



**Capital Blue Cross Complete PPO**

**Capital Blue Cross Enhanced PPO**

**Capital Blue Cross Select PPO**

**Capital Blue Cross Value PPO**

**Capital Blue Cross Essential HMO**

**Capital Blue Cross | WellSpan Health PPO and HMO**

**2025 Capital Blue Cross 5-Tier Ideal Formulary**

**(List of Covered Drugs)**

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

Formulary ID: 25140

This formulary was updated on 03/01/2025. For more recent information or other questions, please contact us, Capital Blue Cross PPO, Capital Blue Cross | WellSpan Health PPO and BlueJourney PPO Member Services at **866.987.4213** or Capital Blue Cross | WellSpan Health HMO and BlueJourney HMO at **800.779.6962** (TTY users should call 711), Monday through Friday, 8:00 AM to 8:00 PM, or visit **CapitalBlueMedicare.com**.



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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Capital Blue Cross PPO and Capital Blue Cross | WellSpan Health PPO or Capital Blue Cross HMO and Capital Blue Cross | WellSpan Health HMO. When it refers to “plan” or “our plan,” it means Capital Advantage Insurance Company® and Keystone Health Plan® Company.

This document includes a list of the drugs (formulary) for our plan which is current as of March 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

## **What is the Capital Blue Cross 5-Tier Ideal Formulary?**

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

## **Can the formulary change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **CapitalBlueMedicare.com**.

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Capital Blue Cross 5-Tier Ideal Formulary?”

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

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Capital Blue Cross 5-Tier Ideal Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of March 1, 2025. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year formulary change, unrelated to a generic becoming available, we will notify you with a written notification of the non-maintenance formulary change. In addition, the printable formulary will be updated monthly and posted on our website [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page one. 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 one. 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 66. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 tablets/30 days per prescription for Losartan 25mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 one. 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Capital Blue Cross 5-Tier Ideal 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 Member Services and ask if your drug is covered. For more information, 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 learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Capital Blue Cross 5-Tier Ideal Formulary?

You can ask our plan 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 lower cost-sharing level unless the drug is on the specialty tier.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we

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

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

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

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

## **For more information**

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at **800.MEDICARE (800.633.4227)** 24 hours a day/7 days a week. TTY users should call **877.486.2048**. Or visit **Medicare.gov**.

## **Capital Blue Cross 5-Tier Ideal Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

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 our plan has any special requirements for coverage of your drug.

<b>Dosage Form Abbreviations Key</b>	
act	actuation
ad	adsorbed
adjuv	adjuvant
aepb	aerosol powder blister
aer, aers, aero	aerosol
afib/afl	atrial fibrillation/atrial flutter
app	applicator
ba, br act, 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
el, elu	enzyme-linked immunosorbent assay
er, extended, extended rel, xr	extended release
ext	extract
ig	immunoglobulin
gm	gram
gu	genitourinary
hr	hour
im	intramuscular
inh, inhal	inhalation
inj	injection
ir	index of reactivity
iv	intravenous
l	liter
la	long acting
lipo	lipophilic



### Dosage Form Abbreviations Key

lf, lfu	flocculation units
liq, liqd	liquid
maint	maintenance
mcg	microgram
meq	milliequivalent
misc	miscellaneous
mg	milligram
ml	milliliter
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
ptw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
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
va	vaginal
vac, vacc	vaccine

## CAPITAL BLUE CROSS 5 TIER IDEAL KEY

1 = Preferred Generic Drugs

2 = Generic Drugs

3 = Preferred Brand Drugs

4 = Non-Preferred Drugs

5 = Specialty Drugs

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

# = 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.

\* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at Capital Blue Cross PPO and Capital Blue Cross | WellSpan Health PPO Member Services at 866.987.4213 or Capital Blue Cross HMO and Capital Blue Cross | WellSpan Health HMO at 800.779.6962, Monday through Friday, 8:00 AM to 8:00 PM. TTY users should call 711.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<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>butorphanol tartrate nasal soln 10 mg/ml</i>	4	QL (48 mls/30 days)
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	3	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	3	QL (30 capsules/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	4	
<i>diclofenac sodium soln 1.5%</i>	3	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	3	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>	3	QL (60 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>etodolac cap 200 mg</i>	3	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	3	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>	4	QL (30 tablets/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	3	QL (60 tablets/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>	3	QL (90 tablets/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-300 mg, 7.5-325 mg, 10-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg, 5-325 mg</i>	4	QL (240 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibu - ibuprofen tab 400 mg</i>	2	QL (240 tablets/30 days)
<i>ibu - ibuprofen tab 600 mg</i>	2	QL (150 tablets/30 days)
<i>ibu - ibuprofen tab 800 mg</i>	2	QL (120 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	3	
<i>ibuprofen tab 400 mg</i>	2	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	2	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	2	QL (120 tablets/30 days)
<i>indomethacin cap er 75 mg#</i>	3	QL (60 capsules/30 days)
<i>indomethacin cap 25 mg#</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#</i>	2	QL (120 capsules/30 days)
<i>meloxicam tab 7.5 mg</i>	3	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 15 mg</i>	3	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 10 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg, 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>	3	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	3	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	3	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	3	QL (90 tablets/30 days)
<i>naproxen tab 250 mg</i>	2	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	2	QL (120 tablets/30 days)
<i>naproxen tab 500 mg</i>	2	QL (90 tablets/30 days)
<i>oxaprozin tab 600 mg</i>	4	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>	3	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	3	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tablets/30 days)
<b>Anesthetics</b>		
<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>	4	
<i>lidocaine oint 5%</i>	3	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>	2	PA, QL (60 grams/30 days)
<i>lidocan - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine ii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)

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>tridacaine iii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</i>	3	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)</i>	4	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	3	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	
<i>disulfiram tab 250 mg, 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>	3	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	4	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	4	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
<b>Antibacterials</b>		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml, 600-42.9 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg, 875-125 mg</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin cap 500 mg</i>	4	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	4	
<i>azithromycin for susp 100 mg/5ml</i>	4	
<i>azithromycin for susp 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	4	
<i>cefadroxil tab 1 gm</i>	3	
<i>cefazolin sodium for inj 500 mg, 1 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-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	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</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>	3	
<i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefprozil tab 250 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>cefprozil tab 500 mg</i>	3	
<i>ceftazidime for inj 1 gm, 6 gm</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 10 gm</i>	4	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg, 500 mg</i>	2	
<i>cephalexin cap 750 mg</i>	3	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	3	
<i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv)</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
CLARITHROMYCIN - 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>	2	
<i>clindacin etz pledgets - clindamycin phosphate swab 1%</i>	4	
<i>clindacin-p - clindamycin phosphate swab 1%</i>	4	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	2	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate inj 900 mg/6ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	4	
<i>clindamycin phosphate soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	4	
<i>clindamycin phosphate vaginal cream 2%</i>	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
<i>daptomycin for iv soln 500 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	3	
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</i>	3	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	3	
<i>doxycycline monohydrate cap 75 mg, 150 mg</i>	4	
<i>doxycycline monohydrate tab 50 mg, 150 mg</i>	3	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	4	
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	4	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
ERY - erythromycin pads 2%	4	
<i>erythrocin lactobionate - erythromycin lactobionate for inj 500 mg</i>	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>	3	
<i>erythromycin tab 250 mg, 500 mg</i>	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit, 2400000 unit	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
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 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 &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i>	3	
<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i>	3	
<i>meropenem iv for soln 500 mg, 1 gm</i>	3	
<i>methenamine hippurate tab 1 gm</i>	4	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	2	
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	4	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl iv solution 400 mg/250ml (base equiv)	4	
<i>naftillin sodium for inj 2 gm</i>	4	
<i>naftillin 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>	2	
<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 - penicillin g potassium inj 40000 unit/ml in dextrose, 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	4	
<i>penicillin v potassium for soln 250 mg/5ml</i>	4	
<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 - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
<i>sulfadiazine tab 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	2	
<i>tazicef - ceftazidime for inj 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 6 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	4	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tigecycline for iv soln 50 mg</i>	5	
<i>tinidazole tab 250 mg, 500 mg</i>	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	4	
<i>trimethoprim tab 100 mg</i>	4	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent)</i>	4	
VANDAZOLE - metronidazole vaginal gel 0.75%	3	
<b>Anticonvulsants</b>		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg	5	QL (30 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 600 mg, 800 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	QL (2 bottles/30 days)
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	5	QL (60 tablets/30 days)
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	3	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine tab 200 mg</i>	3	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA (>=65 yr), QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	5	
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>	3	
<i>divalproex sodium tab delayed release 125 mg, 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	3	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	3	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>epitol - carbamazepine tab 200 mg</i>	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	5	QL (2 bottles/28 days)
FYCOMPA - perampanel tab 2 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	QL (30 tablets/30 days)
<i>gabapentin cap 100 mg</i>	3	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	3	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	3	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	4	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	3	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	3	QL (135 tablets/30 days)
<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>	4	
<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>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	4	
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	4	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	4	
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	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	4	
<i>phenobarbital elixir 20 mg/5ml#</i>	4	
<i>phenobarbital tab 15 mg, 30 mg, 60 mg, 100 mg#</i>	2	
<i>phenobarbital tab 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg#</i>	3	
<i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i>	4	
<i>phenytoin chew tab 50 mg</i>	4	
<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	4	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	4	
<i>phenytoin susp 125 mg/5ml</i>	4	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin cap 300 mg</i>	2	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	4	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone tab 50 mg, 250 mg</i>	3	
<i>roweepra - levetiracetam tab 500 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 - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	4	
<i>subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	2	
SYMPAZAN - clobazam oral film 5 mg	5	PA (>=65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	5	PA (>=65 yr), 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</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	3	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	4	
<i>valproic acid cap 250 mg</i>	3	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
<i>vigadrone - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigadrone - vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
<i>vigpoder - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 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)	5	
<i>zonisamide cap 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide cap 100 mg</i>	3	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	4	
<i>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg</i>	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3	
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i>	3	
<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 &amp; 21 x 10 mg titration pack</i>	4	PA (<=29 yr)
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg, 28-10 mg</i>	4	
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 7-10 mg, 14-10 mg, 21-10 mg, 28-10 mg	4	
NAMZARIC - memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	4	
<b>Antidepressants</b>		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg#</i>	2	
<i>amitriptyline hcl tab 75 mg, 100 mg, 150 mg#</i>	3	
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#</i>	4	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	3	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	3	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	3	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	3	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	3	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	3	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	4	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</i>	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 10 mg#</i>	2	
<i>doxepin hcl cap 25 mg, 50 mg, 75 mg, 100 mg#</i>	3	
<i>doxepin hcl cap 150 mg#</i>	4	
<i>doxepin hcl conc 10 mg/ml#</i>	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq), 40 mg (base eq), 60 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)</i>	3	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	3	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 (base equiv)</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	4	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg</i>	3	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg</i>	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>	3	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	4	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	3	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	3	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	4	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg#</i>	2	
<i>nortriptyline hcl cap 75 mg#</i>	3	
<i>nortriptyline hcl soln 10 mg/5ml#</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>paroxetine hcl oral susp 10 mg/5ml (base equiv)#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab 10 mg, 40 mg#</i>	2	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	QL (60 tablets/30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg, 10 mg#</i>	4	
<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>	2	
<i>trazodone hcl tab 300 mg</i>	3	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	3	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	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 (base equivalent)</i>	4	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	4	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	4	QL (30 capsules/30 days)
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	4	QL (60 tablets/30 days)
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	4	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	3	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)
<b>Antiemetics</b>		
<i>aprepitant capsule therapy pack 80 &amp; 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>compro - prochlorperazine suppos 25 mg</i>	4	
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	4	BD
<i>granisetron hcl tab 1 mg</i>	4	BD
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	2	
<i>ondansetron hcl oral soln 4 mg/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
<i>ondansetron hcl tab 4 mg, 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	4	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	4	PA (>=65 yr)
<i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	3	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl oral soln 6.25 mg/5ml#</i>	4	PA (>=65 yr)
<i>promethazine hcl suppos 12.5 mg, 25 mg#</i>	4	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>	2	PA (>=65 yr)
<i>promethegan - promethazine hcl suppos 12.5 mg, 25 mg#</i>	4	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	PA (>=65 yr)
<b>Antifungals</b>		
<b>AMPHOTERICIN B - amphotericin b for iv soln 50 mg</b>	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>	3	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	3	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	
<i>ciclopirox shampoo 1%</i>	3	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole troche 10 mg</i>	3	
<i>econazole nitrate cream 1%</i>	4	
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	4	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg, 100 mg, 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	3	
<i>flucytosine cap 250 mg, 500 mg</i>	5	PA
<i>griseofulvin microsize susp 125 mg/5ml</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>	3	
<i>ketoconazole shampoo 2%</i>	4	
<i>ketoconazole tab 200 mg</i>	3	
<i>klayesta - nystatin topical powder 100000 unit/gm</i>	3	
<i>micafungin sodium for iv soln 50 mg</i>	4	
<i>micafungin sodium for iv soln 100 mg</i>	5	
<b>MICAFUNGIN SODIUM/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 150 mg/150ml</b>	4	

