



**BlueCross BlueShield
of Texas**

Blue Cross MedicareRx Value (PDP)SM

2024 Formulary

(List of Covered Drugs)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File ID: 24307, Version 19

This formulary was updated on 11/13/2024. For more recent information or other questions, please contact Blue Cross MedicareRxSM Customer Service at 1-888-285-2249 or, for TTY users, 711, 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit www.getbluetx.com/pdp/druglist.

Important Message About What You Pay for Vaccines Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Services for more information.

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

Blue Cross MedicareRx 2024 Formulary (List of Covered Drugs)

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

When this drug list (formulary) refers to "we", "us", or "our", it means, HCSC Insurance Services Company (HISC). When it refers to "plan" or "our plan," it means Blue Cross MedicareRx.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Blue Cross MedicareRx Formulary?

A formulary is a list of covered drugs selected by Blue Cross MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Cross MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Cross MedicareRx 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" or Blue Cross MedicareRx may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 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 11/13/2024. To get updated information about the drugs covered by Blue Cross MedicareRx, please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted online on a monthly basis with applicable changes, including negative changes. The web address is located on the front and back cover of this formulary.

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 page 1. Then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

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

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

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

What if my drug is not on the Formulary?

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

If you learn that Blue Cross MedicareRx does not cover your drug, you have two options:

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

How do I request an exception to the Blue Cross MedicareRx's Formulary?

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

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

- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Cross MedicareRx 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, Blue Cross MedicareRx will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a 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 Blue Cross MedicareRx prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue Cross MedicareRx, 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 <https://www.medicare.gov>.

Blue Cross MedicareRx's Formulary

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

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

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

Most drugs included in this formulary are available via mail-order benefit. Contact us for details. Our contact information appears on the front and back cover pages.

KEY

Tier 1 = Preferred Generic

Tier 2 = Generic

Tier 3 = Preferred Brand

Tier 4 = Non-Preferred Drug

Tier 5 = Specialty Tier

BD = 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

QL = Quantity Limits

ST = Step Therapy

* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-888-285-2249, 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY users should call 711.

= 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.

^= 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.

† = High cost drug, consider Split Fill (2-week supply) for copay management if intolerant or change in therapy.

< = This Medicare drug plan offers Paxlovid for \$0 through a patient assistance program.

Copayment and Coinsurance Amounts:

For more information on Copayment and Coinsurance, please review your *Evidence of Coverage*.

Preferred Generic: Tier 1 copay/coinsurance-Generic drugs covered under your Medicare plan at the lowest copay/coinsurance

Generic: Tier 2 copay/coinsurance-Generic drugs and some brand drugs other than those considered Preferred Generic drugs covered under your Medicare prescription drug plan at the highest generic copay/ coinsurance

Preferred Brand: Tier 3 copay/coinsurance- Preferred Brand drugs and certain generic drugs covered under your Medicare prescription drug plan at the lowest brand copay/coinsurance

Non-Preferred Drug: Tier 4 copay/coinsurance-Non-Preferred Brand drugs and certain generic drugs other than those considered preferred Brand drugs that are covered under your Medicare prescription drug plan at the highest brand copay/coinsurance

Specialty Tier: Tier 5 copay/coinsurance medications are usually brand and generic high cost therapies that can be used to treat chronic conditions such as rheumatoid arthritis, cancer, multiple sclerosis or rare and complex diseases. They frequently require special handling, administration, and storage, as well as close clinic monitoring and management.

2024 DOSAGE FORM ABBREVIATION KEY			
act	actuation	ad	adsorbed
adjuv	adjuvant	aepb	aerosol powder blister
aer, aers, aero	aerosol	afib/afl	atrial fibrillation/atrial flutter
app	applicator	ba, breath act, breath activ	breath activated
bau	bioequivalent allergy unit	cap, caps	capsules
cart	cartridge	cd	continuous delivery
chew tab	chewable tablets	cpcr	controlled release capsule
conc	concentrate	conj	conjugate, conjugated
crm	cream	crys	crystals
deter	deterrent	disint, disintegr	disintegrating
dr	delayed-release	ec	enteric coated

2024 DOSAGE FORM ABBREVIATION KEY			
el, elu	enzyme-linked immunosorbent assay	emul	emulsion
er, extended, extended rel, xr	extended release	ext	extract
gm	gram	gu	genitourinary
hr	hour	glob, ig	immunoglobulin
im	intramuscular	inh, inhal	inhalation
inj	injection	ir	index of reactivity
iv	intravenous	l	liter
la	long acting	lipo	lipophilic
lf, lfu	flocculation units	liq, liqd	liquid
maint	maintenance	mcg	microgram
meq	milliequivalent	misc	miscellaneous
mg	milligram	ml	milliliter
mu	million units	nebu	nebules
oc	oral contraceptive	oin, oint	ointment
omv	outer membrane vesicles	op, ophth	ophthalmic
osm	osmotic	pah	pulmonary arterial hypertension
pak, pk	pack	pf	preservative-free
pfu	plaque forming units	pow, powd	powder
pmdd	premenstrual dysphoric disorder	pref	prefilled
pttw	patch twice weekly	ptwk	patch weekly
recomb	recombinant	refrig	refrigerate
sl	sublingual	sol, soln	solution
sqcm	square centimeter	supp, suppos	suppositories
sus, susp	suspension	syr	syringe
tab, tabs	tablets	tbcr	controlled release tablet
tbdp	dispersible tablet	tbec	enteric coated tablet
tbpk	tablet pack	td	transdermal
ther	therapy	titr	titration
tl	translingual	unt, ut	unit

2024 DOSAGE FORM ABBREVIATION KEY

va	vaginal	vac, vacc	vaccine
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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tablets/30 days)
<i>butalbital-acetaminophen tab 50-325 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg, 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	4	QL (48 mls/30 days)
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 capsules/30 days)
<i>CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg</i>	4	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	3	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	3	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	3	QL (90 tablets/30 days)
<i>etodolac cap 200 mg</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg, 500 mg</i>	3	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	3	QL (30 tablets/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	2	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr, 50 mcg/hr</i>	3	PA, QL (15 patches/30 days)
<i>flurbiprofen tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	4	PA, QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	4	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4	QL (150 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg^</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg^</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg^</i>	1	QL (120 tablets/30 days)
<i>meloxicam tab 7.5 mg^</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg^</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (2700 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, 30 mg, 60 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg, 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	4	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	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>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	2	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)

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>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, 15 mg, 20 mg, 30 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	2	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	2	QL (30 capsules/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	4	QL (180 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tablets/30 days)
Anesthetics		
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl soln 4%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine oint 5%</i>	4	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	PA, QL (60 grams/30 days)
ZTLIDO - lidocaine patch 1.8% (36 mg)	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg, 8 mg</i>	3	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	3	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2 mg, 12-3 mg</i>	3	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	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
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
varenicline tartrate tab 0.5 mg, 1 mg	3	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)	4	
amoxicillin (trihydrate) cap 250 mg, 500 mg^	1	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml^	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	2	
amoxicillin (trihydrate) tab 500 mg, 875 mg^	1	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin cap 500 mg	2	
ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm	4	
ampicillin sodium for iv soln 1 gm	4	
ampicillin sodium for iv soln 2 gm	4	
ampicillin sodium for iv soln 10 gm	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4	
azithromycin for susp 100 mg/5ml, 200 mg/5ml	2	
azithromycin iv for soln 500 mg	4	
azithromycin tab 250 mg, 500 mg, 600 mg	2	
aztreonam for inj 1 gm	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
cefaclor cap 250 mg	3	
cefaclor cap 500 mg	3	
cefadroxil cap 500 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
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	3	
CEFAZOLIN - cefazolin sodium for iv soln 2 gm	4	
<i>cefazolin sodium (bulk) for inj 100 gm</i>	4	
<i>cefazolin sodium (bulk) for inj 300 gm</i>	4	
<i>cefazolin sodium for inj 2 gm</i>	4	
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefazolin sodium for iv soln 2 gm and dextrose 3% (50 ml)</i>	4	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm</i>	4	
<i>cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefixime cap 400 mg</i>	3	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i>	4	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	4	
<i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefprozil tab 250 mg, 500 mg</i>	3	
<i>ceftazidime for inj 1 gm, 6 gm</i>	4	
<i>ceftazidime for iv soln 1 gm and dextrose 5% (50ml)</i>	4	
<i>ceftazidime for iv soln 2 gm and dextrose 5% (50ml)</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	4	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	4	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg, 500 mg^</i>	1	
<i>cephalexin cap 750 mg</i>	3	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	2	
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg^</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	4	
<i>clarithromycin tab er 24hr 500 mg</i>	3	
<i>clarithromycin tab 250 mg, 500 mg</i>	3	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 900 mg/6ml, 9 gm/60ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	3	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	
<i>daptomycin for iv soln 500 mg</i>	4	
<i>demeclocycline hcl tab 150 mg, 300 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	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)
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	3	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	2	
<i>doxycycline monohydrate cap 75 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 150 mg</i>	4	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg</i>	3	
<i>ertapenem sodium for inj 1 gm</i>	4	
ERY - erythromycin pads 2%	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml, 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, 333 mg, 500 mg</i>	4	
<i>erythromycin tab 250 mg, 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit, 2400000 unit	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	
<i>gentamicin sulfate inj 10 mg/ml, 40 mg/ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	4	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
LENTOCILIN - penicillin g benzathine for intramuscular susp 1200000 unit	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 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, 500 mg, 750 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	4	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	PA
<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	4	
<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	4	
<i>meropenem iv for soln 500 mg, 1 gm</i>	4	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole cap 375 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	2	
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	3	
<i>moxifloxacin hcl iv solution 400 mg/250ml</i>	4	
<i>moxifloxacin hcl tab 400 mg</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	4	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg#</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	3	
<i>ofloxacin tab 400 mg</i>	3	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - <i>penicillin g potassium inj 40000 unit/ml in dextrose</i>	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - <i>penicillin g potassium inj 60000 unit/ml in dextrose</i>	4	
PENICILLIN G SODIUM - <i>penicillin g sodium for inj 5000000 unit</i>	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg, 500 mg</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	4	
SIVEXTRO - <i>tedizolid phosphate for iv soln 200 mg</i>	5	
SIVEXTRO - <i>tedizolid phosphate tab 200 mg</i>	5	PA
STREPTOMYCIN SULFATE - <i>streptomycin sulfate for inj 1 gm</i>	4	
<i>sulfadiazine tab 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg^</i>	1	
TAZICEF - <i>ceftazidime for iv soln 1 gm, 6 gm</i>	4	
TEFLARO - <i>ceftaroline fosamil for iv soln 400 mg</i>	4	
TEFLARO - <i>ceftaroline fosamil for iv soln 600 mg</i>	5	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	4	
TOBRAMYCIN SULFATE - <i>tobramycin sulfate inj 10 mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 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%, 750 mg/150ml-0.9%	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 100 gm</i>	4	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 1.25 gm, 1.5 gm, 5 gm, 10 gm</i>	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml, 750 mg/150ml, 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%, 750 mg/150ml-5%, 1 gm/200ml-5%, 1.25 gm/250ml-5%, 1.5 gm/300ml-5%	4	
VANDAZOLE - metronidazole vaginal gel 0.75%	3	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml, 4-0.5gm/100ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4	
Anticonvulsants		
APTIOM - eslicarbapazine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	5	

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Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 10 mg, 20 mg</i>	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	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, 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	4	
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 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>	3	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	4	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	3	
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i>	4	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg^</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml, 1000 mg/100ml, 1500 mg/100ml</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	2	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	2	
LIBERVANT - diazepam buccal film 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	5	QL (10 films/30 days)
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml#</i>	4	
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i>	2	
<i>phenytoin chew tab 50 mg</i>	3	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	3	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	2	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
PRIMIDONE - <i>primidone tab 125 mg</i>	4	
<i>primidone tab 50 mg, 250 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	
SPRITAM - <i>levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg</i>	4	
SYMPAZAN - <i>clobazam oral film 5 mg</i>	4	PA, QL (240 films/30 days)
SYMPAZAN - <i>clobazam oral film 10 mg</i>	4	PA, QL (60 films/30 days)
SYMPAZAN - <i>clobazam oral film 20 mg</i>	5	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	2	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg^</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	4	
<i>valproate sodium oral soln 250 mg/5ml</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO 10 MG DOSE - <i>diazepam nasal spray 10 mg/0.1 ml</i>	4	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - <i>diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)</i>	4	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - <i>diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)</i>	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - <i>diazepam nasal spray 5 mg/0.1 ml</i>	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)
VIGAFYDE - <i>vigabatrin oral soln 100 mg/ml</i>	5	QL (5 bottles/30 days)
XCOPRI - <i>cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)</i>	5	
XCOPRI - <i>cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
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, 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg, 50 mg, 100 mg</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg^</i>	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg, 24 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i>	3	
<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 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, 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, 3 mg, 4.5 mg, 6 mg</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	4	
Antidepressants		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#</i>	3	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	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, 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg, 20 mg^</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg^</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg</i>	2	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 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>doxepin hcl conc 10 mg/ml#</i>	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg, 40 mg, 60 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg	4	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	2	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	PA, QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg, 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, 40 mg, 80 mg, 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>	3	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, 50 mg</i>	3	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	3	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	2	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 250 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg, 150 mg, 200 mg	3	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	3	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg#</i>	3	QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg, 40 mg#</i>	2	QL (45 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>paroxetine hcl tab 20 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	QL (60 tablets/30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg, 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, 50 mg^</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg^</i>	1	QL (60 tablets/30 days)
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg^</i>	1	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg#</i>	4	
<i>trimipramine maleate cap 50 mg, 100 mg#</i>	3	
TRINTELLIX - vortioxetine hbr tab 5 mg, 10 mg, 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 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	2	QL (90 tablets/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	4	BD
<i>chlorpromazine hcl conc 100 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl conc 30 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	4	PA (>=65 yr)
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	4	BD
<i>granisetron hcl tab 1 mg</i>	3	BD
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	
<i>ondansetron hcl tab 24 mg</i>	2	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	2	
<i>perphenazine tab 2 mg</i>	2	PA (>=65 yr)
<i>perphenazine tab 4 mg, 8 mg, 16 mg</i>	3	PA (>=65 yr)
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg, 10 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl oral soln 6.25 mg/5ml#</i>	3	PA (>=65 yr)
<i>promethazine hcl suppos 12.5 mg, 25 mg#</i>	3	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>	2	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	PA (>=65 yr)
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>caspofungin acetate for iv soln 50 mg, 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>	3	
<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	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	5	PA
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>flucytosine cap 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>miconazole sodium for iv soln 50 mg</i>	4	
<i>miconazole sodium for iv soln 100 mg</i>	5	
MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 50 mg/50ml, 100 mg/100ml	4	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	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	
<i>nystatin tab 500000 unit</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>posaconazole susp 40 mg/ml</i>	5	PA
<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%, 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	4	PA
<i>voriconazole tab 50 mg, 200 mg</i>	4	PA
Antigout Agents		
<i>allopurinol tab 100 mg, 300 mg[^]</i>	1	
<i>colchicine tab 0.6 mg</i>	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	PA, 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, 2.5 mg</i>	3	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, 10 mg</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg, 10 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	3	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	2	QL (18 tablets/30 days)
<i>UBRELVY - ubrogepant tab 50 mg, 100 mg</i>	3	PA, QL (16 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
Antimyasthenic Agents		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	4	
<i>pyridostigmine bromide tab er 180 mg</i>	4	
<i>pyridostigmine bromide tab 60 mg</i>	3	
Antimycobacterials		
<i>dapsone tab 25 mg, 100 mg</i>	2	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	3	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg[^]</i>	1	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg, 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg, 100 mg*	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg[^]</i>	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	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg†	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg†	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	5	PA, QL (30 tablets/30 days)
<i>bexarotene cap 75 mg†</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg</i>	2	
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg†	5	PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg, 40 mg, 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>carmustine for inj 100 mg</i>	4	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COSELA - trilaciclib dihydrochloride for iv soln 300 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	3	BD
<i>cyclophosphamide cap 25 mg, 50 mg</i>	3	BD
<i>dasatinib tab 20 mg†</i>	5	PA, QL (90 tablets/30 days)
<i>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†</i>	5	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg†	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>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	5	
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg, 150 mg†</i>	5	PA, QL (30 tablets/30 days)
EULEXIN - flutamide cap 125 mg	5	
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>exemestane tab 25 mg</i>	3	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml)</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
FOLOTYN - pralatrexate iv inj 20 mg/ml, 40 mg/2ml	5	PA
FOTIVDA - tivozanib hcl cap 0.89 mg, 1.34 mg*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
<i>gefitinib tab 250 mg†</i>	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg, 30 mg, 40 mg*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
<i>hydroxyurea cap 500 mg</i>	2	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg, 15 mg, 30 mg, 45 mg*†	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg, 100 mg*	5	PA, QL (30 tablets/30 days)
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml), 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)
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)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg, 10 mg, 15 mg, 20 mg, 25 mg*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
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)

