225 mg.....</i>	72
<i>propafenone hcl cap er 12hr 325 mg.....</i>	72
<i>propafenone hcl cap er 12hr 425 mg.....</i>	72
<i>propafenone hcl tab 150 mg.....</i>	72
<i>propafenone hcl tab 225 mg.....</i>	72
<i>propafenone hcl tab 300 mg.....</i>	72
<i>propranolol hcl cap er 24hr 120 mg.....</i>	72
<i>propranolol hcl cap er 24hr 160 mg.....</i>	72
<i>propranolol hcl cap er 24hr 60 mg.....</i>	72
<i>propranolol hcl cap er 24hr 80 mg.....</i>	72
<i>propranolol hcl inj 1 mg/ml.....</i>	72
<i>propranolol hcl tab 10 mg.....</i>	72
<i>propranolol hcl tab 20 mg.....</i>	72
<i>propranolol hcl tab 40 mg.....</i>	72
<i>propranolol hcl tab 60 mg.....</i>	72
<i>propranolol hcl tab 80 mg.....</i>	72
<i>propylthiouracil tab 50 mg.....</i>	95
PROQUAD.....	99
<i>protriptyline hcl tab 10 mg.....</i>	22
<i>protriptyline hcl tab 5 mg.....</i>	22
PULMOZYME.....	108
PURIXAN.....	37
PYLERA.....	84
<i>pyrazinamide tab 500 mg.....</i>	27
<i>pyridostigmine bromide oral soln 60 mg/5ml.....</i>	27
<i>pyridostigmine bromide tab 60 mg.....</i>	27
<i>pyridostigmine bromide tab er 180 mg.....</i>	27
<i>pyrimethamine tab 25 mg.....</i>	42
Q	
QINLOCK.....	37
QUADRACEL.....	99
QUADRACEL.....	99
QUETIAPINE FUMARATE.....	48
<i>quetiapine fumarate tab 100 mg.....</i>	48
<i>quetiapine fumarate tab 200 mg.....</i>	48
<i>quetiapine fumarate tab 25 mg.....</i>	48
<i>quetiapine fumarate tab 300 mg.....</i>	48
<i>quetiapine fumarate tab 400 mg.....</i>	48
<i>quetiapine fumarate tab 50 mg.....</i>	48
<i>quetiapine fumarate tab er 24hr 150 mg.....</i>	48
<i>quetiapine fumarate tab er 24hr 200 mg.....</i>	48
<i>quetiapine fumarate tab er 24hr 300 mg.....</i>	48
<i>quetiapine fumarate tab er 24hr 400 mg.....</i>	48
<i>quetiapine fumarate tab er 24hr 50 mg.....</i>	48
<i>quinapril hcl tab 10 mg.....</i>	72
<i>quinapril hcl tab 20 mg.....</i>	73
<i>quinapril hcl tab 40 mg.....</i>	73
<i>quinapril hcl tab 5 mg.....</i>	72
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg.....</i>	73
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg.....</i>	73
<i>quinapril-hydrochlorothiazide tab 20-25 mg.....</i>	73
<i>quinidine gluconate tab er 324 mg.....</i>	73
<i>quinidine sulfate tab 200 mg.....</i>	73
<i>quinidine sulfate tab 300 mg.....</i>	73
R	
RABAVERT.....	99
<i>rabeprazole sodium ec tab 20 mg.....</i>	84
<i>raloxifene hcl tab 60 mg.....</i>	92
<i>ramelteon tab 8 mg.....</i>	110
<i>ramipril cap 1.25 mg.....</i>	73
<i>ramipril cap 10 mg.....</i>	73
<i>ramipril cap 2.5 mg.....</i>	73
<i>ramipril cap 5 mg.....</i>	73
<i>ranolazine tab er 12hr 1000 mg.....</i>	73
<i>ranolazine tab er 12hr 500 mg.....</i>	73
<i>rasagiline mesylate tab 0.5 mg.....</i>	43
<i>rasagiline mesylate tab 1 mg.....</i>	43
REBIF.....	77
REBIF.....	77
REBIF REBIDOSE.....	77
REBIF REBIDOSE.....	77
REBIF REBIDOSE TITRATION PACK.....	77
REBIF TITRATION PACK.....	77
RECOMBIVAX HB.....	99
RECOMBIVAX HB.....	100
RECTIV.....	73

REGRANEX.....	80	risedronate sodium tab 5 mg.....	103
RELENZA DISKHALER.....	53	risedronate sodium tab delayed release 35 mg.....	103
RENFLEXIS.....	100	RISPERDAL CONSTA.....	49
repaglinide tab 0.5 mg.....	59	RISPERDAL CONSTA.....	49
repaglinide tab 1 mg.....	59	RISPERDAL CONSTA.....	49
repaglinide tab 2 mg.....	60	RISPERDAL CONSTA.....	49
REPATHA.....	73	RISPERIDONE ODT.....	49
REPATHA PUSHTRONEX SYSTEM.....	73	risperidone orally disintegrating tab 0.5 mg.....	49
REPATHA SURECLICK.....	73	risperidone orally disintegrating tab 1 mg.....	49
RESTASIS.....	104	risperidone orally disintegrating tab 2 mg.....	49