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Drug Name	Drug Tier	Requirements/Limits
MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 50 mg/50ml, 100 mg/100ml	4	
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	3	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	3	
<i>nystatin tab 500000 unit</i>	4	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>nystop - nystatin topical powder 100000 unit/gm</i>	3	
<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>	5	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg, 200 mg</i>	4	PA
<b>Antigout Agents</b>		
<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>	3	
<i>probenecid tab 500 mg</i>	3	
<b>Antimigraine Agents</b>		
<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 (base equiv), 2.5 mg (base equiv)</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	QL (18 tablets/30 days)

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>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 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)
UBRELVY - ubrogepant tab 50 mg, 100 mg	5	PA, QL (16 tablets/30 days)
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide tab 60 mg</i>	3	
<b>Antimycobacterials</b>		
<i>dapsone tab 25 mg, 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	3	
<i>isoniazid tab 100 mg, 300 mg</i>	2	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg, 300 mg</i>	4	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*	5	
TRECTOR - ethionamide tab 250 mg	4	
<b>Antineoplastics</b>		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tablets/30 days)
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	3	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (240 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	5	PA, QL (60 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

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Drug Name	Drug Tier	Requirements/Limits
<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)
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 (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*	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)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	4	BD
<i>cyclophosphamide cap 25 mg, 50 mg</i>	3	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)	5	PA, QL (112 tablets/28 days)
<i>dasatinib tab 20 mg</i>	5	PA, QL (90 tablets/30 days)
<i>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg</i>	5	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	5	PA, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)</i>	5	PA, QL (30 tablets/30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>exemestane tab 25 mg</i>	4	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	5	PA, QL (120 capsules/30 days)
<i>gefitinib tab 250 mg</i>	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
<i>hydroxyurea cap 500 mg</i>	3	
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 (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</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)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	5	PA, QL (2 bottles/28 days)
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	5	PA, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	5	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg	5	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	5	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)

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 - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*	5	PA, QL (180 tablets/30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	PA, QL (30 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	3	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg*	5	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*	5	PA, QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYNPARZA - olaparib tab 100 mg, 150 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>mercaptopurine tab 50 mg</i>	3	
<i>mesna tab 400 mg</i>	5	
MESNEX - mesna tab 400 mg	5	
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 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)
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	5	PA
<i>pazopanib hcl tab 200 mg (base equiv)</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)

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
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)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	5	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	5	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*	5	PA, QL (60 capsules/30 days)
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 (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCSEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)</i>	5	PA, QL (30 capsules/30 days)
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSE - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i>	2	

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
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	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)
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	
<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>tretinoin cap 10 mg</i>	5	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 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 (base equivalent)	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
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)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 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 (60 mg twice weekly)*	5	PA, QL (1 box/28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*	5	PA, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg*	5	PA, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)
<b>Antiparasitics</b>		
<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	
<i>chloroquine phosphate tab 250 mg, 500 mg</i>	3	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>hydroxychloroquine sulfate tab 200 mg</i>	3	
<i>ivermectin tab 3 mg</i>	3	PA
<i>mefloquine hcl tab 250 mg</i>	4	
<i>nitazoxanide tab 500 mg</i>	4	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	4	
<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
<b>Antiparkinson Agents</b>		
<i>amantadine hcl cap 100 mg</i>	3	
<i>amantadine hcl soln 50 mg/5ml</i>	4	
<i>amantadine hcl tab 100 mg</i>	3	
<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 (base equivalent)</i>	4	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 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>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	3	
<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	
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</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	3	
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>trihexyphenidyl hcl tab 2 mg, 5 mg#</i>	2	PA (>=65 yr)
<b>Antipsychotics</b>		
ABILIFY ASIMTUFII - 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</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
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)

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 25 mg, 100 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	4	PA (>=65 yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	3	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	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>	4	PA (>=65 yr)
<i>haloperidol tab 0.5 mg, 1 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 2 mg, 5 mg, 10 mg, 20 mg</i>	3	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	3	PA (>=65 yr)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
<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</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 10 mg</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg	5	PA (>=65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg, 10 mg	5	PA (>=65 yr), QL (90 films/30 days)
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
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>	3	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (2 vials/28 days)

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 microspheres for im extended rel susp 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	4	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tablets/30 days)
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, 50 mg, 100 mg</i>	2	PA (>=65 yr)
<i>thioridazine hcl tab 25 mg</i>	3	PA (>=65 yr)
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	5	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	3	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	3	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	3	PA (>=65 yr), QL (60 vials/30 days)
<b>Antispasticity Agents</b>		
<i>baclofen tab 5 mg, 20 mg</i>	3	
<i>baclofen tab 10 mg</i>	2	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	4	
<i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)</i>	2	
<b>Antivirals</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir oint 5%</i>	3	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 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>acyclovir tab 800 mg</i>	3	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	QL (60 capsules/30 days)
BIKTARVY - bictegrovir-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 (base eq)	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	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	
<i>etravirine tab 100 mg, 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	5	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
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5	QL (30 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	4	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	4	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	3	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	4	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i>	4	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	4	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 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)
PREZISTA - darunavir tab 75 mg	5	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)