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
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)
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
<i>lapatinib ditosylate tab 250 mg</i>	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg†	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg†	5	PA, QL (30 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	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	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	3	
LEUKERAN - chlorambucil tab 2 mg	4	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg*†	5	PA, QL (120 tablets/30 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml	5	PA, QL (13 bottles/28 days)
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>mercaptopurine tab 50 mg</i>	3	
MESNEX - mesna tab 400 mg	5	
<i>nelarabine iv soln 5 mg/ml</i>	5	PA
NERLYNX - neratinib maleate tab 40 mg*†	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg, 3 mg, 4 mg	5	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*†	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg†	5	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg†	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	5	PA, QL (30 tablets/30 days)
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg, 420 mg	5	PA
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml, 100 mg/10ml, 120 mg/12ml, 240 mg/24ml	5	PA
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	5	PA
<i>pazopanib hcl tab 200 mg†</i>	5	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	5	PA, QL (21 capsules/28 days)
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)
RETEVMO - selpercatinib tab 40 mg†	5	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
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg†	5	PA, QL (60 tablets/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg*	5	PA, QL (21 capsules/28 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
ROZLYTREK - entrectinib cap 100 mg†	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg, 250 mg, 300 mg*†	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 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, 70 mg, 80 mg, 100 mg, 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, 37.5 mg, 50 mg†</i>	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg, 75 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg	5	PA, QL (4 bottles/28 days)
TAGRISSE - osimertinib mesylate tab 40 mg, 80 mg*†	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg, 0.35 mg†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg, 0.5 mg, 0.75 mg, 1 mg*†	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg, 20 mg</i>	2	
TASIGNA - nilotinib hcl cap 50 mg†	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg, 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	5	PA, QL (60 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>toremifene citrate tab 60 mg</i>	5	
<i>tretinoin cap 10 mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 160 mg, 200 mg	5	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
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 - dacomitinib tab 15 mg, 30 mg, 45 mg*†	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*†	5	PA, QL (120 tablets/30 days)
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg†	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	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)
ZEJULA - niraparib tosylate tab 100 mg, 200 mg, 300 mg*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
Antiparasitics		
<i>albendazole tab 200 mg</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	4	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	4	
<i>chloroquine phosphate tab 250 mg</i>	4	
<i>chloroquine phosphate tab 500 mg</i>	3	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>ivermectin tab 3 mg</i>	3	PA
<i>mefloquine hcl tab 250 mg</i>	3	
<i>nitazoxanide tab 500 mg</i>	4	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	BD
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	4	
<i>pyrimethamine tab 25 mg</i>	5	PA
<i>quinine sulfate cap 324 mg</i>	4	PA
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i>	2	PA (>=65 yr)
<i>bromocriptine mesylate cap 5 mg</i>	4	
<i>bromocriptine mesylate tab 2.5 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa tab 25 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone tab 200 mg</i>	3	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 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
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	4	
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg^</i>	1	
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i>	4	
<i>ropinirole hydrochloride tab er 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	3	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	5	
Antipsychotics		
ABILIFY ASIMTUFI - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	5	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	4	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	4	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	4	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	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, 100 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	4	PA (>=65 yr), QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 200 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	3	PA (≥ 65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	3	PA (≥ 65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	3	PA (≥ 65 yr), QL (120 tablets/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg, 100-20 mg, 125-30 mg	5	PA, QL (60 capsules/30 days)
COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg	5	PA, QL (1 pack/28 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - 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 oral conc 5 mg/ml	4	PA (≥ 65 yr)
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	4	PA (≥ 65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (≥ 65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (≥ 65 yr)
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>	4	PA (≥ 65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	4	PA (≥ 65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	3	PA (≥ 65 yr)
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	2	PA (≥ 65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg</i>	3	PA (≥ 65 yr)
<i>loxapine succinate cap 50 mg</i>	2	PA (≥ 65 yr)
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	5	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	5	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
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	PA (≥ 65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	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, 10 mg, 15 mg, 20 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	2	PA (≥ 65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	2	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozone tab 1 mg, 2 mg	4	PA (≥ 65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA (≥ 65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	2	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	2	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	2	PA (≥ 65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	PA (≥ 65 yr), QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 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)
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (≥ 65 yr), QL (60 tablets/30 days)

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>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	3	PA (≥ 65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 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, 5.7 mg/24hr, 7.6 mg/24hr	5	PA (≥ 65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	3	PA (≥ 65 yr)
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	2	PA (≥ 65 yr)
<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i>	3	PA (≥ 65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	5	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	4	PA (≥ 65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	4	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	2	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	4	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, 10 mg, 20 mg</i>	2	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	3	
<i>tizanidine hcl tab 2 mg, 4 mg</i>	2	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg</i>	3	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir oint 5%</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg, 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg, 300 mg</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	4	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	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, 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)
<i>efavirenz tab 600 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	4	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	5	PA
<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, 250 mg, 500 mg</i>	3	
<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)

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Drug Name	Drug Tier	Requirements/Limits
GENVOYA - elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg, 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	5	QL (40 capsules/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	3	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)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
<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>	4	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
<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 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>	3	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg, 75 mg</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak<	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak<	3	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	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)
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, 200 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg, 400 mg	5	PA
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov 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, 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)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	3	
<i>valganciclovir hcl for soln 50 mg/ml</i>	4	
<i>valganciclovir hcl tab 450 mg</i>	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA

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
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
zidovudine cap 100 mg	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
zidovudine tab 300 mg	2	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg	2	QL (120 tablets/30 days)
alprazolam tab 2 mg	2	QL (150 tablets/30 days)
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	4	QL (300 tablets/30 days)
clonazepam tab 0.5 mg, 1 mg	2	QL (120 tablets/30 days)
clonazepam tab 2 mg	2	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	3	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	3	PA, QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	3	PA, QL (180 tablets/30 days)
diazepam conc 5 mg/ml	3	PA, QL (240 mls/30 days)
diazepam oral soln 1 mg/ml	2	PA, QL (1200 mls/30 days)
diazepam tab 2 mg, 5 mg, 10 mg	2	PA, QL (120 tablets/30 days)
hydroxyzine hcl syrup 10 mg/5ml#	4	PA (>=65 yr)
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#	3	PA (>=65 yr)
lorazepam conc 2 mg/ml	2	PA, QL (150 mls/30 days)
lorazepam tab 0.5 mg, 1 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg	2	PA, QL (150 tablets/30 days)
oxazepam cap 10 mg, 15 mg, 30 mg	4	PA, QL (120 capsules/30 days)
Bipolar Agents		
lithium carbonate cap 150 mg, 300 mg^	1	
lithium carbonate cap 600 mg^	1	
lithium carbonate tab er 300 mg, 450 mg	2	
lithium carbonate tab 300 mg^	1	
lithium oral solution 8 meq/5ml	4	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	PA, QL (4 pens/28 days)
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	4	PA, QL (2 pens/30 days)
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	4	PA, QL (1 pen/30 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA - dapagliflozin propanediol tab 5 mg	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	
<i>glimepiride tab 1 mg#^</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#^</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#^</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg^</i>	1	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg^</i>	1	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg^</i>	1	QL (60 tablets/30 days)
<i>glipizide tab 5 mg^</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg^</i>	1	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg^</i>	1	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg^</i>	1	QL (120 tablets/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, 5-500 mg#</i>	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	4	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 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)

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
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), 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)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	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	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 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)
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)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg^</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg^</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg^</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg^</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg^</i>	1	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
<i>nateglinide tab 60 mg</i>	2	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	2	QL (90 tablets/30 days)
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	3	
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	3	
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	3	
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	3	
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	3	
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	3	
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	3	
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	3	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	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
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	
OMNIPOD 5 G7 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS - insulin infusion disposable pump reservoir	3	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
<i>pioglitazone hcl tab 15 mg^</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg, 45 mg^</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#</i>	3	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 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)
<i>repaglinide tab 2 mg^</i>	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
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, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	3	
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	3	
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	3	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	PA, QL (3 pens/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg	3	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
Blood Products and Modifiers		
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml, 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	5	PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA - ticagrelor tab 60 mg, 90 mg	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
<i>cilostazol tab 50 mg, 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg^</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg, 150 mg</i>	4	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg</i>	4	QL (120 capsules/30 days)
<i>dipyridamole tab 25 mg, 50 mg, 75 mg#</i>	2	
DOPTelet - avatrombopag maleate tab 20 mg	5	PA
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>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, 7.5 mg/0.6ml, 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, 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	3	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ ml)	5	PA
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ ml, 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml</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
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (120 capsules/30 days)
<i>prasugrel hcl tab 5 mg, 10 mg</i>	2	
PROCRT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	4	PA
PROCRT - epoetin alfa inj 20000 unit/ml, 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg, 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
<i>tranexamic acid tab 650 mg</i>	3	
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5	PA
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
UDENYCA ONBODY - pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml	5	PA
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg^</i>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 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, 400 mg</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg, 250 mg</i>	2	
<i>aliskiren fumarate tab 150 mg, 300 mg</i>	3	QL (30 tablets/30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 100 mg</i>	4	
<i>amiodarone hcl tab 200 mg, 400 mg</i>	2	
<i>amlodipine besylate tab 2.5 mg, 5 mg, 10 mg^</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg[^]</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg[^]</i>	1	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	2	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg[^]</i>	1	
<i>atenolol tab 25 mg, 50 mg, 100 mg[^]</i>	1	
<i>atorvastatin calcium tab 10 mg, 20 mg, 40 mg[^]</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg[^]</i>	1	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg[^]</i>	1	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg[^]</i>	1	
<i>betaxolol hcl tab 10 mg, 20 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg[^]</i>	1	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i>	2	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	3	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	2	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg[^]</i>	1	
<i>chlorthalidone tab 25 mg, 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>choline fenofibrate cap dr 45 mg</i>	2	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg</i>	2	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg[^]</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tab 1 gm</i>	2	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	3	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg, 7.5 mg	3	PA, QL (60 tablets/30 days)
<i>digoxin oral soln 0.05 mg/ml#</i>	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	4	
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	2	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	5	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg^</i>	1	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg^</i>	1	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)
<i>eplerenone tab 25 mg, 50 mg</i>	2	
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg, 10-80 mg</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg, 10-40 mg</i>	2	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg, 54 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg, 160 mg</i>	2	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	2	
<i>fluvastatin sodium cap 20 mg, 40 mg</i>	2	QL (60 capsules/30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg^</i>	1	
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg^</i>	1	
<i>furosemide inj 10 mg/ml</i>	4	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg, 40 mg, 80 mg^</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tab 600 mg[^]</i>	1	QL (60 tablets/30 days)
<i>guanfacine hcl tab 1 mg, 2 mg[#]</i>	3	
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg[^]</i>	1	
<i>hydrochlorothiazide cap 12.5 mg[^]</i>	1	
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg[^]</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	3	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	3	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg, 2.5 mg[^]</i>	1	
<i>irbesartan tab 75 mg, 150 mg, 300 mg[^]</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg[^]</i>	1	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg[^]</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg[^]</i>	1	
<i>isradipine cap 2.5 mg, 5 mg</i>	2	
<i>ivabradine hcl tab 5 mg, 7.5 mg</i>	3	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	3	PA, QL (30 tablets/30 days)
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg[^]</i>	1	
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg[^]</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg[^]</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg, 50 mg[^]</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg[^]</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg, 20 mg, 40 mg[^]</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg, 50 mg</i>	4	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)[^]</i>	1	
<i>metoprolol tartrate tab 25 mg, 50 mg, 75 mg, 100 mg[^]</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	2	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	3	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	3	
<i>minoxidil tab 2.5 mg, 10 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tab 7.5 mg, 15 mg[^]</i>	1	
MULTAQ - dronedarone hcl tab 400 mg	4	
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	3	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</i>	3	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg, 30 mg</i>	3	
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 30 mg, 40 mg	4	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	3	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin oint 0.4%</i>	4	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>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, 40 mg[^]</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg[^]</i>	1	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	2	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>perindopril erbumine tab 2 mg, 4 mg[^]</i>	1	
<i>perindopril erbumine tab 8 mg[^]</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg, 10 mg</i>	2	
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg[^]</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg[^]</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	2	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg^</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg^</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	4	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg^</i>	1	
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	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)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg^</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg^</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg^</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg^</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg^</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>	2	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg^</i>	1	
<i>spironolactone tab 25 mg, 50 mg, 100 mg^</i>	1	
<i>telmisartan tab 20 mg, 40 mg, 80 mg^</i>	1	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	QL (60 tablets/30 days)
<i>terazosin hcl cap 1 mg^</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg, 5 mg, 10 mg^</i>	1	QL (60 capsules/30 days)
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	2	
<i>torsemide tab 5 mg, 10 mg, 20 mg, 100 mg^</i>	1	
<i>trandolapril tab 1 mg, 2 mg, 4 mg^</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg^</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg^</i>	1	
<i>valsartan tab 40 mg, 80 mg, 160 mg^</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 320 mg^</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg^</i>	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
<i>verapamil hcl cap er 24hr 100 mg</i>	4	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	4	
<i>verapamil hcl cap er 24hr 300 mg</i>	4	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg^</i>	1	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg, 80 mg, 100 mg</i>	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	5	PA, QL (90 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg, 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 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)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	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
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, 5 mg, 10 mg	3	PA, 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, 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, 240 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
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)
guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg#	3	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	3	QL (30 capsules/30 days)
MAYZENT - siponimod fumarate tab 0.25 mg	5	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg, 2 mg	5	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	PA, QL (1 pack/28 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	PA, QL (1 pack/28 days)
methylphenidate hcl soln 5 mg/5ml	4	PA, QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml	4	PA, QL (900 mls/30 days)
methylphenidate hcl tab er 10 mg	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab er 20 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg	3	PA, QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln auto-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 auto-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)
riluzole tab 50 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
Dental and Oral Agents		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	3	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
Dermatological Agents		
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	4	
<i>alclometasone dipropionate cream 0.05%</i>	3	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	3	QL (120 grams/30 days)
<i>azelaic acid gel 15%</i>	3	
AZELEX - azelaic acid cream 20%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	3	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	4	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1%</i>	3	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	QL (120 mls/30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate foam 0.05%</i>	3	QL (200 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	3	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	3	QL (200 mls/28 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	4	
<i>desonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	4	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%, 0.25%</i>	4	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	4	QL (120 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	PA
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	4	
<i>EFUDEX - fluorouracil cream 5%</i>	4	
<i>FINACEA - azelaic acid foam 15%</i>	3	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	3	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>	4	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	4	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	3	QL (120 mls/30 days)
<i>FLUOROURACIL - fluorouracil soln 2%</i>	3	
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil soln 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>	4	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	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 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>	2	
<i>hydrocortisone oint 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	3	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate oint 0.2%</i>	3	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	4	PA
<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>ivermectin cream 1%</i>	3	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>malathion lotion 0.5%</i>	4	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%, 1%</i>	3	
<i>metronidazole lotion 0.75%</i>	4	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin 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>	3	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	3	
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	4	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 20 mg	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
<i>permethrin cream 5%</i>	3	
<i>pimecrolimus cream 1%</i>	4	PA
<i>podofilox soln 0.5%</i>	3	
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	4	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<i>silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	3	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	PA
<i>tazarotene cream 0.05%</i>	4	PA
<i>tazarotene cream 0.1%</i>	3	PA
<i>tazarotene gel 0.05%, 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	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
<i>tretinoin gel 0.01%</i>	3	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
Electrolytes/Minerals/Metals/Vitamins		
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA, QL (360 tablets/30 days)
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	4	
<i>deferasirox granules packet 90 mg, 180 mg, 360 mg†</i>	5	PA
<i>deferasirox tab for oral susp 125 mg†</i>	4	PA
<i>deferasirox tab for oral susp 250 mg, 500 mg†</i>	5	PA
<i>deferasirox tab 90 mg†</i>	4	PA
<i>deferasirox tab 180 mg, 360 mg†</i>	5	PA
<i>dextrose inj 5%, 10%</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%, 0.45%, 0.9%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	4	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental)	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental)	5	QL (120 packets/30 days)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	4	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	5	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	4	QL (120 tablets/30 days)
<i>magnesium sulfate inj 50%</i>	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cap er 8 meq, 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	4	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	3	
<i>sevelamer carbonate packet 0.8 gm</i>	4	QL (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	4	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	4	
<i>sodium chloride preservative free inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	3	
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	3	
<i>tolvaptan tab 15 mg, 30 mg</i>	5	PA
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg†</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	5	QL (180 tablets/30 days)
VELTASSA - patiomer sorbitex calcium for susp packet 1 gm, 8.4 gm, 16.8 gm, 25.2 gm	3	
Gastrointestinal Agents		
<i>aloseptron hcl tab 0.5 mg</i>	4	PA, QL (60 tablets/30 days)
<i>aloseptron hcl tab 1 mg</i>	5	PA, QL (60 tablets/30 days)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	3	
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>dicyclomine hcl cap 10 mg#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	4	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	2	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	3	PA (>=65 yr)
<i>esomeprazole magnesium cap delayed release 20 mg, 40 mg</i>	2	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg</i>	3	QL (30 packets/30 days)
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine tab 20 mg, 40 mg[^]</i>	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	2	
<i>glycopyrrolate tab 1 mg, 2 mg</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	4	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	4	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg, 5 mg#</i>	3	PA (>=65 yr)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	2	
<i>metoclopramide hcl tab 5 mg, 10 mg[^]</i>	1	
<i>misoprostol tab 100 mcg, 200 mcg</i>	2	
MOVANTIK - naloxegol oxalate tab 12.5 mg, 25 mg	3	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NIZATIDINE - nizatidine cap 150 mg	4	
<i>nizatidine cap 300 mg</i>	2	
OICALIVA - obeticholic acid tab 5 mg, 10 mg*†	5	PA, QL (30 tablets/30 days)
<i>omeprazole cap delayed release 10 mg[^]</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg, 40 mg[^]</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg[^]</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg[^]</i>	1	QL (60 tablets/30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm[^]</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
<i>sucralfate susp 1 gm/10ml</i>	4	
<i>sucralfate tab 1 gm</i>	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	
<i>ursodiol cap 300 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol tab 250 mg, 500 mg</i>	3	
VIBERZI - eluxadoline tab 75 mg, 100 mg	5	PA, QL (60 tablets/30 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine powder for oral solution</i>	5	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
ENDARI - glutamine (sickle cell) powd pack 5 gm*	5	PA
<i>glutamine (sickle cell) powd pack 5 gm</i>	5	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	2	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 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-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg†</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg†</i>	4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALIN - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	5	PA, QL (120 capsules/30 days)
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg^</i>	1	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	2	
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	QL (30 capsules/30 days)
<i>finasteride tab 5 mg[^]</i>	1	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	4	
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, 50 mg	3	QL (30 tablets/30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	3	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>silodosin cap 4 mg, 8 mg</i>	3	QL (30 capsules/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
<i>solifenacin succinate tab 5 mg, 10 mg</i>	2	QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg[^]</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	2	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg, 2 mg</i>	2	QL (60 tablets/30 days)
<i>trospium chloride tab 20 mg</i>	2	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml</i>	3	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</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>prednisone tab 1 mg, 2.5 mg, 20 mg[^]</i>	1	
<i>prednisone tab 5 mg, 10 mg, 50 mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	4	
<i>desmopressin acetate tab 0.1 mg, 0.2 mg</i>	2	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	3	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	3	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	4	PA
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg#</i>	4	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	3	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg#</i>	2	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)#</i>	4	
<i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	2	
<i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	4	
<i>estradiol valerate im in oil 10 mg/ml</i>	3	
<i>estradiol valerate im in oil 20 mg/ml, 40 mg/ml</i>	4	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	4	
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, 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, 5 mg, 10 mg^	1	
megestrol acetate susp 40 mg/ml#	4	
megestrol acetate tab 20 mg, 40 mg#	2	
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg#	4	
methyltestosterone cap 10 mg	5	PA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 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, 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 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, 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, 0.18-35/0.215-35/0.25-35 mg-mcg	3	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	3	
progesterone cap 100 mg, 200 mg	2	
raloxifene hcl tab 60 mg	2	
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml	3	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
testosterone td gel 25 mg/2.5gm (1%)	3	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	3	PA, QL (60 units/30 days)
testosterone td gel 12.5 mg/act (1%)	3	PA, QL (4 pump bottles/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	4	PA, QL (30 packets/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	4	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	4	PA, QL (2 pump bottles/30 days)
testosterone td soln 30 mg/act	4	PA, QL (2 pump bottles/30 days)
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)^	1	
levothyroxine sodium tab 300 mcg (levo-t, unithroid)^	1	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg</i>	3	
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, 120 mg/vial (240 mg dose)	4	
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	4	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 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, 11.25 mg, 15 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	5	PA
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*	5	PA
SOMAVERT - pegvisomant for inj 10 mg, 15 mg, 20 mg, 25 mg, 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, 11.25 mg, 22.5 mg	4	PA
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg, 10 mg^	1	
propylthiouracil tab 50 mg	2	
Immunological Agents		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3	
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 lf-lf-mcg/0.5ml	3	
ARCALYST - riloncept for inj 220 mg*	5	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	3	
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
azathioprine tab 50 mg	2	BD
azathioprine tab 75 mg, 100 mg	4	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	3	
BENLYSTA - belimumab for iv soln 120 mg, 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
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-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
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
<i>cyclosporine cap 25 mg, 100 mg</i>	4	BD
<i>cyclosporine modified cap 25 mg, 100 mg</i>	4	BD
<i>cyclosporine modified cap 50 mg</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
CYLTEZO - adalimumab-adbm auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS - adalimumab-adbm auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEITIS - adalimumab-adbm auto-injector kit 40 mg/0.4ml	5	PA
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DENGVAIXIA - 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 auto-injector 200 mg/1.14ml, 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml, 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, 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
ENGRIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	3	BD
ENGRIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
ERVEBO - ebola zaire virus vaccine live im susp	3	
<i>everolimus tab 0.25 mg, 0.5 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
<i>everolimus tab 0.75 mg, 1 mg</i>	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm, 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3	
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	5	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	3	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab auto-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab auto-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	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
IXCHIQ - chikungunya virus vaccine live for im solution	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
<i>leflunomide tab 10 mg, 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	
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	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium tab 2.5 mg</i>	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3	
<i>mycophenolate mofetil cap 250 mg</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	4	BD
<i>mycophenolate mofetil tab 500 mg</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	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
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	3	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PREHEVBRIIO - 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, 1 mg	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
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, 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	BD
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	5	PA
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTARIX - rotavirus vaccine, live oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
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, 20 mg	5	BD
<i>sirolimus oral soln 1 mg/ml</i>	4	BD
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 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, 90 mg/ml	5	PA
<i>tacrolimus cap 0.5 mg, 1 mg</i>	2	BD
<i>tacrolimus cap 5 mg</i>	3	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	3	
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	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
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, 50 unit/ml	3	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	3	
VAXCHORA - cholera vaccine live attenuated for oral susp	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	5	PA
XELJANZ - tofacitinib citrate tab 5 mg, 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg, 22 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>mesalamine cap dr 400 mg</i>	4	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 capsules/30 days)
<i>mesalamine cap er 500 mg</i>	4	QL (240 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 800 mg</i>	4	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 10 mg^</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg, 70 mg^</i>	1	QL (4 tablets/28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg, 60 mg</i>	4	PA
<i>cinacalcet hcl tab 90 mg</i>	5	PA
FORTEO - teriparatide soln pen-inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	2	
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, 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 soln pen-inj 620 mcg/2.48ml	5	PA
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	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	
Ophthalmic Agents		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	3	
<i>atropine sulfate ophth soln 1%</i>	3	
<i>azelastine hcl ophth soln 0.05%</i>	3	
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>	3	
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 0.1%, 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 0.07%, 0.09% (once-daily)</i>	3	
<i>carteolol hcl ophth soln 1%</i>	2	
<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