RESTASIS MULTIDOSE.....	104	risperidone orally disintegrating tab 3 mg.....	49
RETACRIT.....	63	risperidone orally disintegrating tab 4 mg.....	49
RETACRIT.....	63	risperidone soln 1 mg/ml.....	49
RETACRIT.....	63	risperidone tab 0.25 mg.....	49
RETACRIT.....	63	risperidone tab 0.5 mg.....	49
RETACRIT.....	63	risperidone tab 1 mg.....	49
RETEVMO.....	37	risperidone tab 2 mg.....	49
RETEVMO.....	37	risperidone tab 3 mg.....	49
RETROVIR IV INFUSION.....	53	risperidone tab 4 mg.....	49
REVCovi.....	86	ritonavir tab 100 mg.....	53
REVLIMID.....	37	RITUXAN.....	38
REVLIMID.....	37	RITUXAN.....	38
REVLIMID.....	37	RITUXAN HYCELA.....	38
REVLIMID.....	37	RITUXAN HYCELA.....	38
REVLIMID.....	38	rivastigmine tartrate cap 1.5 mg.....	19
REXULTI.....	48	rivastigmine tartrate cap 3 mg.....	19
REXULTI.....	48	rivastigmine tartrate cap 4.5 mg.....	19
REXULTI.....	48	rivastigmine tartrate cap 6 mg.....	19
REXULTI.....	49	rivastigmine td patch 24hr 13.3 mg/24hr.....	19
REYATAZ.....	53	rivastigmine td patch 24hr 4.6 mg/24hr.....	19
RHOPRESSA.....	104	rivastigmine td patch 24hr 9.5 mg/24hr.....	19
RIABNI.....	38	rizatriptan benzoate oral disintegrating tab 10 mg.....	26
RIABNI.....	38	rizatriptan benzoate oral disintegrating tab 5 mg.....	26
ribavirin cap 200 mg.....	53	rizatriptan benzoate tab 10 mg.....	26
ribavirin for inhal soln 6 gm.....	108	rizatriptan benzoate tab 5 mg.....	26
ribavirin tab 200 mg.....	53	ROCKLATAN.....	105
RIDAURA.....	100	roflumilast tab 250 mcg.....	108
rifabutin cap 150 mg.....	27	roflumilast tab 500 mcg.....	108
rifampin cap 150 mg.....	27	ROMIDEPSIN.....	38
rifampin cap 300 mg.....	27	romidepsin for iv inj 10 mg.....	38
rifampin for inj 600 mg.....	27	ropinirole hydrochloride tab 0.25 mg.....	43
riluzole tab 50 mg.....	77	ropinirole hydrochloride tab 0.5 mg.....	43
RINVOQ.....	100	ropinirole hydrochloride tab 1 mg.....	43
RINVOQ.....	100		
RINVOQ.....	100		
risedronate sodium tab 150 mg.....	103		
risedronate sodium tab 30 mg.....	103		
risedronate sodium tab 35 mg.....	103		

<i>ropinirole hydrochloride tab 2 mg.....</i>	43	SARCLISA.....	38
<i>ropinirole hydrochloride tab 3 mg.....</i>	43	SARCLISA.....	38
<i>ropinirole hydrochloride tab 4 mg.....</i>	43	SCEMBLIX.....	38
<i>ropinirole hydrochloride tab 5 mg.....</i>	43	SCEMBLIX.....	38
<i>ropinirole hydrochloride tab er 24hr 12 mg.....</i>	43	<i>scopolamine td patch 72hr 1 mg/3days.....</i>	24
<i>ropinirole hydrochloride tab er 24hr 2 mg.....</i>	43	SECUADO.....	49
<i>ropinirole hydrochloride tab er 24hr 4 mg.....</i>	43	SECUADO.....	49
<i>ropinirole hydrochloride tab er 24hr 6 mg.....</i>	43	SECUADO.....	49
<i>ropinirole hydrochloride tab er 24hr 8 mg.....</i>	43	<i>selegiline hcl cap 5 mg.....</i>	43
<i>rosuvastatin calcium tab 10 mg.....</i>	73	<i>selegiline hcl tab 5 mg.....</i>	43
<i>rosuvastatin calcium tab 20 mg.....</i>	73	<i>selenium sulfide lotion 2.5%.....</i>	80
<i>rosuvastatin calcium tab 40 mg.....</i>	73	SELZENTRY.....	54
<i>rosuvastatin calcium tab 5 mg.....</i>	73	SELZENTRY.....	54
ROTARIX.....	100	SELZENTRY.....	54
ROTATEQ.....	100	SEREVENT DISKUS.....	108
ROZLYTREK.....	38	<i>sertraline hcl oral concentrate for solution 20 mg/ml.....</i>	22
ROZLYTREK.....	38	<i>sertraline hcl tab 100 mg.....</i>	22
RUBRACA.....	38	<i>sertraline hcl tab 25 mg.....</i>	22
RUBRACA.....	38	<i>sertraline hcl tab 50 mg.....</i>	22
RUBRACA.....	38	<i>sevelamer carbonate packet 0.8 gm.....</i>	82
rufinamide susp 40 mg/ml.....	17	<i>sevelamer carbonate packet 2.4 gm.....</i>	82