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
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>	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	4	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg</i>	3	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</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)
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)
<i>zidovudine cap 100 mg</i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	4	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
<b>Anxiolytics</b>		
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	3	QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg, 10 mg, 15 mg</i>	2	
<i>bupirone hcl tab 7.5 mg, 30 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	3	PA (>=65 yr), QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	3	PA (>=65 yr), QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	3	PA (>=65 yr), QL (180 tablets/30 days)
<i>diazepam conc 5 mg/ml</i>	4	PA (>=65 yr), QL (240 mls/30 days)
<i>diazepam intensol - diazepam conc 5 mg/ml</i>	4	PA (>=65 yr), QL (240 mls/30 days)
<i>diazepam oral soln 1 mg/ml</i>	4	PA (>=65 yr), QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	4	PA (>=65 yr)
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine pamoate cap 100 mg#</i>	3	PA (>=65 yr)
<i>hydroxyzine pamoate cap 25 mg, 50 mg#</i>	2	PA (>=65 yr)
<i>lorazepam tab 0.5 mg, 1 mg</i>	3	PA (>=65 yr), QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	3	PA (>=65 yr), QL (150 tablets/30 days)
<i>oxazepam cap 10 mg, 15 mg, 30 mg</i>	4	PA (>=65 yr), QL (120 capsules/30 days)
<b>Bipolar Agents</b>		
<i>lithium carbonate cap 150 mg, 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg, 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	4	
<b>Blood Glucose Regulators</b>		
<i>acarbose tab 25 mg</i>	3	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	3	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	3	QL (90 tablets/30 days)
ALCOHOL SWABS	3	PA
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	3	QL (4 devices/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
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	3	QL (4 devices/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	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 xl - glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	1	QL (60 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)
<i>glucagon hcl for inj 1 mg</i>	3	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#</i>	1	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#</i>	1	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#</i>	1	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	1	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#</i>	1	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	1	QL (120 tablets/30 days)
<i>glyburide-metformin tab 1.25-250 mg#</i>	1	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg#</i>	1	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	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	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	4	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/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 R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
INSULIN SYRINGE/NEEDLE	3	PA
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, 100-1000 mg	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
<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>	1	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tablets/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	1	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)

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 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)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
<b>Blood Products and Modifiers</b>		
<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	3	
<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 (base equiv)</i>	1	
<i>dipyridamole tab 25 mg, 50 mg, 75 mg#</i>	4	
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>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)
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	3	
<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
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, 480 mcg/0.8ml	5	PA
<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</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
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml, 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)*	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	
<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)
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	3	
<i>acetazolamide cap er 12hr 500 mg</i>	3	
<i>acetazolamide tab 125 mg, 250 mg</i>	3	
<i>aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)</i>	4	QL (30 tablets/30 days)
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 200 mg, 400 mg</i>	3	
<i>amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
<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>	3	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>atenolol &amp; chlorthalidone tab 50-25 mg</i>	3	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	2	
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tablets/30 days)

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>benazepril &amp; 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>	3	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i>	3	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	3	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	3	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	3	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>chlorthalidone tab 25 mg, 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	4	
<i>cholestyramine light powder 4 gm/dose</i>	4	
<i>cholestyramine powder packets 4 gm</i>	4	
<i>cholestyramine powder 4 gm/dose</i>	4	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	3	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	4	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>	3	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	3	
<i>CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)</i>	4	PA, QL (600 mls/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>	3	QL (30 tablets/30 days)
<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	3	
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	3	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 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>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3	
<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 &amp; 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>	4	
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	3	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 10 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	3	
<i>fenofibrate micronized cap 43 mg</i>	3	QL (60 capsules/30 days)
<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>	3	QL (30 capsules/30 days)
<i>fenofibrate tab 40 mg</i>	4	QL (60 tablets/30 days)
<i>fenofibrate tab 48 mg, 54 mg</i>	3	QL (60 tablets/30 days)
<i>fenofibrate tab 120 mg</i>	4	QL (30 tablets/30 days)
<i>fenofibrate tab 145 mg, 160 mg</i>	3	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	3	
<i>fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)</i>	1	QL (60 capsules/30 days)
<i>fosinopril sodium &amp; 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 10 mg/ml</i>	4	
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	QL (60 tablets/30 days)
<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>	4	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	4	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg, 2.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	3	
<i>isradipine cap 2.5 mg, 5 mg</i>	4	
<i>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	4	PA, QL (30 tablets/30 days)
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril &amp; 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 &amp; 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>matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3	
<i>methazolamide tab 25 mg, 50 mg</i>	4	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	1	
<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>	4	
<i>minoxidil tab 2.5 mg, 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	4	
<i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)</i>	4	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	4	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</i>	4	QL (60 tablets/30 days)
<i>nifedipine tab er 24hr 30 mg, 90 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin oint 0.4%</i>	4	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	3	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	4	
<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>	3	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
<i>pacerone - amiodarone hcl tab 200 mg, 400 mg</i>	3	
<i>pentoxifylline tab er 400 mg</i>	3	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 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>	4	
PRALUENT - alirocumab subcutaneous solution auto-injector 75 mg/ml, 150 mg/ml*	4	PA, QL (2 pens/28 days)
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	2	
<i>prevalite - cholestyramine light powder packets 4 gm</i>	4	
<i>prevalite - cholestyramine light powder 4 gm/dose</i>	4	
<i>propafenone hcl tab 150 mg, 225 mg</i>	3	
<i>propafenone hcl tab 300 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	3	
<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>quinidine sulfate tab 200 mg</i>	4	
<i>quinidine sulfate tab 300 mg</i>	4	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	4	QL (60 tablets/30 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>sorine - sotalol hcl tab 120 mg, 160 mg</i>	2	
<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 &amp; hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	3	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	3	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	3	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	3	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	3	
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	4	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	4	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	4	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	4	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>	3	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	3	QL (60 tablets/30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	QL (60 capsules/30 days)
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i>	3	
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	4	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; 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>	2	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
<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)
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	4	QL (30 capsules/30 days)
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)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	4	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	3	PA
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	4	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	4	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	3	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	3	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)

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>methylphenidate hcl tab er 20 mg</i>	4	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	3	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
<i>riluzole tab 50 mg</i>	4	
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 5 mg</i>	3	QL (90 tablets/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 10 mg</i>	3	QL (180 tablets/30 days)
<b>Dental and Oral Agents</b>		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>periogard - chlorhexidine gluconate soln 0.12%</i>	2	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	3	
<b>Dermatological Agents</b>		
<i>accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	4	
<i>ala-cort - hydrocortisone cream 1%</i>	3	
<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>amnestem - isotretinoin cap 10 mg, 20 mg, 40 mg</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	4	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	4	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	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>	3	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	3	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	3	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	QL (120 mls/30 days)
<i>claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>clobetasol propionate cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (200 mls/28 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>desonide cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	4	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	4	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>fluocinolone acetonide cream 0.01%</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>	4	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	
<i>fluorouracil cream 5%</i>	3	
<i>fluorouracil soln 5%</i>	4	
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	3	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	3	
<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>	4	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%</i>	4	QL (135 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	4	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	4	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	3	
<i>hydrocortisone cream 2.5%</i>	3	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	3	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>	4	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate oint 0.2%</i>	4	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>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	
<i>malathion lotion 0.5%</i>	4	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>mometasone furoate cream 0.1%</i>	3	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	3	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	3	QL (120 mls/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	4	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	4	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA
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>podoflox soln 0.5%</i>	4	
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>ssd - silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	4	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin gel 0.01%, 0.025%</i>	4	PA
<i>triamcinolone acetonide cream 0.025%, 0.1%</i>	3	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.5%</i>	4	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	3	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	3	QL (120 grams/30 days)
<i>triderm - triamcinolone acetonide cream 0.5%</i>	4	QL (454 grams/30 days)
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	5	
<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>	3	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	
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% &amp; nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kionex - sodium polystyrene sulfonate susp 15 gm/60ml</i>	4	
<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i>	3	
<i>klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq</i>	3	
<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i>	3	
<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i>	3	
<i>klor-con 10 - potassium chloride tab er 10 meq</i>	3	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	3	
<i>magnesium sulfate inj 50%</i>	4	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	3	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	3	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	4	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	4	
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	4	
<i>sps - sodium polystyrene sulfonate susp 15 gm/60ml</i>	4	
<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
<b>Gastrointestinal Agents</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	PA, QL (60 tablets/30 days)
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>constulose - lactulose solution 10 gm/15ml</i>	3	
<i>dicyclomine hcl cap 10 mg#</i>	3	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	3	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	2	PA (>=65 yr)
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	3	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg</i>	4	QL (30 packets/30 days)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	4	QL (30 packets/30 days)
<i>famotidine tab 20 mg, 40 mg</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>gavilyte-n/ flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i>	3	
<i>glycopyrrolate tab 1 mg, 2 mg</i>	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	3	
<i>lactulose solution 10 gm/15ml</i>	3	
<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	4	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 2.5 mg, 5 mg#</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	4	
<i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	4	QL (30 tablets/30 days)
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
<i>nizatidine cap 150 mg</i>	4	
<i>nizatidine cap 300 mg</i>	4	
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg, 40 mg</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tablets/30 days)
<i>peg-3350/electrolytes/ascorbate - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	4	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	4	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
<i>sucrafate susp 1 gm/10ml</i>	4	
<i>sucrafate tab 1 gm</i>	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
<i>ursodiol cap 300 mg</i>	4	
<i>ursodiol tab 250 mg</i>	3	
<i>ursodiol tab 500 mg</i>	4	
VIBERZI - eluxadoline tab 75 mg, 100 mg	5	PA, QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
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
<i>glutamine (sickle cell) powd pack 5 gm</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>javygtor - sapropterin dihydrochloride powder packet 100 mg, 500 mg</i>	5	PA
<i>javygtor - sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	4	
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>	5	
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>	5	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)
VYNDaqEL - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg*	5	PA, QL (90 tablets/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	3	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	3	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)</i>	4	QL (30 tablets/30 days)
<i>dutasteride cap 0.5 mg</i>	3	QL (30 capsules/30 days)
<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)	3	
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)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	4	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	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>	4	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
<i>solifenacin succinate tab 5 mg, 10 mg</i>	4	QL (30 tablets/30 days)
<i>tadalafil tab 2.5 mg, 5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	4	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg, 2 mg</i>	3	QL (60 tablets/30 days)
<i>tropium chloride cap er 24hr 60 mg</i>	4	QL (30 capsules/30 days)
<i>tropium chloride tab 20 mg</i>	2	QL (60 tablets/30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>dexamethasone elixir 0.5 mg/5ml</i>	4	
<i>dexamethasone soln 0.5 mg/5ml</i>	4	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	3	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	3	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	3	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone tab 1 mg, 1.5 mg, 2 mg</i>	3	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hidex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	3	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	3	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	3	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg</i>	3	
<i>methylprednisolone tab 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 (base equiv)</i>	3	
<i>prednisolone soln 15 mg/5ml</i>	3	
<i>prednisone oral soln 5 mg/5ml</i>	3	
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21), 10 mg (48)</i>	2	
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 20 mg, 50 mg</i>	1	
<i>prednisone tab 10 mg</i>	2	
<i>taperdex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	4	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	5	PA