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Drug Name	Drug Tier	Requirements/Limits
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	4	PA
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	4	
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	2	
<i>latanoprost ophth soln 0.005%^</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	3	
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i>	3	
NATACYN - natamycin ophth susp 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	2	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%^</i>	1	
<i>prednisolone acetate ophth susp 1%</i>	3	
<i>prednisolone sodium phosphate ophth soln 1%</i>	3	
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 (2 bottles/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	3	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	3	
<i>timolol maleate ophth soln 0.25%, 0.5%^</i>	1	
<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>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</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>	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%, 20%</i>	2	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (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), 0.5% (5 mg/ml), 0.63 mg/3ml, 1.25 mg/3ml</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	3	
<i>ambrisentan tab 5 mg, 10 mg*</i>	4	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	3	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, 125 mg*</i>	4	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	3	QL (3 inhalers/30 days)
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 inhalers/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	4	BD
<i>cyproheptadine hcl syrup 2 mg/5ml#</i>	3	PA (>=65 yr)
<i>cyproheptadine hcl tab 4 mg#</i>	3	PA (>=65 yr)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (3 inhalers/30 days)
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	
<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	
FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml, 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	3	QL (2 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	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)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg, 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, 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)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 capsules/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>roflumilast tab 250 mcg, 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)
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, 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)

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>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	4	
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	4	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	3	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, 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg thpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg thpk	5	PA, QL (90 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 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 inhalers/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	2	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	2	
<i>methocarbamol tab 500 mg, 750 mg#</i>	2	
Sleep Disorder Agents		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg, 10 mg	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>	3	QL (30 tablets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm*	5	PA, QL (30 packets/30 days)
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak*	5	PA, QL (28 packets/28 days)
<i>modafinil tab 100 mg, 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	3	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>temazepam cap 7.5 mg</i>	4	QL (30 capsules/30 days)
<i>temazepam cap 15 mg, 30 mg</i>	2	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>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, 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>	28	<i>alclometasone dipropionate oint 0.05%</i>	46
<i>abacavir sulfate soln 20 mg/ml</i>	28	ALCOHOL SWABS.....	32
<i>abacavir sulfate tab 300 mg</i>	28	ALECENSA.....	17
ABILIFY ASIMTUFII.....	25	<i>alendronate sodium tab 10 mg</i>	63
ABILIFY MAINTENA.....	25	<i>alendronate sodium tab 35 mg, 70 mg</i>	63
<i>abiraterone acetate tab 250 mg</i>	17	<i>alfuzosin hcl tab er 24hr 10 mg</i>	52
ABRYSVO.....	58	<i>aliskiren fumarate tab 150 mg, 300 mg</i>	38
<i>acamprosate calcium tab delayed release 333 mg</i>	3	<i>allopurinol tab 100 mg, 300 mg</i>	16
<i>acarbose tab 100 mg</i>	32	<i>alosetron hcl tab 0.5 mg</i>	50
<i>acarbose tab 25 mg</i>	32	<i>alosetron hcl tab 1 mg</i>	50
<i>acarbose tab 50 mg</i>	32	ALPHAGAN P.....	64
<i>acebutolol hcl cap 200 mg, 400 mg</i>	38	<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	32
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	<i>alprazolam tab 2 mg</i>	32
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	1	ALUNBRIG.....	17
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	<i>amantadine hcl cap 100 mg</i>	24
<i>acetazolamide cap er 12hr 500 mg</i>	38	<i>amantadine hcl soln 50 mg/5ml</i>	24
<i>acetazolamide tab 125 mg, 250 mg</i>	38	<i>amantadine hcl tab 100 mg</i>	24
<i>acetic acid otic soln 2%</i>	66	AMBISOME.....	15
<i>acetylcysteine inhal soln 10%, 20%</i>	66	<i>ambrisentan tab 5 mg, 10 mg</i>	66
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	46	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	4
ACTHIB.....	58	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	38
ACTIMMUNE.....	58	<i>amiloride hcl tab 5 mg</i>	38
<i>acyclovir cap 200 mg</i>	28	<i>amiodarone hcl tab 100 mg</i>	38
<i>acyclovir oint 5%</i>	28	<i>amiodarone hcl tab 200 mg, 400 mg</i>	38
<i>acyclovir sodium iv soln 50 mg/ml</i>	29	<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	12
<i>acyclovir susp 200 mg/5ml</i>	29	<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	39
<i>acyclovir tab 400 mg, 800 mg</i>	29	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	39
ADACEL.....	58	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	39
<i>adefovir dipivoxil tab 10 mg</i>	29	<i>amlodipine besylate tab 2.5 mg, 5 mg, 10 mg</i>	38
ADEMPAS.....	66	<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	39
ADVAIR HFA.....	66	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	39
AIMOVIG.....	16	<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg</i>	12
AKEEGA.....	17	AMOXICILLIN/CLAVULANATE POTASSIUM ER.....	4
<i>albendazole tab 200 mg</i>	24	<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	4
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	66	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	4
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml, 1.25 mg/3ml</i>	66		
<i>albuterol sulfate syrup 2 mg/5ml</i>	66		
<i>albuterol sulfate tab 2 mg, 4 mg</i>	66		
<i>alclometasone dipropionate cream 0.05%</i>	46		

amoxicillin (trihydrate) chew tab 250 mg.....	4	aripiprazole oral solution 1 mg/ml.....	25
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml.....	4	aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg.....	25
amoxicillin (trihydrate) for susp 400 mg/5ml.....	4	aripiprazole tab 2 mg, 5 mg.....	25
amoxicillin (trihydrate) tab 500 mg, 875 mg.....	4	ARISTADA.....	25
amoxicillin & k clavulanate chew tab 400-57 mg.....	4	ARISTADA INITIO.....	25
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml.....	4	armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....	69
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....	4	ARNUITY ELLIPTA.....	66
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg.....	4	arsenic trioxide iv soln 10 mg/10ml (1 mg/ml).....	17
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg.....	44	arsenic trioxide iv soln 12 mg/6ml (2 mg/ml).....	17
amphetamine-dextroamphetamine tab 20 mg.....	44	asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg.....	25
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....	44	ASMANEX HFA.....	66
AMPHOTERICIN B.....	15	ASMANEX TWISTHALER 120 METERED DOSES.....	66
amphotericin b liposome iv for susp 50 mg.....	15	ASMANEX TWISTHALER 14 METERED DOSES.....	67
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....	4	ASMANEX TWISTHALER 30 METERED DOSES.....	67
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm.....	4	ASMANEX TWISTHALER 60 METERED DOSES.....	67
ampicillin cap 500 mg.....	4	aspirin-dipyridamole cap er 12hr 25-200 mg.....	37
ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm.....	4	atazanavir sulfate cap 150 mg, 300 mg.....	29
ampicillin sodium for iv soln 10 gm.....	4	atazanavir sulfate cap 200 mg.....	29
ampicillin sodium for iv soln 1 gm.....	4	atenolol & chlorthalidone tab 50-25 mg, 100-25 mg.....	39
ampicillin sodium for iv soln 2 gm.....	4	atenolol tab 25 mg, 50 mg, 100 mg.....	39
anagrelide hcl cap 0.5 mg, 1 mg.....	37	ATGAM.....	58
anastrozole tab 1 mg.....	17	atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg.....	44
ANORO ELLIPTA.....	66	atomoxetine hcl cap 60 mg, 80 mg, 100 mg.....	44
APOKYN.....	24	atorvastatin calcium tab 10 mg, 20 mg, 40 mg.....	39
apomorphine hcl soln cartridge 30 mg/3ml.....	24	atorvastatin calcium tab 80 mg.....	39
aprepitant capsule 40 mg, 80 mg, 125 mg.....	14	atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg.....	24
aprepitant capsule therapy pack 80 & 125 mg.....	14	atovaquone susp 750 mg/5ml.....	24
APTIOM.....	9	atropine sulfate ophth soln 1%.....	64
APTIVUS.....	29	ATROVENT HFA.....	67
ARANESP ALBUMIN FREE.....	37	AUGTYRO.....	17
ARCALYST.....	58	AURYXIA.....	49
AREXVY.....	58	AUSTEDO.....	44
aripiprazole orally disintegrating tab 10 mg, 15 mg.....	25	AUSTEDO XR.....	44
		AUSTEDO XR PATIENT TITRATION KIT.....	44
		AUVELITY.....	12