rufinamide tab 200 mg.....	17	<i>sevelamer carbonate tab 800 mg.....</i>	82
rufinamide tab 400 mg.....	17	SHINGRIX.....	100
RUKOBIA.....	53	SIGNIFOR.....	94
RUXIENCE.....	38	SIGNIFOR.....	94
RUXIENCE.....	38	SIGNIFOR.....	94
RYBELSUS.....	60	SIGNIFOR LAR.....	94
RYBELSUS.....	60	SIGNIFOR LAR.....	94
RYBELSUS.....	60	SIGNIFOR LAR.....	94
RYBREVANT.....	38	SIGNIFOR LAR.....	94
RYDAPT.....	38	<i>sildenafil citrate tab 20 mg.....</i>	108
RYLAZE.....	38	<i>silodosin cap 4 mg.....</i>	87
RYTARY.....	43	<i>silodosin cap 8 mg.....</i>	87
RYTARY.....	43	<i>silver sulfadiazine cream 1%.....</i>	80
RYTARY.....	43	SIMBRINZA.....	105
S		SIMULECT.....	100
SAMSCA.....	82	<i>simvastatin tab 10 mg.....</i>	73
SANDIMMUNE.....	100	<i>simvastatin tab 20 mg.....</i>	73
SANTYL.....	80	<i>simvastatin tab 40 mg.....</i>	73
<i>sapropterin dihydrochloride powder packet 100 mg.....</i>	86	<i>simvastatin tab 5 mg.....</i>	73
<i>sapropterin dihydrochloride powder packet 500 mg.....</i>	86	<i>simvastatin tab 80 mg.....</i>	73
<i>sapropterin dihydrochloride tab 100 mg.....</i>	86	<i>sirolimus oral soln 1 mg/ml.....</i>	100
<i>sapropterin dihydrochloride tab er 24hr 12 mg.....</i>	43	<i>sirolimus tab 0.5 mg.....</i>	100
<i>sapropterin dihydrochloride tab er 24hr 2 mg.....</i>	43	<i>sirolimus tab 1 mg.....</i>	100
<i>sapropterin dihydrochloride tab er 24hr 4 mg.....</i>	43	<i>sirolimus tab 2 mg.....</i>	100
<i>sapropterin dihydrochloride tab er 24hr 6 mg.....</i>	43	SIRTURO.....	27
<i>sapropterin dihydrochloride tab er 24hr 8 mg.....</i>	43	SIRTURO.....	27
<i>seligiline hcl cap 5 mg.....</i>	43	SIVEXTRO.....	12
<i>seligiline hcl tab 5 mg.....</i>	43	SIVEXTRO.....	12

SKYRIZI.....	100	SPRAVATO 56MG DOSE.....	22
SKYRIZI.....	100	SPRAVATO 84MG DOSE.....	22
SKYRIZI.....	100	SPRITAM.....	17
SKYRIZI.....	100	SPRITAM.....	17
SKYRIZI PEN.....	100	SPRITAM.....	17
SOAANZ.....	73	SPRITAM.....	17
sodium chloride irrigation soln 0.9%.....	82	SPRYCEL.....	38
sodium chloride iv soln 0.45%.....	82	SPRYCEL.....	38
sodium chloride iv soln 0.9%.....	82	SPRYCEL.....	38
sodium chloride preservative free inj 0.9%.....	83	SPRYCEL.....	38
sodium phenylbutyrate oral powder 3 gm/ teaspoonful.....	86	SPRYCEL.....	38
sodium phenylbutyrate tab 500 mg.....	86	STAMARIL.....	100
sodium polystyrene sulfonate oral susp 15 gm/60ml.....	83	STAVUDINE.....	54
sodium polystyrene sulfonate powder.....	83	STAVUDINE.....	54
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	85	STAVUDINE.....	54
SOFOSBUVIR/VELPATASVIR.....	54	STELARA.....	100
solifenacin succinate tab 10 mg.....	87	STELARA.....	100
solifenacin succinate tab 5 mg.....	87	STELARA.....	100
SOLTAMOX.....	38	STIOLTO RESPIMAT.....	109
SOMATULINE DEPOT.....	94	STIVARGA.....	38
SOMATULINE DEPOT.....	94	STRENSIQ.....	86
SOMATULINE DEPOT.....	94	STRENSIQ.....	86
SOMAVERT.....	95	STRENSIQ.....	86
SOMAVERT.....	95	STRENSIQ.....	86
SOMAVERT.....	95	STREPTOMYCIN SULFATE.....	12
SOMAVERT.....	95	STRIBILD.....	54
SOMAVERT.....	95	SUBLOCADE.....	5
SOMAVERT.....	95	SUBLOCADE.....	5
SOOLANTRA.....	80	sucralfate susp 1 gm/10ml.....	85
sorafenib tosylate tab 200 mg.....	38	sucralfate tab 1 gm.....	85
sotalol hcl (afib/afl) tab 120 mg.....	73	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE.....	105
sotalol hcl (afib/afl) tab 160 mg.....	73	sulfacetamide sodium lotion 10%.....	80
sotalol hcl (afib/afl) tab 80 mg.....	73	sulfacetamide sodium ophth soln 10%.....	105
sotalol hcl tab 120 mg.....	73	sulfadiazine tab 500 mg.....	12
sotalol hcl tab 160 mg.....	73	sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml.....	12