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
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>apri - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>camila - norethindrone tab 0.35 mg</i>	3	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	
<i>cyred eq - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	4	PA
<i>deblitane - norethindrone tab 0.35 mg</i>	3	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
<i>eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr</i>	3	
<i>emzahn - norethindrone tab 0.35 mg</i>	3	
<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>enskyce - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>errin - norethindrone tab 0.35 mg</i>	3	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 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 weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	4	
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	
<i>estradiol vaginal tab 10 mcg</i>	4	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>gallifrey - norethindrone acetate tab 5 mg</i>	4	
<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>heather - norethindrone tab 0.35 mg</i>	3	
<i>incassia - norethindrone tab 0.35 mg</i>	3	
<i>isibloom - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>jencycla - norethindrone tab 0.35 mg</i>	3	
<i>juleber - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>kalliga - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>lyleq - norethindrone tab 0.35 mg</i>	3	
<i>lyza - norethindrone tab 0.35 mg</i>	3	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3	
medroxyprogesterone acetate im susp 150 mg/ml	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>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml#</i>	4	
<i>megestrol acetate tab 20 mg, 40 mg#</i>	2	
<i>methyltestosterone cap 10 mg</i>	5	PA
<i>nora-be - norethindrone tab 0.35 mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone acetate tab 5 mg</i>	4	
<i>norethindrone tab 0.35 mg</i>	3	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norlyroc - norethindrone tab 0.35 mg</i>	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	
<i>progesterone cap 100 mg, 200 mg</i>	3	
<i>raloxifene hcl tab 60 mg</i>	3	
<i>reclipsen - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>sharobel - norethindrone tab 0.35 mg</i>	3	
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	4	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	4	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	4	PA, QL (2 pump bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	4	PA, QL (2 pump bottles/30 days)
<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>yuvafem - estradiol vaginal tab 10 mcg</i>	4	
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</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
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	3	
<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>levoxl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	3	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	4	
SYNTHROID - <i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	3	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline tab 0.5 mg</i>	3	
ELIGARD - <i>leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</i>	4	PA
ELIGARD - <i>leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</i>	4	PA
ELIGARD - <i>leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</i>	4	PA
ELIGARD - <i>leuprolide acetate for subcutaneous inj kit 7.5 mg</i>	4	PA
FIRMAGON - <i>degarelix acetate for inj 80 mg (base equiv)</i>	4	
FIRMAGON - <i>degarelix acetate for inj 120 mg/vial (240 mg dose)</i>	5	
LEUPROLIDE ACETATE - <i>leuprolide acetate (3 month) for inj 22.5 mg</i>	4	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
LUPRON DEPOT (1-MONTH) - <i>leuprolide acetate for inj kit 3.75 mg, 7.5 mg</i>	5	PA
LUPRON DEPOT (3-MONTH) - <i>leuprolide acetate (3 month) for inj kit 11.25 mg</i>	5	PA
LUPRON DEPOT (4-MONTH) - <i>leuprolide acetate (4 month) for inj kit 30 mg</i>	5	PA
LUPRON DEPOT-PED (1-MONTH) - <i>leuprolide acetate for inj pediatric kit 7.5 mg</i>	5	PA
LUPRON DEPOT-PED (3-MONTH) - <i>leuprolide acetate (3 month) for inj pediatric kit 11.25 mg</i>	5	PA
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<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
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*	5	PA
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	5	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	3	
<i>propylthiouracil tab 50 mg</i>	4	
<b>Immunological Agents</b>		
ABRYSCO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3	QL (1 vaccine/365 days)
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	QL (1 vaccine/lifetime; >=50 yr)
<i>azasan - azathioprine tab 75 mg, 100 mg</i>	4	BD
<i>azathioprine tab 50 mg</i>	2	BD
<i>azathioprine tab 75 mg, 100 mg</i>	4	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	4	
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	
<i>cyclosporine cap 25 mg</i>	3	BD
<i>cyclosporine cap 100 mg</i>	4	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	

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Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 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
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	PA
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg	4	BD
ENVARUSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	3	
<i>everolimus tab 0.25 mg, 0.5 mg, 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
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	
<i>gengraf - cyclosporine modified cap 25 mg, 100 mg</i>	3	BD
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	4	BD
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/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	3	

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Drug Name	Drug Tier	Requirements/Limits
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-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	
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
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
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	4	
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 for inj 1 gm</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	3	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3	QL (1 vaccine/lifetime; >=60 yr)
<i>mycophenolate mofetil cap 250 mg</i>	3	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil tab 500 mg</i>	3	BD

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Drug Name	Drug Tier	Requirements/Limits
<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	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	BD
REZUROCK - belumosudil mesylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
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 oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
<i>sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime; >=18 yr)
<i>sirolimus oral soln 1 mg/ml</i>	5	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

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
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>	3	BD
<i>tacrolimus cap 5 mg</i>	4	BD
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	5	PA
TALTZ - ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml	5	PA
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 encephalitis 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	
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
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	
<b>Inflammatory Bowel Disease Agents</b>		
<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)
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone perianal cream 1%</i>	3	
<i>hydrocortisone perianal cream 2.5%</i>	3	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)

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>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 &amp; 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)
<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	3	QL (454 grams/30 days)
<i>proctocort - hydrocortisone perianal cream 1%</i>	3	
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	3	QL (454 grams/30 days)
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	3	QL (454 grams/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	3	
<i>sulfasalazine tab 500 mg</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<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)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol cap 0.5 mcg</i>	3	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv)</i>	4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	3	QL (1 tablet/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	4	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>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	3	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide soln pen-inj 620 mcg/2.48ml	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<b>Ophthalmic Agents</b>		
<i>atropine sulfate ophth soln 1%</i>	3	
<i>azelastine hcl ophth soln 0.05%</i>	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	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>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S - <i>betaxolol hcl ophth susp 0.25%</i>	4	
<i>brimonidine tartrate ophth soln 0.1%</i>	3	
<i>brimonidine tartrate ophth soln 0.15%</i>	4	
<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>carteolol hcl ophth soln 1%</i>	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTARAN - <i>cysteamine hcl ophth soln 0.44% (base equivalent)*</i>	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>	4	
<i>dorzolamide hcl ophth soln 2%</i>	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	3	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	4	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
ILEVRO - <i>nepafenac ophth susp 0.3%</i>	4	
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	3	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	4	
LUMIGAN - <i>bimatoprost ophth soln 0.01%</i>	3	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i>	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i>	3	
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - <i>neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	4	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</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>polycin - bacitracin-polymyxin b ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	3	
<i>prednisolone acetate ophth susp 1%</i>	4	
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)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	4	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	4	
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	4	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	4	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	4	
XDEMVIY - lotilaner ophth soln 0.25%	5	PA
<b>Otic Agents</b>		
<i>acetic acid otic soln 2%</i>	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<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>	4	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhal soln 10%, 20%</i>	4	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)</i>	3	QL (2 inhalers/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	3	
<i>alyq - tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>ambrisentan tab 5 mg, 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
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>bosentan tab 62.5 mg, 125 mg*</i>	5	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)
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	4	QL (3 inhalers/30 days)
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	4	QL (3 inhalers/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	4	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA
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>	3	BD
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>fluticasone propionate nasal susp 50 mcg/act</i>	3	QL (1 bottle/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 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 (base eq)	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	3	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	3	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	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
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
<i>roflumilast tab 250 mcg, 500 mcg</i>	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 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
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
<i>tadalafil tab 20 mg (pah)</i>	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>	3	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	3	QL (30 capsules/30 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA
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 tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
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 (90mcg base equiv)	3	QL (2 inhalers/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	4	
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	2	
<i>methocarbamol tab 500 mg, 750 mg#</i>	4	
<b>Sleep Disorder Agents</b>		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)</i>	3	QL (30 tablets/30 days)
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>	4	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	4	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
<i>temazepam cap 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 5 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.