AVONEX.....	44	<i>betamethasone dipropionate augmented oint</i>	
AVONEX PEN.....	44	0.05%.....	46
AYVAKIT.....	17	<i>betamethasone dipropionate cream</i>	
<i>azathioprine tab 50 mg.....</i>	58	0.05%.....	46
<i>azathioprine tab 75 mg, 100 mg.....</i>	58	<i>betamethasone dipropionate lotion</i>	
<i>azelaic acid gel 15%.....</i>	46	0.05%.....	46
<i>azelastine hcl nasal spray 0.1% (137 mcg/</i>		<i>betamethasone dipropionate oint</i>	
<i>spray).....</i>	67	0.05%.....	46
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/</i>		<i>betamethasone valerate cream 0.1%.....</i>	46
<i>spray).....</i>	67	<i>betamethasone valerate lotion 0.1%.....</i>	46
<i>azelastine hcl ophth soln 0.05%.....</i>	64	<i>betamethasone valerate oint 0.1%.....</i>	46
AZELEX.....	46	BETASERON.....	44
AZITHROMYCIN.....	4	<i>betaxolol hcl ophth soln 0.5%.....</i>	64
<i>azithromycin for susp 100 mg/5ml, 200</i>		<i>betaxolol hcl tab 10 mg, 20 mg.....</i>	39
<i>mg/5ml.....</i>	4	<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50</i>	
<i>azithromycin iv for soln 500 mg.....</i>	4	<i>mg.....</i>	52
<i>azithromycin tab 250 mg, 500 mg, 600</i>		BETOPTIC-S.....	64
<i>mg.....</i>	4	<i>bexarotene cap 75 mg.....</i>	17
<i>aztreonam for inj 1 gm.....</i>	4	<i>bexarotene gel 1%.....</i>	17
B		BEXSERO.....	58
BACITRACIN.....	64	<i>bicalutamide tab 50 mg.....</i>	17
<i>bacitracin-polymyxin b ophth oint.....</i>	64	BICILLIN L-A.....	4
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		BIKTARVY.....	29
<i>1%.....</i>	64	<i>bimatoprost ophth soln 0.03%.....</i>	64
<i>baclofen tab 5 mg, 10 mg, 20 mg.....</i>	28	<i>bismuth subcit-metronidazole-tetracycline cap</i>	
<i>balsalazide disodium cap 750 mg.....</i>	63	140-125-125 mg.....	50
BALVERSA.....	17	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,</i>	
BAQSIMI ONE PACK.....	33	5-6.25 mg, 10-6.25 mg.....	39
BAQSIMI TWO PACK.....	33	<i>bisoprolol fumarate tab 5 mg, 10 mg.....</i>	39
BARACLUDE.....	29	BOOSTRIX.....	58
BCG VACCINE.....	58	<i>bosentan tab 62.5 mg, 125 mg.....</i>	67
BELSOMRA.....	69	BOSULIF.....	17
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg,</i>		BRAFTOVI.....	18
10-12.5 mg, 20-12.5 mg, 20-25 mg.....	39	BREO ELLIPTA.....	67
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40</i>		BREZTRI AEROSPHERE.....	67
<i>mg.....</i>	39	BRILINTA.....	37
BENLYSTA.....	58	<i>brimonidine tartrate ophth soln 0.1%,</i>	
BENZNIDAZOLE.....	24	0.15%.....	64
<i>benzoyl peroxide-erythromycin gel</i>		<i>brimonidine tartrate ophth soln 0.2%.....</i>	64
5-3%.....	46	<i>brimonidine tartrate-timolol maleate ophth soln</i>	
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2</i>		0.2-0.5%.....	64
<i>mg.....</i>	24	<i>brinzolamide ophth susp 1%.....</i>	64
BESIVANCE.....	64	BRIVIACT.....	9
BESREMI.....	58	<i>bromfenac sodium ophth soln 0.07%, 0.09% (once-</i>	
<i>betaine powder for oral solution.....</i>	52	<i>daily).....</i>	64
BETAMETHASONE DIPROPIONATE		<i>bromocriptine mesylate cap 5 mg.....</i>	24
AUGMENTED.....	46	<i>bromocriptine mesylate tab 2.5 mg.....</i>	24
<i>betamethasone dipropionate augmented cream</i>		BRUKINSA.....	18
0.05%.....	46	<i>budesonide delayed release particles cap 3</i>	
<i>betamethasone dipropionate augmented lotion</i>		mg.....	63
0.05%.....	46	<i>budesonide-formoterol fumarate dihyd aerosol</i>	
		80-4.5 mcg/act, 160-4.5 mcg/act.....	67

budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml.....	67
budesonide tab er 24hr 9 mg.....	63
bumetanide inj 0.25 mg/ml.....	39
bumetanide tab 0.5 mg, 1 mg, 2 mg.....	39
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg.....	3
buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2 mg, 12-3 mg.....	3
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg.....	3
buprenorphine hcl-naloxone hcl sl tab 8-2 mg.....	3
buprenorphine hcl sl tab 2 mg, 8 mg.....	3
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	3
bupropion hcl tab 100 mg.....	12
bupropion hcl tab 75 mg.....	12
bupropion hcl tab er 12hr 100 mg.....	12
bupropion hcl tab er 12hr 150 mg, 200 mg.....	12
bupropion hcl tab er 24hr 150 mg.....	12
bupropion hcl tab er 24hr 300 mg.....	12
bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	32
butalbital-acetaminophen-caffeine cap 50-300-40 mg, 50-325-40 mg.....	1
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	1
butalbital-acetaminophen tab 50-325 mg.....	1
butalbital-aspirin-caffeine cap 50-325-40 mg.....	1
butorphanol tartrate nasal soln 10 mg/ml.....	1
BYDUREON BCISE.....	33
BYETTA.....	33

C

cabergoline tab 0.5 mg.....	57
CABLIVI.....	37
CABOMETYX.....	18
calcipotriene cream 0.005%.....	46
calcipotriene oint 0.005%.....	46
calcipotriene soln 0.005% (50 mcg/ml).....	46
calcitonin (salmon) nasal soln 200 unit/act.....	64
calcitriol cap 0.25 mcg, 0.5 mcg.....	64
calcitriol oral soln 1 mcg/ml.....	64
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	49

calcium acetate (phosphate binder) tab 667 mg.....	49
CALQUENCE.....	18
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	39
candesartan cilexetil tab 32 mg.....	39
candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....	39
CAPLYTA.....	25
CAPRELSA.....	18
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	39
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	9
carbamazepine chew tab 100 mg.....	9
carbamazepine susp 100 mg/5ml.....	9
carbamazepine tab 200 mg.....	9
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	9
carbidopa & levodopa orally disintegrating tab 10-100 mg.....	24
carbidopa & levodopa orally disintegrating tab 25-100 mg.....	24
carbidopa & levodopa orally disintegrating tab 25-250 mg.....	24
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg.....	24
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	24
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg.....	24
carbidopa tab 25 mg.....	24
carglumic acid soluble tab 200 mg.....	49
carmustine for inj 100 mg.....	18
carteolol hcl ophth soln 1%.....	64
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	39
caspofungin acetate for iv soln 50 mg, 70 mg.....	15
cefaclor cap 250 mg.....	4
cefaclor cap 500 mg.....	4
cefadroxil cap 500 mg.....	4
cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	5
cefadroxil tab 1 gm.....	5
CEFAZOLIN.....	5
cefazolin sodium (bulk) for inj 100 gm.....	5
cefazolin sodium (bulk) for inj 300 gm.....	5
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....	5

cefazolin sodium for inj 2 gm.....	5	cefuroxime axetil tab 250 mg, 500 mg.....	6
cefazolin sodium for inj 500 mg, 1 gm, 10 gm.....	5	cefuroxime sodium for inj 750 mg.....	6
cefazolin sodium for iv soln 1 gm.....	5	cefuroxime sodium for iv soln 1.5 gm.....	6
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml).....	5	celecoxib cap 400 mg.....	1
cefazolin sodium for iv soln 2 gm and dextrose 3% (50 ml).....	5	celecoxib cap 50 mg, 100 mg, 200 mg.....	1
cefdinir cap 300 mg.....	5	cephalexin cap 250 mg, 500 mg.....	6
cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	5	cephalexin cap 750 mg.....	6
cefepime hcl for inj 1 gm.....	5	cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	6
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....	5	cevimeline hcl cap 30 mg.....	46
cefepime hcl for iv soln 2 gm.....	5	CHEMET.....	49
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	5	CHENODAL.....	50
cefepime hcl iv soln 1 gm/50ml.....	5	chlorhexidine gluconate soln 0.12%.....	46
cefepime hcl iv soln 2 gm/100ml.....	5	chloroquine phosphate tab 250 mg.....	24
cefixime cap 400 mg.....	5	chloroquine phosphate tab 500 mg.....	24
cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm.....	5	chlorpromazine hcl conc 100 mg/ml.....	14
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....	5	chlorpromazine hcl conc 30 mg/ml.....	14
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	5	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	14
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	5	chlorthalidone tab 25 mg, 50 mg.....	39
cefpodoxime proxetil tab 100 mg, 200 mg.....	5	cholestyramine light powder 4 gm/dose.....	39
cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	5	cholestyramine light powder packets 4 gm.....	39
cefprozil tab 250 mg, 500 mg.....	5	cholestyramine powder 4 gm/dose.....	39
ceftazidime for inj 1 gm, 6 gm.....	5	cholestyramine powder packets 4 gm.....	39
ceftazidime for iv soln 1 gm and dextrose 5% (50ml).....	5	choline fenofibrate cap dr 135 mg.....	39
ceftazidime for iv soln 2 gm.....	5	choline fenofibrate cap dr 45 mg.....	39
ceftazidime for iv soln 2 gm and dextrose 5% (50ml).....	5	ciclopirox gel 0.77%.....	15
ceftriaxone sodium (bulk) for inj 100 gm.....	5	ciclopirox olamine cream 0.77%.....	15
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm.....	5	ciclopirox olamine susp 0.77%.....	15
ceftriaxone sodium for iv soln 1 gm, 2 gm.....	5	ciclopirox shampoo 1%.....	15
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	5	ciclopirox solution 8%.....	15
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	5	cilostazol tab 50 mg, 100 mg.....	37
ceftriaxone sodium in dextrose inj 20 mg/ml.....	5	CIMDUO.....	29
ceftriaxone sodium in dextrose inj 40 mg/ml.....	5	cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg.....	50
		cinacalcet hcl tab 30 mg, 60 mg.....	64
		cinacalcet hcl tab 90 mg.....	64
		CINRYZE.....	58
		ciprofloxacin 200 mg/100ml in d5w.....	6
		ciprofloxacin 400 mg/200ml in d5w.....	6
		ciprofloxacin hcl ophth soln 0.3%.....	64
		ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg.....	6
		citalopram hydrobromide oral soln 10 mg/5ml.....	12
		citalopram hydrobromide tab 10 mg, 20 mg.....	12
		citalopram hydrobromide tab 40 mg.....	12
		CLARITHROMYCIN.....	6
		clarithromycin tab 250 mg, 500 mg.....	6

clarithromycin tab er 24hr 500 mg.....	6	clotrimazole troche 10 mg.....	15
CLEMASTINE FUMARATE.....	67	clotrimazole w/ betamethasone cream	
clindamycin hcl cap 75 mg, 150 mg, 300		1-0.05%.....	46
mg.....	6	clotrimazole w/ betamethasone lotion	
clindamycin palmitate hcl for soln 75		1-0.05%.....	47
mg/5ml.....	6	CLOZAPINE ODT.....	25
clindamycin phosphate-benzoyl peroxide gel		clozapine orally disintegrating tab 150	
1-5%.....	46	mg.....	25
clindamycin phosphate gel 1%.....	6	clozapine orally disintegrating tab 200	
clindamycin phosphate in d5w iv soln 300 mg/50ml,		mg.....	26
600 mg/50ml, 900 mg/50ml.....	6	clozapine orally disintegrating tab 25 mg, 100	
clindamycin phosphate inj 900 mg/6ml, 9		mg.....	25
gm/60ml.....	6	clozapine tab 100 mg.....	26
clindamycin phosphate in nacl 0.9% iv soln 300		clozapine tab 200 mg.....	26
mg/50ml.....	6	clozapine tab 25 mg, 50 mg.....	26
clindamycin phosphate in nacl 0.9% iv soln 600		COARTEM.....	24
mg/50ml.....	6	COBENFY.....	26
clindamycin phosphate in nacl 0.9% iv soln 900		COBENFY STARTER PACK.....	26
mg/50ml.....	6	CODEINE SULFATE.....	1
clindamycin phosphate lotion 1%.....	6	codeine sulfate tab 30 mg.....	1
clindamycin phosphate soln 1%.....	6	colchicine tab 0.6 mg.....	16
clindamycin phosphate swab 1%.....	6	colchicine w/ probenecid tab 0.5-500	
clindamycin phosphate vaginal cream		mg.....	16
2%.....	6	colestipol hcl granule packets 5 gm.....	39
clobazam suspension 2.5 mg/ml.....	9	colestipol hcl granules 5 gm.....	39
clobazam tab 10 mg, 20 mg.....	9	colestipol hcl tab 1 gm.....	40
clobetasol propionate cream 0.05%.....	46	colistimethate sod for inj 150 mg (colistin base	
clobetasol propionate emollient base cream		activity).....	6
0.05%.....	46	COMBIPATCH.....	54
clobetasol propionate foam 0.05%.....	46	COMBIVENT RESPIMAT.....	67
clobetasol propionate gel 0.05%.....	46	COMETRIQ.....	18
clobetasol propionate oint 0.05%.....	46	COMPLERA.....	29
clobetasol propionate shampoo 0.05%.....	46	COPAXONE.....	45
clobetasol propionate soln 0.05%.....	46	COPIKTRA.....	18
clomipramine hcl cap 25 mg, 50 mg, 75		CORLANOR.....	40
mg.....	12	COSELA.....	18
clonazepam orally disintegrating tab 0.125 mg, 0.25		COSENTYX.....	58
mg, 0.5 mg, 1 mg.....	32	COSENTYX SENSOREADY PEN.....	59
clonazepam orally disintegrating tab 2		COSENTYX UNOREADY.....	59
mg.....	32	COTELLIC.....	18
clonazepam tab 0.5 mg, 1 mg.....	32	CREON.....	52
clonazepam tab 2 mg.....	32	CRESEMBA.....	15
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3		cromolyn sodium ophth soln 4%.....	64
mg.....	39	cromolyn sodium oral conc 100	
clonidine hcl tab er 12hr 0.1 mg.....	44	mg/5ml.....	52
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr,		cromolyn sodium soln nebu 20 mg/2ml.....	67
0.3 mg/24hr.....	39	cyclobenzaprine hcl tab 5 mg, 10 mg.....	69
clopidogrel bisulfate tab 75 mg.....	37	CYCLOPHOSPHAMIDE.....	18
clorazepate dipotassium tab 15 mg.....	32	cyclophosphamide cap 25 mg, 50 mg.....	18
clorazepate dipotassium tab 3.75 mg.....	32	CYCLOSET.....	33
clorazepate dipotassium tab 7.5 mg.....	32	cyclosporine cap 25 mg, 100 mg.....	59
clotrimazole cream 1%.....	15		

cyclosporine modified cap 25 mg, 100 mg.....	59
cyclosporine modified cap 50 mg.....	59
cyclosporine modified oral soln 100 mg/ml.....	59
CYLTEZO.....	59
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS.....	59
CYLTEZO STARTER PACKAGE FOR PSORIASIS.....	59
CYLTEZO STARTER PACKAGE FOR PSORIASIS/ UVEITIS.....	59
cycloheptadine hcl syrup 2 mg/5ml.....	67
cycloheptadine hcl tab 4 mg.....	67
CYSTADROPS.....	64
CYSTAGON.....	52
CYSTARAN.....	65

D

dabigatran etexilate mesylate cap 110 mg.....	37
dabigatran etexilate mesylate cap 75 mg, 150 mg.....	37
dalfampridine tab er 12hr 10 mg.....	45
DALVANCE.....	6
danazol cap 50 mg, 100 mg, 200 mg.....	54
dantrolene sodium cap 25 mg, 50 mg, 100 mg.....	28
dapsone tab 25 mg, 100 mg.....	17
DAPTACEL.....	59
daptomycin for iv soln 500 mg.....	6
darunavir tab 600 mg.....	29
darunavir tab 800 mg.....	29
dasatinib tab 20 mg.....	18
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg.....	18
DAURISMO.....	18
DAYVIGO.....	69
decitabine for inj 50 mg.....	18
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	49
deferasirox tab 180 mg, 360 mg.....	49
deferasirox tab 90 mg.....	49
deferasirox tab for oral susp 125 mg.....	49
deferasirox tab for oral susp 250 mg, 500 mg.....	49
DELSTRIGO.....	29
demeclocycline hcl tab 150 mg, 300 mg.....	6
DENGVAZIA.....	59
DEPO-ESTRADIOL.....	54
DEPO-SUBQ PROVERA 104.....	54
DESCOVY.....	29

desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	12
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	54
desmopressin acetate tab 0.1 mg, 0.2 mg.....	54
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	54
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	54
desonide cream 0.05%.....	47
desonide lotion 0.05%.....	47
desonide oint 0.05%.....	47
desoximetasone cream 0.05%, 0.25%.....	47
desoximetasone gel 0.05%.....	47
desoximetasone oint 0.25%.....	47
desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg.....	12
dexamethasone elixir 0.5 mg/5ml.....	53
dexamethasone sodium phosphate ophth soln 0.1%.....	65
dexamethasone soln 0.5 mg/5ml.....	53
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	53
dexamethasone tab therapy pack 1.5 mg (21).....	53
dexamethasone tab therapy pack 1.5 mg (35).....	53
dexamethasone tab therapy pack 1.5 mg (51).....	53
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	45
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	45
dextroamphetamine sulfate cap er 24hr 5 mg.....	45
dextroamphetamine sulfate tab 10 mg.....	45
dextroamphetamine sulfate tab 5 mg.....	45
dextrose 2.5% w/ sodium chloride 0.45%.....	49
dextrose 5% w/ sodium chloride 0.2%, 0.45%, 0.9%.....	49
dextrose 5% w/ sodium chloride 0.33%.....	49
dextrose inj 5%, 10%.....	49
DIACOMIT.....	9
diazepam conc 5 mg/ml.....	32
diazepam oral soln 1 mg/ml.....	32
DIAZEPAM RECTAL GEL.....	10
diazepam rectal gel delivery system 10 mg, 20 mg.....	10
diazepam tab 2 mg, 5 mg, 10 mg.....	32

diazoxide susp 50 mg/ml.....	33
diclofenac potassium tab 50 mg.....	1
diclofenac sodium (actinic keratoses) gel 3%.....	47
diclofenac sodium gel 1% (1.16% diethylamine equiv).....	1
diclofenac sodium ophth soln 0.1%.....	65
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, 500 mg.....	6
dicyclomine hcl cap 10 mg.....	50
dicyclomine hcl oral soln 10 mg/5ml.....	50
dicyclomine hcl tab 20 mg.....	50
DIFICID.....	6
difluprednate ophth emulsion 0.05%.....	65
digoxin oral soln 0.05 mg/ml.....	40
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	40
dihydroergotamine mesylate nasal spray 4 mg/ml.....	16
DILANTIN.....	10
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	40
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	40
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	40
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	40
diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg.....	40
diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	40
dimethyl fumarate capsule delayed release 120 mg, 240 mg.....	45
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	45
DIPENTUM.....	63
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	50

DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	59
dipyridamole tab 25 mg, 50 mg, 75 mg.....	37
disulfiram tab 250 mg.....	3
disulfiram tab 500 mg.....	3
divalproex sodium cap delayed release sprinkle 125 mg.....	10
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	10
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	10
docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml).....	18
docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml.....	18
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	40
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	12
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	12
DOPTelet.....	37
dorzolamide hcl ophth soln 2%.....	65
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	65
DOVATO.....	29
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	40
doxepin hcl (sleep) tab 3 mg, 6 mg.....	69
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	12
doxepin hcl conc 10 mg/ml.....	13
doxycycline (rosacea) cap delayed release 40 mg.....	47
doxycycline hyclate cap 50 mg, 100 mg.....	6
doxycycline hyclate for inj 100 mg.....	6
doxycycline hyclate tab 100 mg.....	6
doxycycline hyclate tab 20 mg.....	6
doxycycline monohydrate cap 150 mg.....	7
doxycycline monohydrate cap 50 mg, 100 mg.....	6
doxycycline monohydrate cap 75 mg.....	6
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg.....	7
DRIZALMA SPRINKLE.....	13
dronabinol cap 2.5 mg, 5 mg, 10 mg.....	14
drospirenone-ethinyl estradiol tab 3-0.02 mg.....	54
drospirenone-ethinyl estradiol tab 3-0.03 mg.....	54
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	54

<i>drospirenone-ethinyl estrad-levomefolate tab</i> 3-0.03-0.451 mg.....	54
<i>droxidopa cap 100 mg, 200 mg, 300</i> <i>mg</i>	40
DUAVEE.....	54
DULERA.....	67
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60</i> <i>mg</i>	13
<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg</i>	13
DUPIXENT.....	59
<i>dutasteride cap 0.5 mg</i>	52
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	53
E	
<i>econazole nitrate cream 1%</i>	15
EDURANT.....	29
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300</i> <i>mg</i>	29
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300</i> <i>mg, 600-300-300 mg</i>	29
<i>efavirenz tab 600 mg</i>	29
EFUDEX.....	47
ELIGARD.....	57
ELIQUIS.....	37
ELIQUIS STARTER PACK.....	37
EMGALITY.....	16
EMSAM.....	13
<i>emtricitabine caps 200 mg</i>	29
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>100-150 mg, 133-200 mg, 167-250</i> <i>mg</i>	29
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>200-300 mg</i>	29
EMTRIVA.....	29
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5</i> <i>mg, 10-25 mg</i>	40
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20</i> <i>mg</i>	40
ENBREL.....	59
ENBREL MINI.....	59
ENBREL SURECLICK.....	59
ENDARI.....	52
ENGERIX-B.....	59
<i>enoxaparin sodium inj 300 mg/3ml</i>	37
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40</i> <i>mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml,</i> <i>120 mg/0.8ml, 150 mg/ml</i>	37
<i>entacapone tab 200 mg</i>	24
<i>entecavir tab 0.5 mg, 1 mg</i>	29
ENTRESTO.....	40

EPCLUSA.....	29
EPIDIOLEX.....	10
<i>epinastine hcl ophth soln 0.05%</i>	65
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL).....	67
<i>epinephrine solution auto-injector 0.15 mg/0.3ml</i> <i>(1:2000)</i>	67
<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i> <i>(1:1000) (generic for EpiPen 2-Pak)</i>	67
<i>eplerenone tab 25 mg, 50 mg</i>	40
EPRONTIA.....	10
<i>ergotamine w/ caffeine tab 1-100 mg</i>	16
ERIVEDGE.....	18
ERLEADA.....	18
<i>erlotinib hcl tab 100 mg, 150 mg</i>	18
<i>erlotinib hcl tab 25 mg</i>	18
<i>ertapenem sodium for inj 1 gm</i>	7
ERVEBO.....	59
ERY.....	7
ERYTHROCIN LACTOBIONATE.....	7
<i>erythromycin ethylsuccinate for susp 200 mg/5ml,</i> <i>400 mg/5ml</i>	7
<i>erythromycin lactobionate for inj 500 mg</i>	7
<i>erythromycin ophth oint 5 mg/gm</i>	65
<i>erythromycin soln 2%</i>	7
<i>erythromycin tab 250 mg, 500 mg</i>	7
<i>erythromycin tab delayed release 250 mg, 333 mg,</i> <i>500 mg</i>	7
<i>erythromycin w/ delayed release particles cap 250</i> <i>mg</i>	7
<i>escitalopram oxalate soln 5 mg/5ml</i>	13
<i>escitalopram oxalate tab 20 mg</i>	13
<i>escitalopram oxalate tab 5 mg, 10 mg</i>	13
<i>esomeprazole magnesium cap delayed release 20</i> <i>mg, 40 mg</i>	50
<i>esomeprazole magnesium for delayed release susp</i> <i>packet 10 mg, 20 mg, 40 mg</i>	51
<i>estradiol & norethindrone acetate tab 0.5-0.1</i> <i>mg</i>	54
<i>estradiol & norethindrone acetate tab 1-0.5</i> <i>mg</i>	54
<i>estradiol tab 0.5 mg, 1 mg, 2 mg</i>	54
<i>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5</i> <i>mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/</i> <i>gm (0.1%), 1.25 mg/1.25gm (0.1%)</i>	54
<i>estradiol td patch twice weekly 0.025 mg/24hr,</i> <i>0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1</i> <i>mg/24hr</i>	54
<i>estradiol td patch weekly 0.025 mg/24hr,</i> <i>0.0375 mg/24hr (37.5 mcg/24hr), 0.05</i> <i>mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1</i> <i>mg/24hr</i>	54

estradiol vaginal cream 0.1 mg/gm.....	54	fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	40
estradiol vaginal tab 10 mcg.....	54	fenofibrate tab 145 mg, 160 mg.....	40
estradiol valerate im in oil 10 mg/ml.....	54	fenofibrate tab 48 mg, 54 mg.....	40
estradiol valerate im in oil 20 mg/ml, 40 mg/ml.....	54	fantanyl citrate lozenge on a handle 200 mcg.....	1
ESTRING.....	54	fantanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	1
ethambutol hcl tab 100 mg, 400 mg.....	17	fantanyl td patch 72hr 12 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	1
ethosuximide cap 250 mg.....	10	fantanyl td patch 72hr 25 mcg/hr, 50 mcg/hr.....	1
ethosuximide soln 250 mg/5ml.....	10	FETZIMA.....	13
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	54	FETZIMA TITRATION PACK.....	13
etodolac cap 200 mg.....	1	FINACEA.....	47
etodolac cap 300 mg.....	1	finasteride tab 5 mg.....	53
etodolac tab 400 mg, 500 mg.....	1	finolimid hcl cap 0.5 mg.....	45
etodolac tab er 24hr 400 mg, 500 mg.....	1	FINTEPLA.....	10
etodolac tab er 24hr 600 mg.....	1	FIRMAGON.....	57
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	55	flecainide acetate tab 50 mg, 100 mg, 150 mg.....	40
etravirine tab 100 mg.....	29	fluconazole for susp 10 mg/ml, 40 mg/ml.....	15
etravirine tab 200 mg.....	29	fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml.....	15
EULEXIN.....	18	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	15
everolimus tab 0.25 mg, 0.5 mg.....	59	flucytosine cap 250 mg, 500 mg.....	15
everolimus tab 0.75 mg, 1 mg.....	60	fludrocortisone acetate tab 0.1 mg.....	53
everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	18	flunisolide nasal soln 25 mcg/act (0.025%).....	67
everolimus tab 5 mg.....	18	fluocinolone acetonide (otic) oil 0.01%.....	66
everolimus tab for oral susp 2 mg, 5 mg.....	18	fluocinolone acetonide cream 0.01%, 0.025%.....	47
everolimus tab for oral susp 3 mg.....	18	fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil).....	47
EVOTAZ.....	29	fluocinolone acetonide oint 0.025%.....	47
exemestane tab 25 mg.....	18	fluocinolone acetonide soln 0.01%.....	47
EXTENCILLINE.....	7	fluocinonide cream 0.05%.....	47
EYSUVIS.....	65	fluocinonide emulsified base cream 0.05%.....	47
ezetimibe-simvastatin tab 10-10 mg, 10-80 mg.....	40	fluocinonide gel 0.05%.....	47
ezetimibe-simvastatin tab 10-20 mg, 10-40 mg.....	40	fluocinonide oint 0.05%.....	47
ezetimibe tab 10 mg.....	40	fluocinonide soln 0.05%.....	47
F		fluorometholone ophth susp 0.1%.....	65
famciclovir tab 125 mg, 250 mg, 500 mg.....	29	FLUOROURACIL.....	47
famotidine for susp 40 mg/5ml.....	51	fluorouracil cream 5%.....	47
famotidine tab 20 mg, 40 mg.....	51	fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml).....	18
FANAPT.....	26	fluorouracil soln 5%.....	47
FANAPT TITRATION PACK.....	26	FLUOXETINE DR.....	13
FARXIGA.....	33		
FASENRA.....	67		
FASENRA PEN.....	67		
felbamate susp 600 mg/5ml.....	10		
felbamate tab 400 mg, 600 mg.....	10		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	40		

<i>fluoxetine hcl cap 10 mg</i>	13	<i>gabapentin cap 400 mg</i>	10
<i>fluoxetine hcl cap 20 mg</i>	13	<i>gabapentin oral soln 250 mg/5ml</i>	10
<i>fluoxetine hcl cap 40 mg</i>	13	<i>gabapentin tab 600 mg</i>	10
<i>fluoxetine hcl solution 20 mg/5ml</i>	13	<i>gabapentin tab 800 mg</i>	10
<i>fluoxetine hcl tab 10 mg</i>	13	GALANTAMINE HYDROBROMIDE.....	12
<i>fluoxetine hcl tab 20 mg</i>	13	<i>galantamine hydrobromide cap er 24hr 16</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i>	26	<i>mg</i>	12
FLUPHENAZINE HCL.....	26	<i>galantamine hydrobromide cap er 24hr 8 mg, 24</i>	
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10</i>		<i>mg</i>	12
<i>mg</i>	26	<i>galantamine hydrobromide tab 4 mg, 8 mg, 12</i>	
FLUPHENAZINE HYDROCHLORIDE.....	26	<i>mg</i>	12
<i>flurbiprofen sodium ophth soln 0.03%</i>	65	GAMMAGARD LIQUID.....	60
<i>flurbiprofen tab 100 mg</i>	1	GAMMAGARD S/D IGA LESS THAN 1MCG/	
FLUTICASONE PROPIONATE/		ML.....	60
SALMETEROL.....	68	GAMMAPLEX.....	60
<i>fluticasone propionate cream 0.05%</i>	47	GAMUNEX-C.....	60
FLUTICASONE PROPIONATE HFA.....	67	GARDASIL 9.....	60
<i>fluticasone propionate nasal susp 50 mcg/</i>		GATTEX.....	51
<i>act</i>	68	GAUZE PADS 2" X 2".....	33
<i>fluticasone propionate oint 0.005%</i>	47	GAVILYTE-C.....	51
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/</i>		GAVRETO.....	19
<i>act, 250-50 mcg/act, 500-50 mcg/act</i>	68	<i>gefitinib tab 250 mg</i>	19
<i>fluvastatin sodium cap 20 mg, 40 mg</i>	40	<i>gemfibrozil tab 600 mg</i>	41
<i>fluvoxamine maleate tab 100 mg</i>	13	<i>gentamicin in saline inj 1.2 mg/ml</i>	7
<i>fluvoxamine maleate tab 25 mg, 50</i>		GENTAMICIN SULFATE/0.9% SODIUM	
<i>mg</i>	13	CHLORIDE.....	7
FOLOTYN.....	19	<i>gentamicin sulfate cream 0.1%</i>	47
<i>fondaparinux sodium subcutaneous inj 2.5</i>		<i>gentamicin sulfate inj 10 mg/ml, 40 mg/</i>	
<i>mg/0.5ml</i>	37	<i>ml</i>	7
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml,</i>		<i>gentamicin sulfate oint 0.1%</i>	47
<i>7.5 mg/0.6ml, 10 mg/0.8ml</i>	37	<i>gentamicin sulfate ophth soln 0.3%</i>	65
FORTEO.....	64	GENVOYA.....	30
<i>fosamprenavir calcium tab 700 mg</i>	29	GILOTRIF.....	19
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5</i>		<i>glatiramer acetate soln prefilled syringe 20 mg/</i>	
<i>mg, 20-12.5 mg</i>	40	<i>ml</i>	45
<i>fosinopril sodium tab 10 mg, 20 mg, 40</i>		<i>glatiramer acetate soln prefilled syringe 40 mg/</i>	
<i>mg</i>	40	<i>ml</i>	45
FOSRENOL.....	49	GLEOSTINE.....	19
FOTIVDA.....	19	<i>glimepiride tab 1 mg</i>	33
FRUZAQLA.....	19	<i>glimepiride tab 2 mg</i>	33
FULPHILA.....	37	<i>glimepiride tab 4 mg</i>	33
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	19	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	33
<i>furosemide inj 10 mg/ml</i>	40	<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500</i>	
<i>furosemide oral soln 10 mg/ml</i>	40	<i>mg</i>	33
<i>furosemide oral soln 8 mg/ml</i>	40	<i>glipizide tab 10 mg</i>	33
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	40	<i>glipizide tab 5 mg</i>	33
FUZEON.....	29	<i>glipizide tab er 24hr 10 mg</i>	33
FYCOMPA.....	10	<i>glipizide tab er 24hr 2.5 mg</i>	33
G		<i>glipizide tab er 24hr 5 mg</i>	33
<i>gabapentin cap 100 mg</i>	10	<i>glucagon (rdna) for inj kit 1 mg</i>	33
<i>gabapentin cap 300 mg</i>	10	GLUCAGON EMERGENCY KIT.....	33

GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR.....	33
<i>glutamine (sickle cell) powd pack 5 gm.....</i>	52
<i>glyburide-metformin tab 1.25-250 mg.....</i>	33
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg.....</i>	33
<i>glyburide micronized tab 1.5 mg.....</i>	33
<i>glyburide micronized tab 3 mg.....</i>	33
<i>glyburide micronized tab 6 mg.....</i>	33
<i>glyburide tab 1.25 mg.....</i>	33
<i>glyburide tab 2.5 mg.....</i>	33
<i>glyburide tab 5 mg.....</i>	33
<i>glycopyrrolate tab 1 mg, 2 mg.....</i>	51
GLYXAMBI.....	33
<i>granisetron hcl tab 1 mg.....</i>	14
GRANIX.....	37
<i>griseofulvin microsize susp 125 mg/5ml.....</i>	15
<i>griseofulvin microsize tab 500 mg.....</i>	15
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg.....</i>	15
<i>guanfacine hcl tab 1 mg, 2 mg.....</i>	41
<i>guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg.....</i>	45
GVOKE HYPOPEN 1-PACK.....	33
GVOKE HYPOPEN 2-PACK.....	33
GVOKE KIT.....	33
GVOKE PFS.....	34

H

HADLIMA.....	60
HADLIMA PUSHTOUCH.....	60
HAEGARDA.....	60
<i>halobetasol propionate cream 0.05%.....</i>	47
<i>halobetasol propionate oint 0.05%.....</i>	47
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml.....</i>	26
<i>haloperidol lactate inj 5 mg/ml.....</i>	26
<i>haloperidol lactate oral conc 2 mg/ml.....</i>	26
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....</i>	26
HARVONI.....	30
HAVRIX.....	60
HEMADY.....	53
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml.....</i>	37
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml.....</i>	37
<i>heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml.....</i>	37
<i>heparin sodium (porcine) pf inj 5000 unit/ml.....</i>	37