sotalol hcl tab 240 mg.....	73	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	12
sotalol hcl tab 80 mg.....	73	sulfamethoxazole-trimethoprim tab 400-80 mg.....	12
SOVALDI.....	54	sulfamethoxazole-trimethoprim tab 800-160 mg.....	12
SOVALDI.....	54	sulfasalazine tab 500 mg.....	102
SOVALDI.....	54	sulfasalazine tab delayed release 500 mg.....	102
SPIRIVA HANDIHALER.....	109	sulindac tab 150 mg.....	4
SPIRIVA RESPIMAT.....	109	sulindac tab 200 mg.....	4
SPIRIVA RESPIMAT.....	109		
spironolactone & hydrochlorothiazide tab 25-25 mg.....	73		
spironolactone tab 100 mg.....	74		
spironolactone tab 25 mg.....	74		
spironolactone tab 50 mg.....	74		

<i>sumatriptan nasal spray 20 mg/act</i>	27	<i>SYNTHROID</i>	93
<i>sumatriptan nasal spray 5 mg/act</i>	26	<i>SYNTHROID</i>	93
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	27	<i>SYNTHROID</i>	93
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	27	<i>SYNTHROID</i>	93
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	27	T	
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	27	<i>TABLOID</i>	39
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	27	<i>TABRECTA</i>	39
<i>sumatriptan succinate tab 100 mg</i>	27	<i>TABRECTA</i>	39
<i>sumatriptan succinate tab 25 mg</i>	27	<i>tacrolimus cap 0.5 mg</i>	100
<i>sumatriptan succinate tab 50 mg</i>	27	<i>tacrolimus cap 1 mg</i>	100
<i>sunitinib malate cap 12.5 mg</i>	38	<i>tacrolimus cap 5 mg</i>	101
<i>sunitinib malate cap 25 mg</i>	38	<i>tacrolimus oint 0.03%</i>	80
<i>sunitinib malate cap 37.5 mg</i>	38	<i>tacrolimus oint 0.1%</i>	80
<i>sunitinib malate cap 50 mg</i>	38	<i>tadalafil tab 20 mg (pah)</i>	109
<i>SUPRAX</i>	12	<i>TAFINLAR</i>	39
<i>SUPRAX</i>	12	<i>TAFINLAR</i>	39
<i>SUPREP BOWEL PREP KIT</i>	85	<i>TAGRISSO</i>	39
<i>SUTAB</i>	85	<i>TAGRISSO</i>	39
<i>SYMBICORT</i>	109	<i>TALZENNA</i>	39
<i>SYMBICORT</i>	109	<i>TALZENNA</i>	39
<i>SYMDEKO</i>	109	<i>TALZENNA</i>	39
<i>SYMDEKO</i>	109	<i>TALZENNA</i>	39
<i>SYMLINPEN 120</i>	60	<i>tamoxifen citrate tab 10 mg</i>	39
<i>SYMLINPEN 60</i>	60	<i>tamoxifen citrate tab 20 mg</i>	39
<i>SYMPAZAN</i>	17	<i>tamsulosin hcl cap 0.4 mg</i>	87
<i>SYMPAZAN</i>	17	<i>TASIGNA</i>	39
<i>SYMPAZAN</i>	17	<i>TASIGNA</i>	39
<i>SYMTUZA</i>	54	<i>TASIGNA</i>	39
<i>SYNAGIS</i>	100	<i>tazarotene cream 0.1%</i>	80
<i>SYNAGIS</i>	100	<i>tazarotene gel 0.05%</i>	80
<i>SYNAREL</i>	95	<i>tazarotene gel 0.1%</i>	80
<i>SYNJARDY</i>	60	<i>TAZICEF</i>	12
<i>SYNJARDY</i>	60	<i>TAZICEF</i>	12
<i>SYNJARDY</i>	60	<i>TAZORAC</i>	80
<i>SYNJARDY</i>	60	<i>TAZORAC</i>	80
<i>SYNJARDY XR</i>	60	<i>TAZVERIK</i>	39
<i>SYNJARDY XR</i>	60	<i>TDVAX</i>	101
<i>SYNJARDY XR</i>	60	<i>TECENTRIQ</i>	39
<i>SYNJARDY XR</i>	60	<i>TECENTRIQ</i>	39
<i>SYNRIBO</i>	39	<i>TEFLARO</i>	12
<i>SYNTHROID</i>	93	<i>TEFLARO</i>	13
<i>SYNTHROID</i>	93	<i>TEKturna HCT</i>	74
<i>SYNTHROID</i>	93	<i>TEKturna HCT</i>	74
<i>SYNTHROID</i>	93	<i>TEKturna HCT</i>	74
<i>SYNTHROID</i>	93	<i>telmisartanamlodipine tab 40-10 mg</i>	74
<i>SYNTHROID</i>	93	<i>telmisartanamlodipine tab 40-5 mg</i>	74
<i>SYNTHROID</i>	93	<i>telmisartanamlodipine tab 80-10 mg</i>	74
<i>SYNTHROID</i>	93	<i>telmisartanamlodipine tab 80-5 mg</i>	74
<i>SYNTHROID</i>	93	<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	74

<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	74	<i>THEO-24.....</i>	109
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	74	<i>THEO-24.....</i>	109
<i>telmisartan tab 20 mg</i>	74	<i>THEO-24.....</i>	109