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Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon cap 10 mg#</i>	3	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	2	QL (30 tablets/30 days)

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<i>amnestem - isotretinoin cap 10 mg, 20 mg, 40 mg</i> .....	43
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg</i> .....	11

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ER.....	3	
amoxicillin (trihydrate) cap 250 mg, 500 mg.....	3	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....	3	
amoxicillin (trihydrate) tab 500 mg, 875 mg.....	3	
amoxicillin & k clavulanate chew tab 400-57 mg.....	3	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....	3	
amoxicillin & k clavulanate for susp 400-57 mg/5ml, 600-42.9 mg/5ml.....	3	
amoxicillin & k clavulanate tab 250-125 mg.....	3	
amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg.....	3	
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg.....	42	
amphetamine-dextroamphetamine tab 20 mg.....	42	
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....	42	
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ampicillin & sulbactam sodium for inj 3 (2-1) gm.....	3	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm.....	3	
ampicillin cap 500 mg.....	4	
ampicillin sodium for inj 1 gm.....	4	
ampicillin sodium for iv soln 1 gm.....	4	
anagrelide hcl cap 0.5 mg.....	35	
anagrelide hcl cap 1 mg.....	35	
anastrozole tab 1 mg.....	16	
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apomorphine hcl soln cartridge 30 mg/3ml.....	23	
aprepitant capsule 40 mg, 80 mg, 125 mg.....	13	
aprepitant capsule therapy pack 80 & 125 mg.....	13	
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	51	
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ARCALYST.....	54	
AREXVY.....	54	
ARIKAYCE.....	4	
aripiprazole orally disintegrating tab 10 mg.....	24	
aripiprazole orally disintegrating tab 15 mg.....	24	
aripiprazole oral solution 1 mg/ml.....	24	
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg.....	24	
aripiprazole tab 2 mg, 5 mg.....	24	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....	64	
ARNUIITY ELLIPTA.....	61	
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv).....	24	
ASMANEX HFA.....	61	
ASMANEX TWISTHALER 120 METERED DOSES.....	62	
ASMANEX TWISTHALER 14 METERED DOSES.....	62	
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aspirin-dipyridamole cap er 12hr 25-200 mg.....	35	
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv).....	28	
atazanavir sulfate cap 200 mg (base equiv).....	28	
atenolol & chlorthalidone tab 100-25 mg.....	36	
atenolol & chlorthalidone tab 50-25 mg.....	36	
atenolol tab 25 mg, 50 mg, 100 mg.....	36	
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv).....	42	
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv).....	42	
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent).....	36	
atorvastatin calcium tab 80 mg (base equivalent).....	36	
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg.....	23	
atovaquone susp 750 mg/5ml.....	23	
atropine sulfate ophth soln 1%.....	59	
ATROVENT HFA.....	62	
AUGTYRO.....	16	
AUVELITY.....	11	
avidoxy - doxycycline monohydrate tab 100 mg.....	4	
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AVONEX PEN.....	42	<i>betamethasone valerate cream 0.1% (base equivalent)</i> .....	43
AYVAKIT.....	16	<i>betamethasone valerate lotion 0.1% (base equivalent)</i> .....	43
azasan - azathioprine tab 75 mg, 100 mg.....	54	<i>betamethasone valerate oint 0.1% (base equivalent)</i> .....	43
azathioprine tab 50 mg.....	54	<i>betaxolol hcl ophth soln 0.5%</i> .....	60
azathioprine tab 75 mg, 100 mg.....	54	<i>betaxolol hcl tab 10 mg, 20 mg</i> .....	37
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	62	<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i> .....	49
azelastine hcl ophth soln 0.05%.....	59	BETOPTIC-S.....	60
azithromycin for susp 100 mg/5ml.....	4	<i>bexarotene cap 75 mg</i> .....	16
azithromycin for susp 200 mg/5ml.....	4	<i>bexarotene gel 1%</i> .....	17
azithromycin iv for soln 500 mg.....	4	BEXSERO.....	54
azithromycin tab 250 mg, 500 mg, 600 mg.....	4	<i>bicalutamide tab 50 mg</i> .....	17
aztreonam for inj 1 gm.....	4	BICILLIN L-A.....	4
<b>B</b>		BIKTARVY.....	28
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<i>bacitracin-polymyxin b ophth oint</i> .....	59	<i>bisoprolol fumarate tab 5 mg, 10 mg</i> .....	37
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	59	BOOSTRIX.....	54
<i>baclofen tab 10 mg</i> .....	27	<i>bosentan tab 62.5 mg, 125 mg</i> .....	62
<i>baclofen tab 5 mg, 20 mg</i> .....	27	BOSULIF.....	17
<i>balsalazide disodium cap 750 mg</i> .....	58	BRAFTOVI.....	17
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BAQSIMI ONE PACK.....	31	<i>breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	62
BAQSIMI TWO PACK.....	32	<i>breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	62
BCG VACCINE.....	54	BREZTRI AEROSPHERE.....	62
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> .....	37	BRILINTA.....	35
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> .....	37	<i>brimonidine tartrate ophth soln 0.1%</i> .....	60
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	43	<i>brimonidine tartrate ophth soln 0.15%</i> .....	60
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i> .....	23	<i>brimonidine tartrate ophth soln 0.2%</i> .....	60
BESIVANCE.....	59	<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> .....	60
BESREMI.....	54	<i>brinzolamide ophth susp 1%</i> .....	60
BETAMETHASONE DIPROPIONATE AUGMENTED.....	43	BRIVIACT.....	8
<i>betamethasone dipropionate augmented cream 0.05%</i> .....	43	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....	23
<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	43	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....	23
<i>betamethasone dipropionate augmented oint 0.05%</i> .....	43	BRUKINSA.....	17
<i>betamethasone dipropionate cream 0.05%</i> .....	43	<i>budesonide delayed release particles cap 3 mg</i> .....	58
<i>betamethasone dipropionate lotion 0.05%</i> .....	43	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i> .....	62
<i>betamethasone dipropionate oint 0.05%</i> .....	43	<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i> .....	62
		<i>budesonide tab er 24hr 9 mg</i> .....	58
		<i>bumetanide inj 0.25 mg/ml</i> .....	37
		<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i> .....	37

buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	3
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv).....	3
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	3
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	3
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv).....	3
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	3
bupropion hcl tab 100 mg.....	11
bupropion hcl tab 75 mg.....	11
bupropion hcl tab er 12hr 100 mg.....	11
bupropion hcl tab er 12hr 150 mg, 200 mg.....	11
bupropion hcl tab er 24hr 150 mg.....	11
bupropion hcl tab er 24hr 300 mg.....	11
bupirone hcl tab 5 mg, 10 mg, 15 mg.....	30
bupirone hcl tab 7.5 mg, 30 mg.....	30
butorphanol tartrate nasal soln 10 mg/ml.....	1
<b>C</b>	
cabergoline tab 0.5 mg.....	53
CABLIVI.....	35
CABOMETYX.....	17
calcipotriene cream 0.005%.....	43
calcipotriene soln 0.005% (50 mcg/ml).....	43
calcitonin (salmon) nasal soln 200 unit/act.....	59
calcitriol cap 0.25 mcg.....	59
calcitriol cap 0.5 mcg.....	59
calcitriol oral soln 1 mcg/ml.....	59
CALQUENCE.....	17
camila - norethindrone tab 0.35 mg.....	51
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	37
candesartan cilexetil tab 32 mg.....	37
candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....	37
CAPLYTA.....	24
CAPRELSA.....	17
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	37
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	8
carbamazepine chew tab 100 mg.....	8
carbamazepine susp 100 mg/5ml.....	8
carbamazepine tab 200 mg.....	8

carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	8
carbidopa & levodopa orally disintegrating tab 10-100 mg.....	23
carbidopa & levodopa orally disintegrating tab 25-100 mg.....	23
carbidopa & levodopa orally disintegrating tab 25-250 mg.....	23
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg.....	24
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	23
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.....	46
carteolol hcl ophth soln 1%.....	60
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg.....	37
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	37
caspofungin acetate for iv soln 50 mg, 70 mg.....	14
CAYSTON.....	62
cefaclor cap 250 mg.....	4
cefaclor cap 500 mg.....	4
cefadroxil cap 500 mg.....	4
cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	4
cefadroxil tab 1 gm.....	4
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....	4
cefazolin sodium for inj 500 mg, 1 gm.....	4
cefazolin sodium for iv soln 1 gm.....	4
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml).....	4
cefdinir cap 300 mg.....	4
cefdinir for susp 125 mg/5ml.....	4
cefdinir for susp 250 mg/5ml.....	4
cefepime hcl for inj 1 gm.....	4
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....	4
cefepime hcl for iv soln 2 gm.....	4
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	4
cefepime hcl iv soln 1 gm/50ml.....	4
cefepime hcl iv soln 2 gm/100ml.....	4
cefixime cap 400 mg.....	4
cefoxitin sodium for iv soln 1 gm, 2 gm.....	4

cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....	4	ciclopirox olamine susp 0.77% (base equiv).....	14
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	4	ciclopirox shampoo 1%.....	14
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	4	cilostazol tab 50 mg, 100 mg.....	35
cefpodoxime proxetil tab 100 mg, 200 mg.....	4	CIMDUO.....	28
cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	4	cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv).....	59
cefprozil tab 250 mg.....	4	cinacalcet hcl tab 90 mg (base equiv).....	59
cefprozil tab 500 mg.....	5	ciprofloxacin 200 mg/100ml in d5w.....	5
ceftazidime for inj 1 gm, 6 gm.....	5	ciprofloxacin 400 mg/200ml in d5w.....	5
ceftazidime for iv soln 2 gm.....	5	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	60
ceftriaxone sodium (bulk) for inj 100 gm.....	5	ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv).....	5
ceftriaxone sodium for inj 250 mg, 500 mg, 10 gm.....	5	citalopram hydrobromide oral soln 10 mg/5ml.....	11
cefuroxime axetil tab 250 mg.....	5	citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv).....	11
cefuroxime axetil tab 500 mg.....	5	citalopram hydrobromide tab 40 mg (base equiv).....	11
cefuroxime sodium for inj 750 mg.....	5	claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	43
cefuroxime sodium for iv soln 1.5 gm.....	5	CLARITHROMYCIN.....	5
celecoxib cap 400 mg.....	1	clarithromycin tab 250 mg, 500 mg.....	5
celecoxib cap 50 mg, 100 mg, 200 mg.....	1	clarithromycin tab er 24hr 500 mg.....	5
cephalexin cap 250 mg, 500 mg.....	5	CLEMASTINE FUMARATE.....	62
cephalexin cap 750 mg.....	5	clindacin etz pledgets - clindamycin phosphate swab 1%.....	5
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	5	clindacin-p - clindamycin phosphate swab 1%.....	5
cevimeline hcl cap 30 mg.....	43	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	5
CHEMET.....	46	clindamycin phosphate gel 1%.....	5
CHENODAL.....	47	clindamycin phosphate inj 900 mg/6ml.....	5
chlorhexidine gluconate soln 0.12%.....	43	clindamycin phosphate lotion 1%.....	5
chloroquine phosphate tab 250 mg, 500 mg.....	23	clindamycin phosphate soln 1%.....	5
chlorpromazine hcl conc 100 mg/ml.....	13	clindamycin phosphate swab 1%.....	5
chlorpromazine hcl conc 30 mg/ml.....	13	clindamycin phosphate vaginal cream 2%.....	5
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	13	clobazam suspension 2.5 mg/ml.....	8
chlorthalidone tab 25 mg, 50 mg.....	37	clobazam tab 10 mg, 20 mg.....	8
cholestyramine light powder 4 gm/dose.....	37	clobetasol propionate cream 0.05%.....	43
cholestyramine light powder packets 4 gm.....	37	clobetasol propionate e - clobetasol propionate emollient base cream 0.05%.....	43
cholestyramine powder 4 gm/dose.....	37	clobetasol propionate emollient base cream 0.05%.....	44
cholestyramine powder packets 4 gm.....	37	clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%.....	44
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	37	clobetasol propionate oint 0.05%.....	44
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	37	clobetasol propionate soln 0.05%.....	44
ciclopirox gel 0.77%.....	14		
ciclopirox olamine cream 0.77% (base equiv).....	14		



clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	11	constulose - lactulose solution 10 gm/15ml.....	47
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg.....	31	COPAXONE.....	42
clonazepam orally disintegrating tab 2 mg.....	31	COPIKTRA.....	17
clonazepam tab 0.5 mg, 1 mg.....	31	CORLANOR.....	37
clonazepam tab 2 mg.....	31	COTELLIC.....	17
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	37	CREON.....	48
clonidine hcl tab er 12hr 0.1 mg.....	42	cromolyn sodium ophth soln 4%.....	60
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr.....	37	cromolyn sodium oral conc 100 mg/5ml.....	48
clopidogrel bisulfate tab 75 mg (base equiv).....	35	cromolyn sodium soln nebu 20 mg/2ml.....	62
clorazepate dipotassium tab 15 mg.....	31	cyclobenzaprine hcl tab 5 mg, 10 mg.....	64
clorazepate dipotassium tab 3.75 mg.....	31	CYCLOPHOSPHAMIDE.....	17
clorazepate dipotassium tab 7.5 mg.....	31	cyclophosphamide cap 25 mg, 50 mg.....	17
clotrimazole cream 1%.....	14	cyclosporine cap 100 mg.....	54
clotrimazole troche 10 mg.....	14	cyclosporine cap 25 mg.....	54
clotrimazole w/ betamethasone cream 1-0.05%.....	44	cyclosporine modified cap 25 mg, 50 mg, 100 mg.....	54
clotrimazole w/ betamethasone lotion 1-0.05%.....	44	cyclosporine modified oral soln 100 mg/ml.....	54
CLOZAPINE ODT.....	24	cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	51
clozapine orally disintegrating tab 150 mg.....	25	CYSTAGON.....	48
clozapine orally disintegrating tab 200 mg.....	25	CYSTARAN.....	60
clozapine orally disintegrating tab 25 mg, 100 mg.....	25	<b>D</b>	
clozapine tab 100 mg.....	25	dalfampridine tab er 12hr 10 mg.....	42
clozapine tab 200 mg.....	25	danazol cap 50 mg, 100 mg, 200 mg.....	51
clozapine tab 25 mg, 50 mg.....	25	dantrolene sodium cap 25 mg, 50 mg, 100 mg.....	27
COARTEM.....	23	DANZITEN.....	17
COBENFY.....	25	dapsone tab 25 mg, 100 mg.....	16
COBENFY STARTER PACK.....	25	DAPTACEL.....	54
colchicine tab 0.6 mg.....	15	daptomycin for iv soln 500 mg.....	5
colchicine w/ probenecid tab 0.5-500 mg.....	15	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	49
colestipol hcl granule packets 5 gm.....	37	darunavir tab 600 mg.....	28
colestipol hcl granules 5 gm.....	37	darunavir tab 800 mg.....	28
colestipol hcl tab 1 gm.....	37	dasatinib tab 20 mg.....	17
colistimethate sod for inj 150 mg (colistin base activity).....	5	dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg.....	17
COMBIPATCH.....	51	DAURISMO.....	17
COMBIVENT RESPIMAT.....	62	deblitane - norethindrone tab 0.35 mg.....	51
COMETRIQ.....	17	deferasirox granules packet 90 mg, 180 mg, 360 mg.....	46
COMPLERA.....	28	deferasirox tab 180 mg, 360 mg.....	46
compro - prochlorperazine suppos 25 mg.....	13	deferasirox tab 90 mg.....	46
		deferasirox tab for oral susp 125 mg.....	46
		deferasirox tab for oral susp 250 mg, 500 mg.....	46
		DELSTRIGO.....	28
		DENGVAXIA.....	55

DEPO-SUBQ PROVERA 104.....	51	<i>diazepam rectal gel delivery system 10 mg, 20</i>	
DESCOVY.....	28	<i>mg</i> .....	8
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg,</i>		<i>diazepam tab 2 mg, 5 mg, 10 mg</i> .....	31
<i>100 mg, 150 mg</i> .....	11	<i>diazoxide susp 50 mg/ml</i> .....	32
<i>desmopressin acetate nasal spray soln 0.01%</i>		<i>diclofenac sodium (actinic keratoses) gel</i>	
<i>(refrigerated), 0.01%</i> .....	50	<i>3%</i> .....	44
<i>desmopressin acetate tab 0.1 mg</i> .....	50	<i>diclofenac sodium gel 1% (1.16% diethylamine</i>	
<i>desmopressin acetate tab 0.2 mg</i> .....	50	<i>equiv)</i> .....	1
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30</i>		<i>diclofenac sodium ophth soln 0.1%</i> .....	60
<i>mcg</i> .....	51	<i>diclofenac sodium soln 1.5%</i> .....	1
<i>desonide cream 0.05%</i> .....	44	<i>diclofenac sodium tab delayed release 25</i>	
<i>desonide lotion 0.05%</i> .....	44	<i>mg</i> .....	1
<i>desonide oint 0.05%</i> .....	44	<i>diclofenac sodium tab delayed release 50</i>	
<i>desoximetasone cream 0.05%, 0.25%</i> .....	44	<i>mg</i> .....	1
<i>desoximetasone gel 0.05%</i> .....	44	<i>diclofenac sodium tab delayed release 75</i>	
<i>desoximetasone oint 0.25%</i> .....	44	<i>mg</i> .....	1
<i>desvenlafaxine succinate tab er 24hr 25 mg (base</i>		<i>dicloxacillin sodium cap 250 mg</i> .....	5
<i>equiv), 50 mg (base equiv), 100 mg (base</i>		<i>dicloxacillin sodium cap 500 mg</i> .....	5
<i>equiv)</i> .....	11	<i>dicyclomine hcl cap 10 mg</i> .....	47
<i>dexamethasone elixir 0.5 mg/5ml</i> .....	50	<i>dicyclomine hcl tab 20 mg</i> .....	47
<i>dexamethasone sodium phosphate ophth soln</i>		DIFICID.....	5
<i>0.1%</i> .....	60	<i>difluprednate ophth emulsion 0.05%</i> .....	60
<i>dexamethasone soln 0.5 mg/5ml</i> .....	50	<i>digoxin oral soln 0.05 mg/ml</i> .....	37
<i>dexamethasone tab 0.5 mg, 0.75 mg, 4 mg, 6</i>		<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25</i>	
<i>mg</i> .....	50	<i>mg)</i> .....	37
<i>dexamethasone tab 1 mg, 1.5 mg, 2</i>		<i>dihydroergotamine mesylate nasal spray 4 mg/</i>	
<i>mg</i> .....	50	<i>ml</i> .....	15
<i>dexamethasone tab therapy pack 1.5 mg</i>		DILANTIN.....	8
<i>(21)</i> .....	50	<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120</i>	
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>mg</i> .....	37
<i>(35)</i> .....	50	<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240</i>	
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>mg</i> .....	37
<i>(51)</i> .....	50	<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180</i>	
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10</i>		<i>mg, 240 mg, 300 mg, 360 mg</i> .....	37
<i>mg</i> .....	42	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15</i>		<i>120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420</i>	
<i>mg</i> .....	42	<i>mg</i> .....	37
<i>dextroamphetamine sulfate cap er 24hr 5</i>		<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120</i>	
<i>mg</i> .....	42	<i>mg</i> .....	38
<i>dextroamphetamine sulfate tab 10 mg</i> .....	42	<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg,</i>	
<i>dextroamphetamine sulfate tab 5 mg</i> .....	42	<i>300 mg, 360 mg, 420 mg</i> .....	38
<i>dextrose 2.5% w/ sodium chloride</i>		<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg,</i>	
<i>0.45%</i> .....	46	<i>240 mg</i> .....	37
<i>dextrose 5% w/ sodium chloride 0.2%, 0.45%,</i>		<i>dimethyl fumarate capsule delayed release 120 mg,</i>	
<i>0.9%</i> .....	46	<i>240 mg</i> .....	42
<i>dextrose inj 5%, 10%</i> .....	46	<i>dimethyl fumarate capsule dr starter pack 120 mg &amp;</i>	
DIACOMIT.....	8	<i>240 mg</i> .....	42
<i>diazepam conc 5 mg/ml</i> .....	31	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>diazepam intensol - diazepam conc 5 mg/</i>		<i>mg</i> .....	47
<i>ml</i> .....	31	<i>dipyridamole tab 25 mg, 50 mg, 75 mg</i> .....	35
<i>diazepam oral soln 1 mg/ml</i> .....	31	<i>disulfiram tab 250 mg, 500 mg</i> .....	3
DIAZEPAM RECTAL GEL.....	8		