HEPLISAV-B.....	60
HIBERIX.....	60
HUMALOG.....	34
HUMALOG JUNIOR KWIKPEN.....	34
HUMALOG KWIKPEN.....	34
HUMALOG MIX 50/50.....	34
HUMALOG MIX 50/50 KWIKPEN.....	34
HUMALOG MIX 75/25.....	34
HUMALOG MIX 75/25 KWIKPEN.....	34
HUMALOG TEMPO PEN.....	34
HUMATIN.....	7
HUMIRA.....	60
HUMIRA PEN.....	60
HUMIRA PEN-CD/UC/HS STARTER.....	60
HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	60
HUMIRA PEN-PS/UV STARTER.....	60
HUMULIN 70/30.....	34
HUMULIN 70/30 KWIKPEN.....	34
HUMULIN N.....	34
HUMULIN N KWIKPEN.....	34
HUMULIN R.....	34
HUMULIN R U-500 (CONCENTRATE).....	34
HUMULIN R U-500 KWIKPEN.....	34
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....</i>	41
<i>hydrochlorothiazide cap 12.5 mg.....</i>	41
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....</i>	41
HYDROCODONE/IBUPROFEN.....	2
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....</i>	2
<i>hydrocodone-acetaminophen tab 5-300 mg.....</i>	2
<i>hydrocodone-acetaminophen tab 5-325 mg.....</i>	2
<i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg.....</i>	2
<i>hydrocodone bitartrate cap er 12hr 10 mg.....</i>	1
<i>hydrocodone bitartrate cap er 12hr 15 mg.....</i>	1
<i>hydrocodone bitartrate cap er 12hr 20 mg.....</i>	1
<i>hydrocodone bitartrate cap er 12hr 30 mg.....</i>	1
<i>hydrocodone bitartrate cap er 12hr 40 mg.....</i>	1
<i>hydrocodone bitartrate cap er 12hr 50 mg.....</i>	1

hydrocodone-ibuprofen tab 10-200 mg.....	2
hydrocodone-ibuprofen tab 7.5-200 mg.....	2
hydrocortisone butyrate cream 0.1%.....	47
hydrocortisone butyrate oint 0.1%.....	47
hydrocortisone butyrate soln 0.1%.....	47
hydrocortisone cream 1%.....	47
hydrocortisone cream 2.5%.....	47
hydrocortisone enema 100 mg/60ml.....	63
hydrocortisone lotion 2.5%.....	47
hydrocortisone oint 1%.....	47
hydrocortisone oint 2.5%.....	47
hydrocortisone perianal cream 1%.....	63
hydrocortisone perianal cream 2.5%.....	63
hydrocortisone tab 5 mg, 10 mg, 20 mg.....	53
hydrocortisone valerate cream 0.2%.....	47
hydrocortisone valerate oint 0.2%.....	48
hydrocortisone w/ acetic acid otic soln 1-2%.....	66
hydromorphone hcl inj 2 mg/ml.....	2
hydromorphone hcl liqd 1 mg/ml.....	2
hydromorphone hcl preservative free inj 10 mg/ ml.....	2
hydromorphone hcl preservative free inj 2 mg/ ml.....	2
hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	2
hydroxychloroquine sulfate tab 200 mg.....	24
hydroxyurea cap 500 mg.....	19
hydroxyzine hcl syrup 10 mg/5ml.....	32
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	32

I

ibandronate sodium tab 150 mg.....	64
IBRANCE.....	19
ibuprofen susp 100 mg/5ml.....	2
ibuprofen tab 400 mg.....	2
ibuprofen tab 600 mg.....	2
ibuprofen tab 800 mg.....	2
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	60
ICLUSIG.....	19
icosapent ethyl cap 0.5 gm.....	41
icosapent ethyl cap 1 gm.....	41
IDHIFA.....	19
ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml (50 mg/ml).....	19
ILEVRO.....	65
imatinib mesylate tab 100 mg.....	19
imatinib mesylate tab 400 mg.....	19
IMBRUVICA.....	19

IMIPENEM/CILASTATIN.....	7
imipenem-cilastatin intravenous for soln 500 mg.....	7
imipramine hcl tab 10 mg, 25 mg, 50 mg.....	13
imiquimod cream 5%.....	48
IMOVAX RABIES (H.D.C.V.).....	60
IMPAVIDO.....	7
INBRIJA.....	24
INCRELEX.....	54
INCRUSE ELLIPTA.....	68
indapamide tab 1.25 mg, 2.5 mg.....	41
INFANRIX.....	60
INLYTA.....	19
INQOVI.....	19
INREBIC.....	19
INSULIN INJECTION DEVICE.....	34
INSULIN SYRINGE/NEEDLE.....	34
INTELENCE.....	30
INTRALIPID.....	49
INVEGA HAFYERA.....	26
INVEGA SUSTENNA.....	26
INVEGA TRINZA.....	26
INVELTYS.....	65
IPOL INACTIVATED IPV.....	60
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	68
ipratropium bromide inhal soln 0.02%.....	68
ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....	68
ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....	68
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg.....	41
irbesartan tab 75 mg, 150 mg, 300 mg.....	41
ISENTRESS.....	30
ISENTRESS HD.....	30
isoniazid tab 100 mg.....	17
isoniazid tab 300 mg.....	17
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg.....	41
isosorbide mononitrate tab 10 mg.....	41
isosorbide mononitrate tab 20 mg.....	41
isosorbide mononitrate tab er 24hr 120 mg.....	41
isosorbide mononitrate tab er 24hr 30 mg, 60 mg.....	41
ISOTONIC GENTAMICIN.....	7
isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	48
isradipine cap 2.5 mg, 5 mg.....	41
itraconazole cap 100 mg.....	15

<i>ivabradine hcl tab 5 mg, 7.5 mg</i>	41
<i>ivermectin cream 1%</i>	48
<i>ivermectin tab 3 mg</i>	24
IWILFIN.....	19
IXCHIQ.....	61
IXIARO.....	61

J

JAKAFI.....	19
JANUMET.....	34
JANUMET XR.....	34
JANUVIA.....	34
JARDIANCE.....	34
JAYPIRCA.....	19
JULUCA.....	30
JYNNEOS.....	61

K

KALYDECO.....	68
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	49
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	49
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	49
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj</i>	49
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	49
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	49
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	49
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	49
KERENDIA.....	41
KESIMPTA.....	45
<i>ketoconazole cream 2%</i>	15
<i>ketoconazole shampoo 2%</i>	15
<i>ketoconazole tab 200 mg</i>	15
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	65
KINRIX.....	61
KISQALI.....	19
KISQALI FEMARA 200 DOSE.....	19
KISQALI FEMARA 400 DOSE.....	19
KISQALI FEMARA 600 DOSE.....	20
KLOXXADO.....	3
KORLYM.....	57
KOSELUGO.....	20
KRAZATI.....	20

L

<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	41
<i>lacosamide iv inj 200 mg/20ml (10 mg/ ml)</i>	10
<i>lacosamide oral solution 10 mg/ml</i>	10
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	10
<i>lactic acid (ammonium lactate) cream 12%</i>	48
<i>lactic acid (ammonium lactate) lotion 12%</i>	48
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	51
<i>lactulose solution 10 gm/15ml</i>	51
LAGEVRIO.....	30
<i>lamivudine oral soln 10 mg/ml</i>	30
<i>lamivudine tab 100 mg (hbv)</i>	30
<i>lamivudine tab 150 mg</i>	30
<i>lamivudine tab 300 mg</i>	30
<i>lamivudine-zidovudine tab 150-300 mg</i>	30
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	10
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	10
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i>	10
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	51
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	49
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	49
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	49
LANTUS.....	34
LANTUS SOLOSTAR.....	35
<i>lapatinib ditosylate tab 250 mg</i>	20
<i>latanoprost ophth soln 0.005%</i>	65
LAZCLUZE.....	20
LEDIPASVIR/SOFOSBUVIR.....	30
<i>leflunomide tab 10 mg, 20 mg</i>	61
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	20
<i>lenalidomide cap 5 mg, 10 mg</i>	20
<i>lenalidomide caps 2.5 mg</i>	20
LENTOCILIN.....	7
LENVIMA 10 MG DAILY DOSE.....	20
LENVIMA 12MG DAILY DOSE.....	20
LENVIMA 14 MG DAILY DOSE.....	20
LENVIMA 18 MG DAILY DOSE.....	20

LENVIMA 20 MG DAILY DOSE.....	20	levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56
LENVIMA 24 MG DAILY DOSE.....	20	levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56
LENVIMA 4 MG DAILY DOSE.....	20	levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56
LENVIMA 8 MG DAILY DOSE.....	20	levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56
letrozole tab 2.5 mg.....	20	levothyroxine sodium tab 300 mcg (levo-t, unithroid).....	56
leucovorin calcium tab 10 mg, 15 mg, 25 mg.....	20	levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56
leucovorin calcium tab 5 mg.....	20	levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56
LEUKERAN.....	20	levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56
LEUKINE.....	38	LIBERVANT.....	10
LEUPROLIDE ACETATE.....	57	lidocaine hcl laryngotracheal soln 4%.....	3
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	57	lidocaine hcl soln 4%.....	3
levetiracetam in sodium chloride iv soln 500 mg/100ml, 1000 mg/100ml, 1500 mg/100ml.....	10	lidocaine hcl viscous soln 2%.....	3
levetiracetam oral soln 100 mg/ml.....	10	lidocaine oint 5%.....	3
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	10	lidocaine patch 5%.....	3
levetiracetam tab er 24hr 500 mg, 750 mg.....	10	lidocaine-prilocaine cream 2.5-2.5%.....	3
levobunolol hcl ophth soln 0.5%.....	65	LILETTA.....	53
levocarnitine oral soln 1 gm/10ml (10%).....	52	linezolid for susp 100 mg/5ml.....	7
levocarnitine tab 330 mg.....	52	linezolid in sodium chloride iv soln 600 mg/300ml-0.9%.....	7
levocetirizine dihydrochloride tab 5 mg.....	68	linezolid iv soln 600 mg/300ml (2 mg/ml).....	7
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml.....	7	linezolid tab 600 mg.....	7
levofloxacin iv soln 25 mg/ml.....	7	LINZESE.....	51
levofloxacin oral soln 25 mg/ml.....	7	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	56
levofloxacin tab 250 mg, 500 mg, 750 mg.....	7	lisdexamphetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg.....	45
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	55	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	41
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	55	lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg.....	41
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	55	lithium carbonate cap 150 mg, 300 mg.....	32
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	55	lithium carbonate cap 600 mg.....	32
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	55	lithium carbonate tab 300 mg.....	32
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	55	lithium carbonate tab er 300 mg, 450 mg.....	32
levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56	lithium oral solution 8 meq/5ml.....	32
levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56	LONSURF.....	20
levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56	loperamide hcl cap 2 mg.....	51
levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid).....	56	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	30
		lopinavir-ritonavir tab 100-25 mg.....	30
		lopinavir-ritonavir tab 200-50 mg.....	30
		lorazepam conc 2 mg/ml.....	32

<i>lorazepam tab 0.5 mg, 1 mg</i>	32	<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	55
<i>lorazepam tab 2 mg</i>	32	<i>mefloquine hcl tab 250 mg</i>	24
LORBRENA.....	20	<i>megestrol acetate susp 40 mg/ml</i>	55
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	41	<i>megestrol acetate tab 20 mg, 40 mg</i>	55
<i>losartan potassium tab 100 mg</i>	41	MEKINIST.....	21
<i>losartan potassium tab 25 mg, 50 mg</i>	41	MEKTOVI.....	21
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	41	<i>meloxicam tab 15 mg</i>	2
<i>loxapine succinate cap 50 mg</i>	26	<i>meloxicam tab 7.5 mg</i>	2
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg</i>	26	<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>	12
<i>lubiprostone cap 24 mcg</i>	51	<i>memantine hcl oral solution 2 mg/ml</i>	12
<i>lubiprostone cap 8 mcg</i>	51	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	12
LUMAKRAS.....	20	<i>memantine hcl tab 5 mg, 10 mg</i>	12
LUMIGAN.....	65	MENACTRA.....	61
LUMRYZ.....	69	MENEST.....	55
LUMRYZ STARTER PACK.....	69	MENQUADFI.....	61
LUPRON DEPOT (1-MONTH).....	57	MENVEO.....	61
LUPRON DEPOT (3-MONTH).....	57	<i>mercaptopurine tab 50 mg</i>	21
LUPRON DEPOT (4-MONTH).....	57	<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	7
LUPRON DEPOT (6-MONTH).....	57	<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	7
LUPRON DEPOT-PED (1-MONTH).....	57	<i>meropenem iv for soln 500 mg, 1 gm</i>	7
LUPRON DEPOT-PED (3-MONTH).....	57	<i>mesalamine cap dr 400 mg</i>	63
LUPRON DEPOT-PED (6-MONTH).....	57	<i>mesalamine cap er 24hr 0.375 gm</i>	63
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	26	<i>mesalamine cap er 500 mg</i>	63
<i>lurasidone hcl tab 80 mg</i>	26	<i>mesalamine enema 4 gm</i>	63
LYBALVI.....	27	<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	63
LYNPARZA.....	20	<i>mesalamine suppos 1000 mg</i>	63
LYSODREN.....	57	<i>mesalamine tab delayed release 1.2 gm</i>	63
LYTGOBI.....	20	<i>mesalamine tab delayed release 800 mg</i>	63
LYUMJEV.....	35	MESNEX.....	21
LYUMJEV KWIKPEN.....	35	<i>metformin hcl tab 1000 mg</i>	35
LYUMJEV TEMPO PEN.....	35	<i>metformin hcl tab 500 mg</i>	35
M		<i>metformin hcl tab 850 mg</i>	35
<i>magnesium sulfate inj 50%</i>	49	<i>metformin hcl tab er 24hr 500 mg</i>	35
<i>malathion lotion 0.5%</i>	48	<i>metformin hcl tab er 24hr 750 mg</i>	35
<i>maraviroc tab 150 mg</i>	30	<i>methadone hcl tab 10 mg</i>	2
<i>maraviroc tab 300 mg</i>	30	<i>methadone hcl tab 5 mg</i>	2
MARGENZA.....	20	<i>methazolamide tab 25 mg, 50 mg</i>	41
MARPLAN.....	13	<i>methenamine hippurate tab 1 gm</i>	7
MATULANE.....	21	<i>methimazole tab 5 mg, 10 mg</i>	58
MAYZENT.....	45	<i>methocarbamol tab 500 mg, 750 mg</i>	69
MAYZENT STARTER PACK.....	45	<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	61
<i>meclizine hcl tab 12.5 mg, 25 mg</i>	14	<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	61
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	55		
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	55		

<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	61	<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	13
<i>methotrexate sodium tab 2.5 mg</i>	61	<i>mirtazapine tab 15 mg</i>	13
METHOXSALEN.....	48	<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	13
<i>methscopolamine bromide tab 2.5 mg, 5 mg</i>	51	<i>misoprostol tab 100 mcg, 200 mcg</i>	51
<i>methsuximide cap 300 mg</i>	10	M-M-R II.....	61
<i>methylphenidate hcl soln 10 mg/5ml</i>	45	<i>modafinil tab 100 mg, 200 mg</i>	69
<i>methylphenidate hcl soln 5 mg/5ml</i>	45	<i>moexipril hcl tab 7.5 mg, 15 mg</i>	42
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	45	MOLINDONE HYDROCHLORIDE.....	27
<i>methylphenidate hcl tab er 10 mg</i>	45	<i>mometasone furoate cream 0.1%</i>	48
<i>methylphenidate hcl tab er 20 mg</i>	45	<i>mometasone furoate nasal susp 50 mcg/act</i>	68
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	53	<i>mometasone furoate oint 0.1%</i>	48
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	53	<i>mometasone furoate solution 0.1% (lotion)</i>	48
<i>methyltestosterone cap 10 mg</i>	55	<i>montelukast sodium chew tab 4 mg, 5 mg</i>	68
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	51	<i>montelukast sodium oral granules packet 4 mg</i>	68
<i>metoclopramide hcl tab 5 mg, 10 mg</i>	51	<i>montelukast sodium tab 10 mg</i>	68
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	41	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2
<i>metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	41	<i>morphine sulfate oral soln 10 mg/5ml</i>	2
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i>	41	<i>morphine sulfate oral soln 20 mg/5ml</i>	2
<i>metoprolol tartrate tab 25 mg, 50 mg, 75 mg, 100 mg</i>	41	<i>morphine sulfate tab 15 mg</i>	2
<i>metoprolol tartrate tab 37.5 mg</i>	41	<i>morphine sulfate tab 30 mg</i>	2
<i>metronidazole cap 375 mg</i>	7	<i>morphine sulfate tab er 100 mg, 200 mg</i>	2
<i>metronidazole cream 0.75%</i>	48	<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i>	2
<i>metronidazole gel 0.75%, 1%</i>	48	MOUNJARO.....	35
<i>metronidazole iv soln 500 mg/100ml</i>	8	MOVANTIK.....	51
<i>metronidazole lotion 0.75%</i>	48	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	8
<i>metronidazole tab 250 mg, 500 mg</i>	8	<i>moxifloxacin hcl iv solution 400 mg/250ml</i>	8
<i>metronidazole vaginal gel 0.75%</i>	8	<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic fo r Moxeza)</i>	65
<i>metyrosine cap 250 mg</i>	41	<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	65
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	41	<i>moxifloxacin hcl tab 400 mg</i>	8
MICAFUNGIN/SODIUM CHLORIDE.....	15	MRESVIA.....	61
<i>micafungin sodium for iv soln 100 mg</i>	15	MULTAQ.....	42
<i>micafungin sodium for iv soln 50 mg</i>	15	<i>mupirocin calcium cream 2%</i>	48
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	41	<i>mupirocin oint 2%</i>	48
<i>mifepristone tab 300 mg</i>	57	MYALEPT.....	51
<i>miglustat cap 100 mg</i>	52	<i>mycophenolate mofetil cap 250 mg</i>	61
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	8	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	61
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	8	<i>mycophenolate mofetil tab 500 mg</i>	61
<i>minoxidil tab 2.5 mg, 10 mg</i>	41	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	61