<i>telmisartan tab 40 mg</i>	74	<i>theophylline tab er 12hr 300 mg</i>	109
<i>telmisartan tab 80 mg</i>	74	<i>theophylline tab er 12hr 450 mg</i>	109
<i>temazepam cap 15 mg</i>	110	<i>theophylline tab er 24hr 400 mg</i>	109
<i>temazepam cap 30 mg</i>	111	<i>theophylline tab er 24hr 600 mg</i>	109
<i>TEMODAR.....</i>	39	<i>thioridazine hcl tab 100 mg</i>	50
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	39	<i>thioridazine hcl tab 10 mg</i>	49
<i>TENCON.....</i>	4	<i>thioridazine hcl tab 25 mg</i>	50
<i>TENIVAC.....</i>	101	<i>thioridazine hcl tab 50 mg</i>	50
<i>tenofovir disoproxil fumarate tab 300 mg</i>	54	<i>thiotepa for inj 100 mg</i>	39
<i>TEPMETKO.....</i>	39	<i>thiotepa for inj 15 mg</i>	39
<i>terazosin hcl cap 10 mg</i>	74	<i>thiothixene cap 10 mg</i>	50
<i>terazosin hcl cap 1 mg</i>	74	<i>thiothixene cap 1 mg</i>	50
<i>terazosin hcl cap 2 mg</i>	74	<i>thiothixene cap 2 mg</i>	50
<i>terazosin hcl cap 5 mg</i>	74	<i>thiothixene cap 5 mg</i>	50
<i>terbinafine hcl tab 250 mg</i>	26	<i>THYMOGLOBULIN.....</i>	101
<i>terbutaline sulfate tab 2.5 mg</i>	109	<i>tiagabine hcl tab 12 mg</i>	17
<i>terbutaline sulfate tab 5 mg</i>	109	<i>tiagabine hcl tab 16 mg</i>	17
<i>terconazole vaginal cream 0.4%</i>	26	<i>tiagabine hcl tab 2 mg</i>	17
<i>terconazole vaginal cream 0.8%</i>	26	<i>tiagabine hcl tab 4 mg</i>	17
<i>terconazole vaginal suppos 80 mg</i>	26	<i>TIBSOVO.....</i>	39
<i>TERIPARATIDE.....</i>	103	<i>TICOVAC.....</i>	101
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	92	<i>TICOVAC.....</i>	101
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	92	<i>tigecycline for iv soln 50 mg</i>	13
<i>TESTOSTERONE ENANTHATE.....</i>	92	<i>timolol maleate ophth gel forming soln 0.25%</i>	105
<i>testosterone td gel 12.5 mg/act (1%)</i>	92	<i>timolol maleate ophth gel forming soln 0.5%</i>	105
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	92	<i>timolol maleate ophth soln 0.25%</i>	105
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	92	<i>timolol maleate ophth soln 0.5%</i>	105
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	92	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	105
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	92	<i>timolol maleate tab 10 mg</i>	74
<i>testosterone td gel 50 mg/5gm (1%)</i>	92	<i>timolol maleate tab 20 mg</i>	74
<i>testosterone td soln 30 mg/act</i>	92	<i>timolol maleate tab 5 mg</i>	74
<i>tetrabenazine tab 12.5 mg</i>	77	<i>TIVICAY.....</i>	54
<i>tetrabenazine tab 25 mg</i>	77	<i>TIVICAY.....</i>	54
<i>tetracycline hcl cap 250 mg</i>	13	<i>TIVICAY.....</i>	54
<i>tetracycline hcl cap 500 mg</i>	13	<i>TIVICAY PD.....</i>	54
<i>THALOMID.....</i>	39	<i>tizanidine hcl tab 2 mg</i>	50
<i>THALOMID.....</i>	39	<i>tizanidine hcl tab 4 mg</i>	50
<i>THALOMID.....</i>	39	<i>TOBRADEX.....</i>	105
<i>THALOMID.....</i>	39	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	105
<i>THEO-24.....</i>	109	<i>tobramycin nebu soln 300 mg/5ml</i>	109
		<i>tobramycin ophth soln 0.3%</i>	105
		<i>TOBRAMYCIN SULFATE.....</i>	13
		<i>TOBRAMYCIN SULFATE.....</i>	13
		<i>tobramycin sulfate for inj 1.2 gm</i>	13

tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml).....	13	trazodone hcl tab 100 mg.....	22
tobramycin sulfate inj 80 mg/2ml (40 mg/ml).....	13	trazodone hcl tab 150 mg.....	22
tolcapone tab 100 mg.....	43	trazodone hcl tab 300 mg.....	22
tolterodine tartrate cap er 24hr 2 mg.....	87	trazodone hcl tab 50 mg.....	22
tolterodine tartrate cap er 24hr 4 mg.....	87	TREANDA.....	39