<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	8	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	49
<i>divalproex sodium tab delayed release 125 mg, 250 mg</i> .....	8	<b>E</b>	
<i>divalproex sodium tab delayed release 500 mg</i> .....	8	<i>econazole nitrate cream 1%</i> .....	14
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i> .....	8	EDURANT.....	28
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i> .....	38	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	28
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i> .....	11	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i> .....	28
<i>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg</i> .....	11	<i>efavirenz tab 600 mg</i> .....	28
<i>dorzolamide hcl ophth soln 2%</i> .....	60	ELIGARD.....	53
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	60	ELIQUIS.....	35
DOVATO.....	28	ELIQUIS STARTER PACK.....	35
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i> .....	38	<i>eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr</i> .....	51
<i>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)</i> .....	64	EMGALITY.....	15
<i>doxepin hcl cap 10 mg</i> .....	12	EMSAM.....	12
<i>doxepin hcl cap 150 mg</i> .....	12	<i>emtricitabine caps 200 mg</i> .....	28
<i>doxepin hcl cap 25 mg, 50 mg, 75 mg, 100 mg</i> .....	12	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg</i> .....	28
<i>doxepin hcl conc 10 mg/ml</i> .....	12	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	28
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i> .....	6	EMTRIVA.....	28
<i>doxycycline hyclate cap 100 mg</i> .....	5	<i>emzahn - norethindrone tab 0.35 mg</i> .....	51
<i>doxycycline hyclate cap 50 mg</i> .....	5	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i> .....	38
<i>doxycycline hyclate for inj 100 mg</i> .....	5	<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i> .....	38
<i>doxycycline hyclate tab 100 mg</i> .....	6	ENBREL.....	55
<i>doxycycline hyclate tab 20 mg</i> .....	5	ENBREL MINI.....	55
<i>doxycycline monohydrate cap 50 mg</i> .....	6	ENBREL SURECLICK.....	55
<i>doxycycline monohydrate cap 75 mg, 150 mg</i> .....	6	<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i> .....	1
<i>doxycycline monohydrate tab 100 mg</i> .....	6	<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	1
<i>doxycycline monohydrate tab 50 mg, 150 mg</i> .....	6	<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i> .....	1
<i>doxycycline monohydrate tab 75 mg</i> .....	6	<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	1
DRIZALMA SPRINKLE.....	12	ENGERIX-B.....	55
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i> .....	13	<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....	51
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i> .....	38	<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> .....	35
DUAVEE.....	51	<i>enskyce - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	51
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)</i> .....	12	<i>entacapone tab 200 mg</i> .....	24
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> .....	12	<i>entecavir tab 0.5 mg, 1 mg</i> .....	28
DUPIXENT.....	55	ENTRESTO.....	38
<i>dutasteride cap 0.5 mg</i> .....	49		

ENTYVIO PEN.....	55	estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	51
enulose - lactulose (encephalopathy) solution 10 gm/15ml.....	47	estradiol vaginal cream 0.1 mg/gm.....	51
ENVARUS XR.....	55	estradiol vaginal tab 10 mcg.....	51
EPIDIOLEX.....	8	ethambutol hcl tab 100 mg.....	16
EPINEPHRINE (authorized generic for AdrenaClick 0.3 mg/0.3 mL).....	62	ethambutol hcl tab 400 mg.....	16
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	62	ethosuximide cap 250 mg.....	8
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak).....	62	ethosuximide soln 250 mg/5ml.....	8
epitol - carbamazepine tab 200 mg.....	8	etodolac cap 200 mg.....	1
eplerenone tab 25 mg, 50 mg.....	38	etodolac cap 300 mg.....	1
EPRONTIA.....	8	etodolac tab 400 mg, 500 mg.....	1
ergotamine w/ caffeine tab 1-100 mg.....	15	etodolac tab er 24hr 400 mg, 500 mg.....	1
ERIVEDGE.....	17	etodolac tab er 24hr 600 mg.....	1
ERLEADA.....	17	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	51
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	17	etravirine tab 100 mg, 200 mg.....	28
erlotinib hcl tab 25 mg (base equivalent).....	17	euthyrox - 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.....	53
errin - norethindrone tab 0.35 mg.....	51	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	55
ertapenem sodium for inj 1 gm (base equivalent).....	6	everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	17
ERVEBO.....	55	everolimus tab 5 mg.....	17
ERY.....	6	everolimus tab for oral susp 2 mg, 5 mg.....	17
erythrocin lactobionate - erythromycin lactobionate for inj500 mg.....	6	everolimus tab for oral susp 3 mg.....	17
erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml.....	6	EVOTAZ.....	28
erythromycin lactobionate for inj 500 mg.....	6	exemestane tab 25 mg.....	18
erythromycin ophth oint 5 mg/gm.....	60	EXTENCILLINE.....	6
erythromycin soln 2%.....	6	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	38
erythromycin tab 250 mg, 500 mg.....	6	ezetimibe tab 10 mg.....	38
escitalopram oxalate soln 5 mg/5ml (base equiv).....	12	<b>F</b>	
escitalopram oxalate tab 20 mg (base equiv).....	12	famciclovir tab 125 mg, 250 mg, 500 mg.....	28
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv).....	12	famotidine tab 20 mg, 40 mg.....	47
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq).....	47	FANAPT.....	25
esomeprazole magnesium for delayed release susp pack 2.5 mg.....	47	FANAPT TITRATION PACK.....	25
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg.....	47	FARXIGA.....	32
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	51	FASENRA.....	62
estradiol tab 0.5 mg, 1 mg, 2 mg.....	51	FASENRA PEN.....	62
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/ gm (0.1%), 1.25 mg/1.25gm (0.1%).....	51	felbamate susp 600 mg/5ml.....	8
		felbamate tab 400 mg, 600 mg.....	8
		felodipine tab er 24hr 2.5 mg, 10 mg.....	38
		felodipine tab er 24hr 5 mg.....	38
		fenofibrate micronized cap 43 mg.....	38
		fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	38
		fenofibrate tab 120 mg.....	38

fenofibrate tab 145 mg, 160 mg.....	38	fluticasone propionate cream 0.05%.....	44
fenofibrate tab 40 mg.....	38	fluticasone propionate nasal susp 50 mcg/ act.....	62
fenofibrate tab 48 mg, 54 mg.....	38	fluticasone propionate oint 0.005%.....	44
fentanyl td patch 72hr 12 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	1	fluticasone-salmeterol aer powder ba 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	63
fentanyl td patch 72hr 25 mcg/hr, 50 mcg/ hr.....	1	fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	38
FETZIMA.....	12	fluvoxamine maleate tab 100 mg.....	12
FETZIMA TITRATION PACK.....	12	fluvoxamine maleate tab 25 mg.....	12
finasteride tab 5 mg.....	49	fluvoxamine maleate tab 50 mg.....	12
fingolimod hcl cap 0.5 mg (base equiv).....	42	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	35
FINTEPLA.....	9	fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	35
FIRMAGON.....	53	fosamprenavir calcium tab 700 mg (base equiv).....	28
flecainide acetate tab 50 mg, 100 mg, 150 mg.....	38	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....	38
fluconazole for susp 10 mg/ml, 40 mg/ ml.....	14	fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	38
fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml.....	14	FOTIVDA.....	18
fluconazole tab 200 mg.....	14	FRUZAQLA.....	18
fluconazole tab 50 mg, 100 mg, 150 mg.....	14	furosemide inj 10 mg/ml.....	38
flucytosine cap 250 mg, 500 mg.....	14	furosemide oral soln 10 mg/ml.....	38
fludrocortisone acetate tab 0.1 mg.....	50	furosemide tab 20 mg, 40 mg, 80 mg.....	38
fluocinolone acetonide cream 0.01%.....	44	FUZEON.....	28
fluocinolone acetonide soln 0.01%.....	44	FYCOMPA.....	9
fluocinonide cream 0.05%.....	44	<b>G</b>	
fluocinonide emulsified base cream 0.05%.....	44	gabapentin cap 100 mg.....	9
fluocinonide gel 0.05%.....	44	gabapentin cap 300 mg.....	9
fluocinonide oint 0.05%.....	44	gabapentin cap 400 mg.....	9
fluocinonide soln 0.05%.....	44	gabapentin oral soln 250 mg/5ml.....	9
fluorometholone ophth susp 0.1%.....	60	gabapentin tab 600 mg.....	9
FLUOROURACIL.....	44	gabapentin tab 800 mg.....	9
fluorouracil cream 5%.....	44	GALANTAMINE HYDROBROMIDE.....	11
fluorouracil soln 5%.....	44	galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....	11
FLUOXETINE DR.....	12	galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....	11
fluoxetine hcl cap 10 mg.....	12	gallifrey - norethindrone acetate tab 5 mg.....	51
fluoxetine hcl cap 20 mg.....	12	GAMMAGARD LIQUID.....	55
fluoxetine hcl cap 40 mg.....	12	GAMUNEX-C.....	55
fluoxetine hcl solution 20 mg/5ml.....	12	GARDASIL 9.....	55
fluoxetine hcl tab 10 mg.....	12	GATTEX.....	47
fluoxetine hcl tab 20 mg.....	12	GAUZE PADS 2" X 2".....	32
fluphenazine decanoate inj 25 mg/ml.....	25	gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....	47
FLUPHENAZINE HCL.....	25	gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	47
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	25		
FLUPHENAZINE HYDROCHLORIDE.....	25		
flurbiprofen sodium ophth soln 0.03%.....	60		
flurbiprofen tab 100 mg.....	1		
FLUTICASONE PROPIONATE/ SALMETEROL.....	63		