MYHIBBIN.....	61
MYRBETRIQ.....	53
N	
nabumetone tab 500 mg.....	2
nabumetone tab 750 mg.....	2
nadolol tab 20 mg, 40 mg, 80 mg.....	42
nafticillin sodium for inj 1 gm, 2 gm.....	8
nafticillin sodium for iv soln 10 gm.....	8
nafticillin sodium in dextrose inj 2 gm/100ml.....	8
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml.....	3
naloxone hcl nasal spray 4 mg/0.1ml.....	3
naloxone hcl soln cartridge 0.4 mg/ml.....	3
naloxone hcl soln prefilled syringe 2 mg/2ml.....	3
naltrexone hcl tab 50 mg.....	3
naproxen sodium tab 275 mg.....	2
naproxen sodium tab 550 mg.....	2
naproxen susp 125 mg/5ml.....	2
naproxen tab 250 mg.....	2
naproxen tab 375 mg.....	2
naproxen tab 500 mg.....	2
naproxen tab ec 375 mg.....	2
naproxen tab ec 500 mg.....	2
naratriptan hcl tab 1 mg, 2.5 mg.....	16
NATACYN.....	65
nateglinide tab 120 mg.....	35
nateglinide tab 60 mg.....	35
NAYZILAM.....	10
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	42
NEFAZODONE HYDROCHLORIDE.....	13
nelarabine iv soln 5 mg/ml.....	21
NEOMYCIN/POLYMYXIN/ GRAMICIDIN.....	65
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	65
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	65
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	65
neomycin-polymyxin-hc otic soln 1%.....	66
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	66
neomycin sulfate tab 500 mg.....	8
NERLYNX.....	21
NEUPRO.....	25
nevirapine susp 50 mg/5ml.....	30
nevirapine tab 200 mg.....	30
nevirapine tab er 24hr 400 mg.....	30

niacin tab er 500 mg (antihyperlipidemic).....	42
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....	42
nicardipine hcl cap 20 mg, 30 mg.....	42
NICOTROL INHALER.....	4
NICOTROL NS.....	4
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	42
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	42
nilutamide tab 150 mg.....	21
nimodipine cap 30 mg.....	42
NINLARO.....	21
NISOLDIPINE ER.....	42
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	42
nitazoxanide tab 500 mg.....	24
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	52
NITRO-BID.....	42
nitrofurantoin macrocrystalline cap 50 mg, 100 mg.....	8
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	8
nitroglycerin oint 0.4%.....	42
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	42
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	42
nitroglycerin tl soln 0.4 mg/spray (400 mcg/ spray).....	42
NIVESTYM.....	38
NIZATIDINE.....	51
nizatidine cap 300 mg.....	51
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	55
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	55
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg.....	55
norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	55
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	55
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	55
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	55
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	55
norethindrone acetate tab 5 mg.....	55

norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	55
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....	55
norethindrone tab 0.35 mg.....	55
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	55
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg.....	55
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	55
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	13
nortriptyline hcl soln 10 mg/5ml.....	13
NORVIR.....	30
NOXAFIL.....	15
NUBEQA.....	21
NUDEXTA.....	45
NUPLAZID.....	27
NURTEC.....	16
NUTRILIPID.....	49
nystatin cream 100000 unit/gm.....	15
nystatin oint 100000 unit/gm.....	15
nystatin susp 100000 unit/ml.....	15
nystatin tab 500000 unit.....	15
nystatin topical powder 100000 unit/gm.....	16
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	48
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	48
O	
OALIVA.....	51
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....	57
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....	57
octreotide acetate subcutaneous soln pref syr 100 mcg/ml.....	57
octreotide acetate subcutaneous soln pref syr 500 mcg/ml.....	57
octreotide acetate subcutaneous soln pref syr 50 mcg/ml.....	57
ODEFSEY.....	30
ODOMZO.....	21
OFEV.....	68
ofloxacin ophth soln 0.3%.....	65
ofloxacin otic soln 0.3%.....	66
ofloxacin tab 400 mg.....	8

OGSIVEO.....	21
OJEMDA.....	21
OJJAARA.....	21
olanzapine for im inj 10 mg.....	27
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....	27
olanzapine tab 15 mg, 20 mg.....	27
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	27
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg.....	42
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	42
olmesartan medoxomil tab 20 mg, 40 mg.....	42
olmesartan medoxomil tab 5 mg.....	42
olopatadine hcl nasal soln 0.6%.....	68
olopatadine hcl ophth soln 0.2%.....	65
omega-3-acid ethyl esters cap 1 gm.....	42
omeprazole cap delayed release 10 mg.....	51
omeprazole cap delayed release 20 mg, 40 mg.....	51
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5).....	35
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5).....	36
OMNIPOD 5 G7 INTRO KIT (GEN 5).....	36
OMNIPOD 5 G7 PODS (GEN 5).....	36
OMNIPOD 5 LIBRE2 PLUS G6.....	36
OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	36
OMNIPOD CLASSIC PODS (GEN 3).....	35
OMNIPOD DASH INTRO KIT (GEN 4).....	35
OMNIPOD DASH PDM KIT (GEN 4).....	35
OMNIPOD DASH PODS (GEN 4).....	35
OMNIPOD GO 10 UNITS/DAY.....	35
OMNIPOD GO 15 UNITS/DAY.....	35
OMNIPOD GO 20 UNITS/DAY.....	35
OMNIPOD GO 25 UNITS/DAY.....	35
OMNIPOD GO 30 UNITS/DAY.....	35
OMNIPOD GO 35 UNITS/DAY.....	35
OMNIPOD GO 40 UNITS/DAY.....	35
OMNITROPE.....	54
ondansetron hcl oral soln 4 mg/5ml.....	14
ondansetron hcl tab 24 mg.....	14
ondansetron hcl tab 4 mg, 8 mg.....	14
ondansetron orally disintegrating tab 4 mg, 8 mg.....	14
ONTRUZANT.....	21
ONUREG.....	21
OPDIVO.....	21

OPSUMIT.....	68
ORACEA.....	48
ORFADIN.....	52
ORGOVYX.....	57
ORKAMBI.....	68
ORSERDU.....	21
oseltamivir phosphate cap 30 mg.....	30
oseltamivir phosphate cap 45 mg, 75 mg.....	30
oseltamivir phosphate for susp 6 mg/ml.....	30
OTEZLA.....	48
oxaprozin tab 600 mg.....	3
oxazepam cap 10 mg, 15 mg, 30 mg.....	32
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	10
oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	11
oxybutynin chloride solution 5 mg/5ml.....	53
oxybutynin chloride tab 5 mg.....	53
oxybutynin chloride tab er 24hr 10 mg.....	53
oxybutynin chloride tab er 24hr 15 mg.....	53
oxybutynin chloride tab er 24hr 5 mg.....	53
oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg.....	3
oxycodone hcl tab 5 mg.....	3
oxycodone w/ acetaminophen tab 10-325 mg.....	3
oxycodone w/ acetaminophen tab 2.5-325 mg.....	3
oxycodone w/ acetaminophen tab 5-325 mg.....	3
oxycodone w/ acetaminophen tab 7.5-325 mg.....	3
OZEMPIC.....	36

P

paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	27
paliperidone tab er 24hr 6 mg.....	27
PALYNZIQ.....	52
PANRETIN.....	21
pantoprazole sodium ec tab 20 mg.....	51
pantoprazole sodium ec tab 40 mg.....	51
paricalcitol cap 1 mcg, 2 mcg, 4 mcg.....	64
paroxetine hcl oral susp 10 mg/5ml.....	13
paroxetine hcl tab 10 mg, 40 mg.....	13
paroxetine hcl tab 20 mg.....	14
paroxetine hcl tab 30 mg.....	14
paroxetine hcl tab er 24hr 12.5 mg.....	13
paroxetine hcl tab er 24hr 25 mg, 37.5 mg.....	13

PAXLOVID.....	30
pazopanib hcl tab 200 mg.....	21
PEDIARIX.....	61
PEDVAX HIB.....	61
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	51
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	51
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	51
PEGASYS.....	61
PEMAZYRE.....	21
PENBRAYA.....	61
penicillamine tab 250 mg.....	53
penicillin g potassium for inj 5000000 unit, 20000000 unit.....	8
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	8
PENICILLIN G SODIUM.....	8
penicillin v potassium for soln 125 mg/5ml.....	8
penicillin v potassium for soln 250 mg/5ml.....	8
penicillin v potassium tab 250 mg, 500 mg.....	8
PENTACEL.....	61
pentamidine isethionate for inj soln 300 mg.....	24
pentamidine isethionate for nebulization soln 300 mg.....	24
PENTASA.....	63
pentoxifylline tab er 400 mg.....	42
perindopril erbumine tab 2 mg, 4 mg.....	42
perindopril erbumine tab 8 mg.....	42
permethrin cream 5%.....	48
perphenazine tab 2 mg.....	14
perphenazine tab 4 mg, 8 mg, 16 mg.....	14
PERSERIS.....	27
phenelzine sulfate tab 15 mg.....	14
phenobarbital elixir 20 mg/5ml.....	11
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	11
phenoxybenzamine hcl cap 10 mg.....	42
phenytoin chew tab 50 mg.....	11
phenytoin sodium extended cap 100 mg, 200 mg, 300 mg.....	11
phenytoin susp 125 mg/5ml.....	11
PIFELTRO.....	30
pilocarpine hcl ophth soln 1%, 2%, 4%.....	65
pilocarpine hcl tab 5 mg.....	46
pilocarpine hcl tab 7.5 mg.....	46
pimecrolimus cream 1%.....	48

PIMOZIDE.....	27	prazosin hcl cap 1 mg, 2 mg, 5 mg.....	42
pindolol tab 5 mg, 10 mg.....	42	prednisolone acetate ophth susp 1%.....	65
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg.....	36	prednisolone sodium phosphate ophth soln 1%.....	65
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.....	36	prednisolone sodium phosphate oral soln 25 mg/5ml.....	53
pioglitazone hcl tab 15 mg.....	36	prednisolone sod phosphate oral soln 15 mg/5ml.....	53
pioglitazone hcl tab 30 mg, 45 mg.....	36	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....	53
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....	8	prednisolone soln 15 mg/5ml.....	53
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm).....	8	prednisone oral soln 5 mg/5ml.....	53
PIQRAY 200MG DAILY DOSE.....	21	prednisone tab 1 mg, 2.5 mg, 20 mg.....	54
PIQRAY 250MG DAILY DOSE.....	21	prednisone tab 5 mg, 10 mg, 50 mg.....	54
PIQRAY 300MG DAILY DOSE.....	21	prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....	53
pirfenidone cap 267 mg.....	68	pregabalin cap 225 mg, 300 mg.....	11
pirfenidone tab 267 mg.....	68	pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....	11
pirfenidone tab 801 mg.....	68	pregabalin soln 20 mg/ml.....	11
piroxicam cap 10 mg.....	3	PREHEVBRIO.....	61
piroxicam cap 20 mg.....	3	PREMARIN.....	55
PLEGRIDY.....	45	PREMPHASE.....	55
PLEGRIDY STARTER PACK.....	45	PREMPRO.....	56
podofilox soln 0.5%.....	48	PREVMIS.....	30
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	65	PREZCOBIX.....	30
POMALYST.....	21	PREZISTA.....	30
posaconazole susp 40 mg/ml.....	16	PRIFTIN.....	17
posaconazole tab delayed release 100 mg.....	16	primaquine phosphate tab 26.3 mg (15 mg base).....	24
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	50	PRIMIDONE.....	11
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....	50	primidone tab 50 mg, 250 mg.....	11
potassium chloride cap er 8 meq, 10 meq.....	50	PRIORIX.....	61
potassium chloride inj 2 meq/ml.....	50	probenecid tab 500 mg.....	16
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....	50	prochlorperazine edisylate inj 10 mg/2ml.....	14
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	50	prochlorperazine maleate tab 5 mg, 10 mg.....	14
potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg).....	50	prochlorperazine suppos 25 mg.....	15
potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg).....	50	PROCRIT.....	38
PRADAXA.....	38	progesterone cap 100 mg, 200 mg.....	56
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....	25	PROGRAF.....	61
prasugrel hcl tab 5 mg, 10 mg.....	38	PROLASTIN-C.....	52
pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	42	PROLENSA.....	65
pravastatin sodium tab 80 mg.....	42	PROLIA.....	64
praziquantel tab 600 mg.....	24	PROMACTA.....	38
		promethazine hcl oral soln 6.25 mg/5ml.....	15
		promethazine hcl suppos 12.5 mg, 25 mg.....	15
		promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	15

<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	42	RECOMBIVAX HB.....	62
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	42	RECTIV.....	43
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	42	REGRANEX.....	48
<i>propranolol hcl oral soln 20 mg/5ml</i>	42	RELENZA DISKHALER.....	31
<i>propranolol hcl oral soln 40 mg/5ml</i>	43	<i>repaglinide tab 0.5 mg</i>	36
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	43	<i>repaglinide tab 1 mg</i>	36
<i>propylthiouracil tab 50 mg</i>	58	<i>repaglinide tab 2 mg</i>	36
PROQUAD.....	62	REPATHA.....	43
<i>protriptyline hcl tab 5 mg, 10 mg</i>	14	REPATHA PUSHTRONEX SYSTEM.....	43
PULMOZYME.....	68	REPATHA SURECLICK.....	43
PURIXAN.....	21	RESTASIS.....	65
<i>pyrazinamide tab 500 mg</i>	17	RESTASIS MULTIDOSE.....	65
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	17	RETACRIT.....	38
<i>pyridostigmine bromide tab 60 mg</i>	17	RETEVMO.....	21
<i>pyridostigmine bromide tab er 180 mg</i>	17	REVCovi.....	52
<i>pyrimethamine tab 25 mg</i>	24	REVLIMID.....	22
Q		REXULTI.....	27
QINLOCK.....	21	REYATAZ.....	31
QUADRACEL.....	62	REZLIDHIA.....	22
QUETIAPINE FUMARATE.....	27	RHOPRESSA.....	65
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	27	<i>ribavirin cap 200 mg</i>	31
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	27	<i>ribavirin tab 200 mg</i>	31
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	27	RIDAURA.....	62
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	27	<i>rifabutin cap 150 mg</i>	17
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	43	<i>rifampin cap 150 mg, 300 mg</i>	17
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	43	<i>rifampin for inj 600 mg</i>	17
<i>quinidine gluconate tab er 324 mg</i>	43	<i>riluzole tab 50 mg</i>	45
<i>quinidine sulfate tab 200 mg</i>	43	RINVOQ.....	62
<i>quinidine sulfate tab 300 mg</i>	43	RINVOQ LQ.....	62
<i>quinine sulfate cap 324 mg</i>	24	<i>risedronate sodium tab 150 mg</i>	64
R		<i>risedronate sodium tab 35 mg</i>	64
RABAVERT.....	62	<i>risedronate sodium tab 5 mg, 30 mg</i>	64
<i>rabeprazole sodium ec tab 20 mg</i>	51	<i>risedronate sodium tab delayed release 35 mg</i>	64
<i>raloxifene hcl tab 60 mg</i>	56	RISPERDAL CONSTA.....	27
<i>ramelteon tab 8 mg</i>	69	<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i>	27
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	43	<i>risperidone microspheres for im extended rel susp 50 mg</i>	27
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	43	RISPERIDONE ODT.....	27
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i>	25	<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	28
		<i>risperidone orally disintegrating tab 4 mg</i>	28
		<i>risperidone soln 1 mg/ml</i>	28
		<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	28
		<i>risperidone tab 4 mg</i>	28
		<i>ritonavir tab 100 mg</i>	31
		<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	12

<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	12
<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i>	16
<i>rizatriptan benzoate tab 5 mg, 10 mg</i>	16
ROCKLATAN.....	65
<i>roflumilast tab 250 mcg, 500 mcg</i>	68
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	25
<i>ropinirole hydrochloride tab er 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg</i>	25
<i>rosuvastatin calcium tab 40 mg</i>	43
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	43
ROTARIX.....	62
ROTATEQ.....	62
ROZLYTREK.....	22
RUBRACA.....	22
<i>rufinamide susp 40 mg/ml</i>	11
<i>rufinamide tab 200 mg</i>	11
<i>rufinamide tab 400 mg</i>	11
RUKOBIA.....	31
RYBELSUS.....	36
RYDAPT.....	22
RYTARY.....	25