tolterodine tartrate tab 1 mg.....	87	TREANDA.....	39
tolterodine tartrate tab 2 mg.....	87	TRECATOR.....	27
tolvaptan tab 15 mg.....	83	TRELEGY ELLIPTA.....	109
tolvaptan tab 30 mg.....	83	TRELEGY ELLIPTA.....	109
topiramate sprinkle cap 15 mg.....	18	TRELSTAR MIXJECT.....	95
topiramate sprinkle cap 25 mg.....	18	TRELSTAR MIXJECT.....	95
topiramate tab 100 mg.....	18	TRELSTAR MIXJECT.....	95
topiramate tab 200 mg.....	18	TREMFYA.....	101
topiramate tab 25 mg.....	18	TREMFYA.....	101
topiramate tab 50 mg.....	18	treprostinil inj soln 100 mg/20ml (5 mg/ml).....	109
topotecan hcl for inj 4 mg.....	39	treprostinil inj soln 200 mg/20ml (10 mg/ml).....	109
topotecan hcl inj 4 mg/4ml (for infusion).....	39	treprostinil inj soln 20 mg/20ml (1 mg/ml).....	109
toremifene citrate tab 60 mg.....	39	treprostinil inj soln 50 mg/20ml (2.5 mg/ml).....	109
torsemide tab 100 mg.....	74	TRESIBA.....	60
torsemide tab 10 mg.....	74	TRESIBA FLEXTOUCH.....	60
torsemide tab 20 mg.....	74	TRESIBA FLEXTOUCH.....	60
torsemide tab 5 mg.....	74	tretinoin cap 10 mg.....	39
TOUJEO MAX SOLOSTAR.....	60	tretinoin cream 0.025%.....	81
TOUJEO SOLOSTAR.....	60	tretinoin cream 0.05%.....	81
TRACLEER.....	109	tretinoin cream 0.1%.....	81
tramadol-acetaminophen tab 37.5-325 mg.....	4	tretinoin gel 0.01%.....	81
tramadol hcl tab 50 mg.....	4	tretinoin gel 0.025%.....	81
tramadol hcl tab er 24hr 100 mg.....	4	triamicinolone acetonide cream 0.025%.....	81
tramadol hcl tab er 24hr 200 mg.....	4	triamicinolone acetonide cream 0.1%.....	81
tramadol hcl tab er 24hr 300 mg.....	4	triamicinolone acetonide cream 0.5%.....	81
TRANDOLAPRIL/VERAPAMIL HCL.....	74	triamicinolone acetonide dental paste 0.1%.....	77
trandolapril tab 1 mg.....	74	triamicinolone acetonide lotion 0.025%.....	81
trandolapril tab 2 mg.....	74	triamicinolone acetonide lotion 0.1%.....	81
trandolapril tab 4 mg.....	74	triamicinolone acetonide oint 0.025%.....	81
trandolapril-verapamil hcl tab er 2-180 mg.....	74	triamicinolone acetonide oint 0.1%.....	81
trandolapril-verapamil hcl tab er 2-240 mg.....	74	triamicinolone acetonide oint 0.5%.....	81
trandolapril-verapamil hcl tab er 4-240 mg.....	74	triamterene & hydrochlorothiazide cap 37.5-25 mg.....	74
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml).....	63	triamterene & hydrochlorothiazide tab 37.5-25 mg.....	74
tranexamic acid tab 650 mg.....	63	triamterene & hydrochlorothiazide tab 75-50 mg.....	74
tranylcypromine sulfate tab 10 mg.....	22	trientine hcl cap 250 mg.....	83
TRAVASOL.....	83	trifluoperazine hcl tab 10 mg.....	50
travoprost ophth soln 0.004%.....	105	trifluoperazine hcl tab 1 mg.....	50
TRAZIMERA.....	39	trifluoperazine hcl tab 2 mg.....	50
TRAZIMERA.....	39		

trifluoperazine hcl tab 5 mg.....	50
TRIFLURIDINE.....	105
TRIKAFTA.....	109
TRIKAFTA.....	109
trimethoprim tab 100 mg.....	13
trimipramine maleate cap 100 mg.....	23
trimipramine maleate cap 25 mg.....	22
trimipramine maleate cap 50 mg.....	22
TRINTELLIX.....	23
TRINTELLIX.....	23
TRINTELLIX.....	23
TRIUMEQ.....	54
TRIUMEQ PD.....	54
TRIZIVIR.....	54
TRODELVY.....	40
TROGARZO.....	54
TROPHAMINE.....	83
trospium chloride tab 20 mg.....	87
TRULICITY.....	60
TRULICITY.....	60
TRULICITY.....	60
TRUMENBA.....	101
TRUSELTIQ.....	40
TRUXIMA.....	40
TRUXIMA.....	40
TUKYSA.....	40
TUKYSA.....	40
TURALIO.....	40
TWINRIX.....	101
TYBLUME.....	92
TYBOST.....	54
TYMLOS.....	103
TYPHIM VI.....	101
TYPHIM VI.....	101
TYSABRI.....	77

U

UBRELVY.....	27
UBRELVY.....	27
UDENYCA.....	63
UNITUXIN.....	40
UPTRAVI.....	109
UPTRAVI.....	110

UPTRAVI TITRATION PACK.....	110
ursodiol cap 300 mg.....	85
ursodiol tab 250 mg.....	85
ursodiol tab 500 mg.....	85
V	
valacyclovir hcl tab 1 gm.....	54
valacyclovir hcl tab 500 mg.....	54
VALCHLOR.....	40
valganciclovir hcl for soln 50 mg/ml.....	54
valganciclovir hcl tab 450 mg.....	54
valproate sodium inj 100 mg/ml.....	18
valproate sodium oral soln 250 mg/5ml.....	18
valproic acid cap 250 mg.....	18
valsartan-hydrochlorothiazide tab 160-12.5 mg.....	75
valsartan-hydrochlorothiazide tab 160-25 mg.....	75
valsartan-hydrochlorothiazide tab 320-12.5 mg.....	75
valsartan-hydrochlorothiazide tab 320-25 mg.....	75
valsartan-hydrochlorothiazide tab 80-12.5 mg.....	75
valsartan tab 160 mg.....	75
valsartan tab 320 mg.....	75
valsartan tab 40 mg.....	74
valsartan tab 80 mg.....	75
VALTOCO.....	18
VANCOMYCIN.....	13
VANCOMYCIN.....	13
VANCOMYCIN.....	13
VANCOMYCIN HCL.....	13
VANCOMYCIN HCL.....	13
vancomycin hcl cap 125 mg.....	13
vancomycin hcl cap 250 mg.....	13
vancomycin hcl for iv soln 1.5 gm.....	13
vancomycin hcl for iv soln 10 gm.....	13
vancomycin hcl for iv soln 1 gm.....	13
vancomycin hcl for iv soln 500 mg.....	13
vancomycin hcl for iv soln 5 gm.....	13
vancomycin hcl for iv soln 750 mg.....	13
VANCOMYCIN HYDROCHLORIDE.....	13

VANCOMYCIN HYDROCHLORIDE/ DEXTROSE.....	14	verapamil hcl tab er 180 mg.....	75
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE.....	14	verapamil hcl tab er 240 mg.....	75
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE.....	14	VERAPAMIL HYDROCHLORIDE ER.....	75
VANDAZOLE.....	14	VERSACLOZ.....	50
VAQTA.....	101	VERZENIO.....	40
VAQTA.....	101	VERZENIO.....	40
VARENICLINE STARTING MONTH BOX.....	5	VERZENIO.....	40
varenicline tartrate tab 0.5 mg.....	5	V-GO 20.....	60
varenicline tartrate tab 1 mg.....	5	V-GO 30.....	60
VARIVAX.....	101	V-GO 40.....	60
VASCEPA.....	75	VIBERZI.....	85
VASCEPA.....	75	VIBERZI.....	85
VECTIBIX.....	40	VICTOZA.....	60
VECTIBIX.....	40	VIEKIRA PAK.....	54
VELCADE.....	40	vigabatrin powd pack 500 mg.....	18
VELPHORO.....	83	vigabatrin tab 500 mg.....	18
VELTASSA.....	83	VIIBRYD STARTER PACK.....	23
VELTASSA.....	83	vilazodone hcl tab 10 mg.....	23
VELTASSA.....	83	vilazodone hcl tab 20 mg.....	23
VENCLEXTA.....	40	vilazodone hcl tab 40 mg.....	23
VENCLEXTA.....	40	VINBLASTINE SULFATE.....	40
VENCLEXTA.....	40	vincristine sulfate iv soln 1 mg/ml.....	40
VENCLEXTA STARTING PACK.....	40	vinorelbine tartrate inj 10 mg/ml.....	40
VENLAFAXINE BESYLATE ER.....	23	vinorelbine tartrate inj 50 mg/5ml (10 mg/ml).....	40
venlafaxine hcl cap er 24hr 150 mg.....	23	VIRACEPT.....	54
venlafaxine hcl cap er 24hr 37.5 mg.....	23	VIRACEPT.....	54
venlafaxine hcl cap er 24hr 75 mg.....	23	VIREAD.....	54
venlafaxine hcl tab 100 mg.....	23	VIREAD.....	54
venlafaxine hcl tab 25 mg.....	23	VIREAD.....	54
venlafaxine hcl tab 37.5 mg.....	23	VIREAD.....	55
venlafaxine hcl tab 50 mg.....	23	VITRAKVI.....	40
venlafaxine hcl tab 75 mg.....	23	VITRAKVI.....	40
venlafaxine hcl tab er 24hr 150 mg.....	23	VITRAKVI.....	40
venlafaxine hcl tab er 24hr 37.5 mg.....	23	VIVITROL.....	5
venlafaxine hcl tab er 24hr 75 mg.....	23	VIZIMPRO.....	40
VENTAVIS.....	110	VIZIMPRO.....	40
VENTAVIS.....	110	VIZIMPRO.....	40
VENTOLIN HFA.....	110	VONJO.....	40
verapamil hcl cap er 24hr 120 mg.....	75	voriconazole for inj 200 mg.....	26
verapamil hcl cap er 24hr 180 mg.....	75	voriconazole for susp 40 mg/ml.....	26
verapamil hcl cap er 24hr 240 mg.....	75	voriconazole tab 200 mg.....	26