S

SANTYL.....	48
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i>	52
<i>sapropterin dihydrochloride tab 100 mg</i>	52
SCSEMBLIX.....	22
<i>scopolamine td patch 72hr 1 mg/3days</i>	15
SECUADO.....	28
<i>selegiline hcl cap 5 mg</i>	25
<i>selegiline hcl tab 5 mg</i>	25
<i>selenium sulfide lotion 2.5%</i>	48
SELZENTRY.....	31
SEREVENT DISKUS.....	68
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	14
<i>sertraline hcl tab 100 mg</i>	14
<i>sertraline hcl tab 25 mg, 50 mg</i>	14
<i>sevelamer carbonate packet 0.8 gm</i>	50
<i>sevelamer carbonate packet 2.4 gm</i>	50
<i>sevelamer carbonate tab 800 mg</i>	50
SHINGRIX.....	62
SIGNIFOR.....	58
<i>sildenafil citrate tab 20 mg</i>	68
<i>silodosin cap 4 mg, 8 mg</i>	53
<i>silver sulfadiazine cream 1%</i>	48

SIMBRINZA.....	66
SIMULECT.....	62
<i>simvastatin tab 20 mg</i>	43
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	43
<i>simvastatin tab 80 mg</i>	43
<i>sirolimus oral soln 1 mg/ml</i>	62
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	62
SIRTURO.....	17
SIVEXTRO.....	8
SKYLA.....	53
SKYRIZI.....	62
SKYRIZI PEN.....	62
<i>sodium chloride irrigation soln 0.9%</i>	50
<i>sodium chloride iv soln 0.45%, 0.9%</i>	50
<i>sodium chloride preservative free inj 0.9%</i>	50
SODIUM OXYBATE.....	69
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	52
<i>sodium phenylbutyrate tab 500 mg</i>	52
<i>sodium polystyrene sulfonate powder</i>	50
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	50
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	51
SOFOSBUVIR/VELPATASVIR.....	31
<i>solifenacin succinate tab 5 mg, 10 mg</i>	53
SOLTAMOX.....	22
SOMAVERT.....	58
<i>sorafenib tosylate tab 200 mg</i>	22
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>	43
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	43
SOVALDI.....	31
SPIRIVA HANDIHALER.....	68
SPIRIVA RESPIMAT.....	68
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	43
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	43
SPRITAM.....	11
SPRYCEL.....	22
SPS.....	50
STAMARIL.....	62
STELARA.....	62
STIOLTO RESPIMAT.....	68
STIVARGA.....	22
STREPTOMYCIN SULFATE.....	8
STRIBILD.....	31
<i>sucalfate susp 1 gm/10ml</i>	51
<i>sucalfate tab 1 gm</i>	51

SULFACETAMIDE SODIUM.....	66	tamoxifen citrate tab 10 mg, 20 mg.....	22
sulfacetamide sodium lotion 10% (acne).....	48	tamsulosin hcl cap 0.4 mg.....	53
sulfacetamide sodium ophth soln 10%.....	66	TASIGNA.....	22
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....	66	tasimelteon capsule 20 mg.....	69
sulfadiazine tab 500 mg.....	8	tazarotene cream 0.05%.....	48
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	8	tazarotene cream 0.1%.....	48
sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg.....	8	tazarotene gel 0.05%, 0.1%.....	48
sulfasalazine tab 500 mg.....	63	TAZICEF.....	8
sulfasalazine tab delayed release 500 mg.....	63	TAZORAC.....	48
sulindac tab 150 mg, 200 mg.....	3	TAZVERIK.....	22
sumatriptan nasal spray 5 mg/act, 20 mg/ act.....	16	TDVAX.....	62
sumatriptan succinate inj 6 mg/0.5ml.....	16	TEFLARO.....	8
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml.....	16	telmisartan-amlodipine tab 40-10 mg.....	43
sumatriptan succinate solution cartridge 4 mg/0.5ml.....	16	telmisartan-amlodipine tab 40-5 mg.....	43
sumatriptan succinate solution cartridge 6 mg/0.5ml.....	16	telmisartan-amlodipine tab 80-10 mg.....	43
sumatriptan succinate tab 25 mg, 50 mg, 100 mg.....	16	telmisartan-amlodipine tab 80-5 mg.....	43
sunitinib malate cap 12.5 mg.....	22	telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....	43
sunitinib malate cap 25 mg, 37.5 mg, 50 mg.....	22	telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	43
SUNLENCA.....	31	telmisartan tab 20 mg, 40 mg, 80 mg.....	43
SUPREP BOWEL PREP KIT.....	51	temazepam cap 15 mg, 30 mg.....	69
SUTAB.....	51	temazepam cap 7.5 mg.....	69
SYMLINPEN 120.....	36	TENCON.....	3
SYMLINPEN 60.....	36	TENIVAC.....	62
SYMPAZAN.....	11	tenofovir disoproxil fumarate tab 300 mg.....	31
SYMTUZA.....	31	TEPMETKO.....	22
SYNAREL.....	58	terazosin hcl cap 1 mg.....	43
SYNJARDY.....	36	terazosin hcl cap 2 mg, 5 mg, 10 mg.....	43
SYNJARDY XR.....	36	terbinafine hcl tab 250 mg.....	16
SYNRIBO.....	22	terbutaline sulfate tab 2.5 mg, 5 mg.....	69
SYNTHROID.....	57	terconazole vaginal cream 0.4%, 0.8%.....	16
T		terconazole vaginal suppos 80 mg.....	16
TABLOID.....	22	TERIPARATIDE.....	64
TABRECTA.....	22	teriparatide soln pen-inj 600 mcg/2.4ml.....	64
tacrolimus cap 0.5 mg, 1 mg.....	62	testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml.....	56
tacrolimus cap 5 mg.....	62	TESTOSTERONE ENANTHATE.....	56
tacrolimus oint 0.03%, 0.1%.....	48	testosterone td gel 12.5 mg/act (1%).....	56
tadalafil tab 20 mg (pah).....	69	testosterone td gel 20.25 mg/1.25gm (1.62%).....	56
TAFINLAR.....	22	testosterone td gel 20.25 mg/act (1.62%).....	56
TAGRISO.....	22	testosterone td gel 25 mg/2.5gm (1%).....	56
TALZENNA.....	22	testosterone td gel 40.5 mg/2.5gm (1.62%).....	56
		testosterone td gel 50 mg/5gm (1%).....	56
		testosterone td soln 30 mg/act.....	56
		tetrabenazine tab 12.5 mg.....	46
		tetrabenazine tab 25 mg.....	46

tetracycline hcl cap 250 mg, 500 mg.....	8	tramadol-acetaminophen tab 37.5-325	
THALOMID.....	22	mg.....	3
THEO-24.....	69	tramadol hcl tab 50 mg.....	3
theophylline tab er 12hr 300 mg, 450		tramadol hcl tab er 24hr 100 mg, 200 mg, 300	
mg.....	69	mg.....	3
theophylline tab er 24hr 400 mg, 600		trandolapril tab 1 mg, 2 mg, 4 mg.....	43
mg.....	69	trandolapril-verapamil hcl tab er 1-240	
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100		mg.....	43
mg.....	28	trandolapril-verapamil hcl tab er 2-180	
thiothixene cap 1 mg, 2 mg, 5 mg, 10		mg.....	44
mg.....	28	trandolapril-verapamil hcl tab er 2-240	
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16		mg.....	44
mg.....	11	trandolapril-verapamil hcl tab er 4-240	
TIBSOVO.....	22	mg.....	44
TICOVAC.....	62	tranexamic acid tab 650 mg.....	38
tigecycline for iv soln 50 mg.....	8	tranylcypromine sulfate tab 10 mg.....	14
timolol maleate ophth gel forming soln 0.25%,		TRAVASOL.....	50
0.5%.....	66	travoprost ophth soln 0.004% (benzalkonium free)	
timolol maleate ophth soln 0.25%,		(bak free).....	66
0.5%.....	66	trazodone hcl tab 300 mg.....	14
timolol maleate ophth soln 0.5% (once-		trazodone hcl tab 50 mg, 100 mg, 150	
daily).....	66	mg.....	14
timolol maleate tab 5 mg, 10 mg, 20		TRECATOR.....	17
mg.....	43	TRELEGY ELLIPTA.....	69
TIVICAY.....	31	TRELSTAR MIXJECT.....	58
TIVICAY PD.....	31	tretinoin cap 10 mg.....	22
tizanidine hcl tab 2 mg, 4 mg.....	28	tretinoin cream 0.025%, 0.05%, 0.1%.....	48
TOBRADEX.....	66	tretinoin gel 0.01%.....	49
tobramycin-dexamethasone ophth susp		tretinoin gel 0.025%.....	49
0.3-0.1%.....	66	triamcinolone acetonide cream 0.025%, 0.1%,	
tobramycin nebu soln 300 mg/5ml.....	69	0.5%.....	49
tobramycin ophth soln 0.3%.....	66	triamcinolone acetonide dental paste	
TOBRAMYCIN SULFATE.....	8	0.1%.....	46
tobramycin sulfate for inj 1.2 gm.....	9	triamcinolone acetonide lotion 0.025%,	
tobramycin sulfate inj 2 gm/50ml (40 mg/		0.1%.....	49
ml).....	9	triamcinolone acetonide oint 0.025%,	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2		0.1%.....	49
gm/30ml (40 mg/ml).....	9	triamcinolone acetonide oint 0.5%.....	49
tolcapone tab 100 mg.....	25	triamterene & hydrochlorothiazide cap 37.5-25	
tolterodine tartrate cap er 24hr 2 mg, 4		mg.....	44
mg.....	53	triamterene & hydrochlorothiazide tab 37.5-25 mg,	
tolterodine tartrate tab 1 mg, 2 mg.....	53	75-50 mg.....	44
tolvaptan tab 15 mg, 30 mg.....	50	trientine hcl cap 250 mg.....	50
topiramate sprinkle cap 15 mg, 25 mg.....	11	trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10	
topiramate tab 25 mg, 50 mg, 100 mg, 200		mg.....	28
mg.....	11	TRIFLURIDINE.....	66
toremifene citrate tab 60 mg.....	22	TRIKAFTA.....	69
torsemide tab 5 mg, 10 mg, 20 mg, 100		trimethoprim tab 100 mg.....	9
mg.....	43	trimipramine maleate cap 25 mg.....	14
TOUJEO MAX SOLOSTAR.....	36	trimipramine maleate cap 50 mg, 100	
TOUJEO SOLOSTAR.....	36	mg.....	14
TRACLEER.....	69	TRINTELLIX.....	14

TRIUMEQ.....	31
TRIUMEQ PD.....	31
TROPHAMINE.....	50
<i>tropium chloride tab 20 mg</i>	53
TRULICITY.....	36
TRUMENBA.....	62
TRUQAP.....	23
TUKYSA.....	23
TURALIO.....	23
TWINRIX.....	63
TYBOST.....	31
TYMLOS.....	64
TYPHIM VI.....	63

U

UBRELVY.....	16
UDENYCA.....	38
UDENYCA ONBODY.....	38
<i>ursodiol cap 300 mg</i>	51
<i>ursodiol tab 250 mg, 500 mg</i>	52
UZEDY.....	28

V

<i>valacyclovir hcl tab 500 mg, 1 gm</i>	31
VALCHLOR.....	23
<i>valganciclovir hcl for soln 50 mg/ml</i>	31
<i>valganciclovir hcl tab 450 mg</i>	31
<i>valproate sodium inj 100 mg/ml</i>	11
<i>valproate sodium oral soln 250 mg/5ml</i>	11
<i>valproic acid cap 250 mg</i>	11
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i>	44
<i>valsartan tab 320 mg</i>	44
<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	44
VALTOCO 10 MG DOSE.....	11
VALTOCO 15 MG DOSE.....	11
VALTOCO 20 MG DOSE.....	11
VALTOCO 5 MG DOSE.....	11
VANCOMYCIN.....	9
VANCOMYCIN HCL.....	9
<i>vancomycin hcl cap 125 mg</i>	9
<i>vancomycin hcl cap 250 mg</i>	9
<i>vancomycin hcl for iv soln 100 gm</i>	9
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 1.25 gm, 1.5 gm, 5 gm, 10 gm</i>	9
VANCOMYCIN HYDROCHLORIDE.....	9
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE.....	9
VANDAZOLE.....	9
VANFLYTA.....	23
VAQTA.....	63
<i>varenicline tartrate tab 0.5 mg, 1 mg</i>	4

<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4
VARIVAX.....	63
VASCEPA.....	44
VAXCHORA.....	63
VELIVET.....	56
VELPHORO.....	50
VELTASSA.....	50
VENCLEXTA.....	23
VENCLEXTA STARTING PACK.....	23
VENLAFAXINE BESYLATE ER.....	14
<i>venlafaxine hcl cap er 24hr 150 mg</i>	14
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	14
<i>venlafaxine hcl cap er 24hr 75 mg</i>	14
<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	14
VENTAVIS.....	69
VENTOLIN HFA.....	69
<i>verapamil hcl cap er 24hr 100 mg</i>	44
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	44
<i>verapamil hcl cap er 24hr 200 mg</i>	44
<i>verapamil hcl cap er 24hr 300 mg</i>	44
<i>verapamil hcl cap er 24hr 360 mg</i>	44
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	44
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	44
VERQUVO.....	44
VERSACLOZ.....	28
VERZENIO.....	23
V-GO 20.....	36
V-GO 30.....	36
V-GO 40.....	36
VIBERZI.....	52
VICTOZA.....	36
<i>vigabatrin powd pack 500 mg</i>	11
<i>vigabatrin tab 500 mg</i>	11
VIGAFYDE.....	11
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	14
VIRACEPT.....	31
VIREAD.....	31
VITRAKVI.....	23
VIVITROL.....	4
VIZIMPRO.....	23
VONJO.....	23
VORANIGO.....	23
<i>voriconazole for inj 200 mg</i>	16
<i>voriconazole for susp 40 mg/ml</i>	16
<i>voriconazole tab 50 mg, 200 mg</i>	16
VOSEVI.....	31

VOTRIENT.....	23
VRAYLAR.....	28
VUMERITY.....	46
VYNDAMAX.....	52
VYNDAQEL.....	52

W

<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....</i>	38
WELIREG.....	23

X

XALKORI.....	23
XARELTO.....	38
XARELTO STARTER PACK.....	38
XATMEP.....	63
XCOPRI.....	11
XELJANZ.....	63
XELJANZ XR.....	63
XERMELO.....	52
XGEVA.....	64
XHANCE.....	69
XIFAXAN.....	52
XIGDUO XR.....	36
XOFLUZA.....	32
XOLAIR.....	63
XOPENEX HFA.....	69
XOSPATA.....	23
XPOVIO.....	23
XPOVIO 60 MG TWICE WEEKLY.....	23
XPOVIO 80 MG TWICE WEEKLY.....	23
XTANDI.....	23

Y

YF-VAX.....	63
-------------	----

Z

<i>zafirlukast tab 10 mg, 20 mg.....</i>	69
<i>zaleplon cap 10 mg.....</i>	70
<i>zaleplon cap 5 mg.....</i>	70
ZEJULA.....	23
ZELBORAF.....	23
ZENPEP.....	52
ZEPATIER.....	32
<i>zidovudine cap 100 mg.....</i>	32
<i>zidovudine syrup 10 mg/ml.....</i>	32
<i>zidovudine tab 300 mg.....</i>	32
ZIEXTENZO.....	38
<i>ziprasidone hcl cap 20 mg, 40 mg.....</i>	28
<i>ziprasidone hcl cap 60 mg, 80 mg.....</i>	28
<i>ziprasidone mesylate for inj 20 mg.....</i>	28
ZOKINVY.....	52

<i>zoledronic acid inj conc for iv infusion 4 mg/5ml.....</i>	64
ZOLINZA.....	23
<i>zolpidem tartrate tab 5 mg, 10 mg.....</i>	70
ZONISADE.....	12
<i>zonisamide cap 25 mg, 50 mg, 100 mg.....</i>	12
ZONTIVITY.....	38
ZOSYN.....	9
ZTALMY.....	12
ZTLIDO.....	3
ZURZUVAE.....	14
ZYDELIG.....	23
ZYKADIA.....	24
ZYPREXA RELPREVV.....	28



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U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-285-2249. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-285-2249. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-285-2249 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-285-2249. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-285-2249 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-285-2249. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-285-2249. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-285-2249 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-285-2249. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-285-2249. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-285-2249. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-285-2249. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-285-2249 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



**BlueCross BlueShield
of Texas**

This formulary was updated on 11/13/2024. For more recent information or other questions, please contact Blue Cross Medicare Advantage Customer Service at 1-888-285-2249 or, for TTY users, 711, 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit www.getbluetx.com/pdp/druglist.

Prescription drug plans provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.