VERAPAMIL HCL ER.....	75	voriconazole tab 50 mg.....	26
VERAPAMIL HCL ER.....	75	VOSEVI.....	55
VERAPAMIL HCL SR.....	75	VOTRIENT.....	40
verapamil hcl tab 120 mg.....	75	VPRIV.....	86
verapamil hcl tab 40 mg.....	75	VRAYLAR.....	50
verapamil hcl tab 80 mg.....	75	VRAYLAR.....	50
verapamil hcl tab er 120 mg.....	75	VRAYLAR.....	50
		VUMERTY.....	77

VUMERITY.....	77	XHANCE.....	110
VYNDAMAX.....	86	XIFAXAN.....	85
VYNDAQEL.....	86	XOFLUZA.....	55
VYVANSE.....	77	XOFLUZA.....	55
VYVANSE.....	77	XOLAIR.....	101
VYVANSE.....	77	XOLAIR.....	101
VYVANSE.....	77	XOLAIR.....	101
VYVANSE.....	77	XOPENEX HFA.....	110
VYVANSE.....	77	XOSPATA.....	41
VYVANSE.....	77	XPOVIO.....	41
VYVANSE.....	77	XPOVIO.....	41
VYXEOS.....	41	XPOVIO.....	41
W		XPOVIO.....	41
WAKIX.....	111	XPOVIO.....	41
WAKIX.....	111	XPOVIO 60 MG TWICE WEEKLY.....	41
<i>warfarin sodium tab 10 mg</i>	63	XPOVIO 80 MG TWICE WEEKLY.....	41
<i>warfarin sodium tab 1 mg</i>	63	XTAMPZA ER.....	4
<i>warfarin sodium tab 2.5 mg</i>	63	XTAMPZA ER.....	4
<i>warfarin sodium tab 2 mg</i>	63	XTAMPZA ER.....	4
<i>warfarin sodium tab 3 mg</i>	63	XTAMPZA ER.....	4
<i>warfarin sodium tab 4 mg</i>	63	XTAMPZA ER.....	4
<i>warfarin sodium tab 5 mg</i>	63	XTANDI.....	41
<i>warfarin sodium tab 6 mg</i>	63	XTANDI.....	41
<i>warfarin sodium tab 7.5 mg</i>	63	XYREM.....	111
<i>water for irrigation, sterile irrigation soln</i>	83	XYWAV.....	111
WELIREG.....	41	Y	
X		YERVOY.....	41
XALKORI.....	41	YERVOY.....	41
XALKORI.....	41	YF-VAX.....	101
XARELTO.....	63	YONDELIS.....	41
XARELTO.....	63	Z	
XARELTO.....	63	<i>zafirlukast tab 10 mg</i>	110
XARELTO.....	63	<i>zafirlukast tab 20 mg</i>	110
XARELTO STARTER PACK.....	63	<i>zaleplon cap 10 mg</i>	111
XATMEP.....	101	<i>zaleplon cap 5 mg</i>	111
XCOPRI.....	18	ZALTRAP.....	41
XCOPRI.....	18	ZALTRAP.....	41
XCOPRI.....	18	ZANOSAR.....	41
XCOPRI.....	18	ZEJULA.....	41
XCOPRI.....	18	ZELBORAF.....	41
XCOPRI.....	18	ZENPEP.....	86
XCOPRI.....	18	ZENPEP.....	86
XCOPRI.....	18	ZENPEP.....	86
XCOPRI.....	18	ZENPEP.....	86
XELJANZ.....	101	ZENPEP.....	86
XELJANZ.....	101	ZENPEP.....	87
XELJANZ XR.....	101	ZEPATIER.....	55
XELJANZ XR.....	101	ZEPZELCA.....	41
XGEVA.....	103	<i>zidovudine cap 100 mg</i>	55

<i>zidovudine syrup 10 mg/ml</i>	55
<i>zidovudine tab 300 mg</i>	55
ZIEXTENZO.....	63
<i>ziprasidone hcl cap 20 mg</i>	50
<i>ziprasidone hcl cap 40 mg</i>	50
<i>ziprasidone hcl cap 60 mg</i>	50
<i>ziprasidone hcl cap 80 mg</i>	50
<i>ziprasidone mesylate for inj 20 mg</i>	50
ZIRABEV.....	41
ZIRABEV.....	41
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	103
<i>zoledronic acid iv soln 5 mg/100ml</i>	103
ZOLINZA.....	41
<i>zolpidem tartrate tab 10 mg</i>	111
<i>zolpidem tartrate tab 5 mg</i>	111
ZONISADE.....	18
<i>zonisamide cap 100 mg</i>	18
<i>zonisamide cap 25 mg</i>	18
<i>zonisamide cap 50 mg</i>	18
ZONTIVITY.....	63
ZOSYN.....	14
ZOSYN.....	14
ZOSYN.....	14
ZTALMY.....	18
ZTLIDO.....	4
ZYDELIG.....	41
ZYDELIG.....	41
ZYKADIA.....	41
ZYNLONTA.....	41
ZYPREXA RELPREVV.....	50
ZYPREXA RELPREVV.....	50
ZYPREXA RELPREVV.....	50



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This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Blue Cross and Blue Shield of Kansas Customer Service at 1-866-230-7265 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week or visit MyPrime.com. You may reach a messaging service on Thanksgiving, Christmas and holidays and weekends from April 1 through September 30. Please leave a message and your call will be returned the next business day.