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GAVRETO.....	18	<i>glyburide tab 5 mg</i> .....	32
<i>gefitinib tab 250 mg</i> .....	18	<i>glycopyrrolate tab 1 mg, 2 mg</i> .....	47
<i>gemfibrozil tab 600 mg</i> .....	38	GLYXAMBI.....	32
<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i> .....	47	<i>granisetron hcl tab 1 mg</i> .....	13
<i>gengraf - cyclosporine modified cap 25 mg, 100 mg</i> .....	55	<i>griseofulvin microsize susp 125 mg/5ml</i> .....	14
<i>gengraf - cyclosporine modified oral soln 100 mg/ ml</i> .....	55	<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i> .....	14
<i>gentamicin sulfate cream 0.1%</i> .....	44	GVOKE HYPOPEN 1-PACK.....	32
<i>gentamicin sulfate inj 40 mg/ml</i> .....	6	GVOKE HYPOPEN 2-PACK.....	32
<i>gentamicin sulfate oint 0.1%</i> .....	44	GVOKE KIT.....	32
<i>gentamicin sulfate ophth soln 0.3%</i> .....	60	GVOKE PFS.....	32
GENVOYA.....	28	<b>H</b>	
GILOTRIF.....	18	HADLIMA.....	55
<i>glatiramer acetate soln prefilled syringe 20 mg/ ml</i> .....	42	HADLIMA PUSH TOUCH.....	55
<i>glatiramer acetate soln prefilled syringe 40 mg/ ml</i> .....	42	HAEGARDA.....	55
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i> .....	42	<i>halobetasol propionate cream 0.05%</i> .....	44
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i> .....	42	<i>halobetasol propionate oint 0.05%</i> .....	44
GLEOSTINE.....	18	<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....	51
<i>glimepiride tab 1 mg</i> .....	32	<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ ml</i> .....	25
<i>glimepiride tab 2 mg</i> .....	32	<i>haloperidol lactate inj 5 mg/ml</i> .....	25
<i>glimepiride tab 4 mg</i> .....	32	<i>haloperidol lactate oral conc 2 mg/ml</i> .....	25
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	32	<i>haloperidol tab 0.5 mg, 1 mg</i> .....	25
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i> .....	32	<i>haloperidol tab 2 mg, 5 mg, 10 mg, 20 mg</i> .....	25
<i>glipizide tab 10 mg</i> .....	32	HAVRIX.....	55
<i>glipizide tab 5 mg</i> .....	32	<i>heather - norethindrone tab 0.35 mg</i> .....	51
<i>glipizide tab er 24hr 10 mg</i> .....	32	<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ ml, 10000 unit/ml, 20000 unit/ml</i> .....	35
<i>glipizide tab er 24hr 2.5 mg</i> .....	32	<i>heparin sodium (porcine) pf inj 1000 unit/ ml</i> .....	35
<i>glipizide tab er 24hr 5 mg</i> .....	32	<i>heparin sodium (porcine) pf inj 5000 unit/ ml</i> .....	35
<i>glipizide xl - glipizide tab er 24hr 10 mg</i> .....	32	HEPLISAV-B.....	56
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i> .....	32	HIBERIX.....	56
<i>glipizide xl - glipizide tab er 24hr 5 mg</i> .....	32	<i>hidex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i> .....	50
<i>glucagon (rdna) for inj kit 1 mg</i> .....	32	HUMALOG.....	32
<i>glucagon hcl for inj 1 mg</i> .....	32	HUMALOG MIX 75/25.....	33
<i>glutamine (sickle cell) powd pack 5 gm</i> .....	48	HUMALOG TEMPO PEN.....	33
<i>glyburide-metformin tab 1.25-250 mg</i> .....	32	HUMATIN.....	6
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg</i> .....	32	HUMIRA.....	56
<i>glyburide micronized tab 1.5 mg</i> .....	32	HUMIRA PEN.....	56
<i>glyburide micronized tab 3 mg</i> .....	32	HUMIRA PEN-CD/UC/HS STARTER.....	56
<i>glyburide micronized tab 6 mg</i> .....	32	HUMIRA PEN-PS/UV STARTER.....	56
<i>glyburide tab 1.25 mg</i> .....	32	HUMULIN 70/30.....	33
		HUMULIN N.....	33
		HUMULIN R.....	33

HUMULIN R U-500 (CONCENTRATED).....	33	<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> .....	56
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i> .....	38	ICLUSIG.....	18
<i>hydrochlorothiazide cap 12.5 mg</i> .....	38	<i>icosapent ethyl cap 0.5 gm</i> .....	38
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i> .....	38	<i>icosapent ethyl cap 1 gm</i> .....	38
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-300 mg, 7.5-325 mg, 10-300 mg</i> .....	1	IDHIFA.....	18
<i>hydrocodone-acetaminophen tab 5-300 mg, 5-325 mg</i> .....	1	ILEVRO.....	60
<i>hydrocortisone butyrate cream 0.1%</i> .....	44	<i>imatinib mesylate tab 100 mg (base equivalent)</i> .....	18
<i>hydrocortisone butyrate oint 0.1%</i> .....	44	<i>imatinib mesylate tab 400 mg (base equivalent)</i> .....	18
<i>hydrocortisone butyrate soln 0.1%</i> .....	44	IMBRUVICA.....	18
<i>hydrocortisone cream 1%</i> .....	44	IMIPENEM/CILASTATIN.....	6
<i>hydrocortisone cream 2.5%</i> .....	44	<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	6
<i>hydrocortisone enema 100 mg/60ml</i> .....	58	<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i> .....	12
<i>hydrocortisone lotion 2.5%</i> .....	44	<i>imiquimod cream 5%</i> .....	45
<i>hydrocortisone oint 1%</i> .....	44	IMKELDI.....	18
<i>hydrocortisone oint 2.5%</i> .....	44	IMOVAX RABIES (H.D.C.V.).....	56
<i>hydrocortisone perianal cream 1%</i> .....	58	IMPAVIDO.....	6
<i>hydrocortisone perianal cream 2.5%</i> .....	58	<i>incassia - norethindrone tab 0.35 mg</i> .....	51
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i> .....	50	INCRELEX.....	50
<i>hydrocortisone valerate cream 0.2%</i> .....	44	INCRUSE ELLIPTA.....	63
<i>hydrocortisone valerate oint 0.2%</i> .....	45	<i>indapamide tab 1.25 mg, 2.5 mg</i> .....	38
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....	61	<i>indomethacin cap 25 mg</i> .....	1
<i>hydromorphone hcl liqd 1 mg/ml</i> .....	1	<i>indomethacin cap 50 mg</i> .....	1
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i> .....	1	<i>indomethacin cap er 75 mg</i> .....	1
<i>hydroxychloroquine sulfate tab 200 mg</i> .....	23	INFANRIX.....	56
<i>hydroxyurea cap 500 mg</i> .....	18	INLYTA.....	18
<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	31	INQOVI.....	18
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i> .....	31	INREBIC.....	18
<i>hydroxyzine pamoate cap 100 mg</i> .....	31	INSULIN SYRINGE/NEEDLE.....	33
<i>hydroxyzine pamoate cap 25 mg, 50 mg</i> .....	31	INTELENCE.....	28
<b>I</b>		INTRALIPID.....	46
<i>ibandronate sodium tab 150 mg (base equivalent)</i> .....	59	INVEGA HAFYERA.....	25
IBRANCE.....	18	INVEGA SUSTENNA.....	25
<i>ibu - ibuprofen tab 400 mg</i> .....	1	INVEGA TRINZA.....	25
<i>ibu - ibuprofen tab 600 mg</i> .....	1	IPOL INACTIVATED IPV.....	56
<i>ibu - ibuprofen tab 800 mg</i> .....	1	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	63
<i>ibuprofen susp 100 mg/5ml</i> .....	1	<i>ipratropium bromide inhal soln 0.02%</i> .....	63
<i>ibuprofen tab 400 mg</i> .....	1	<i>ipratropium bromide nasal soln 0.03% (21 mcg/ spray)</i> .....	63
<i>ibuprofen tab 600 mg</i> .....	1	<i>ipratropium bromide nasal soln 0.06% (42 mcg/ spray)</i> .....	63
<i>ibuprofen tab 800 mg</i> .....	1	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i> .....	39
		<i>irbesartan tab 75 mg, 150 mg, 300 mg</i> .....	39
		ISENTRESS.....	28
		ISENTRESS HD.....	29

<i>isibloom - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	51	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	46
<i>isoniazid tab 100 mg, 300 mg</i> .....	16	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i> .....	46
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i> .....	39	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	46
<i>isosorbide mononitrate tab er 24hr 120 mg</i> .....	39	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	46
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg</i> .....	39	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	46
ISOTONIC GENTAMICIN.....	6	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	46
<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i> .....	45	KERENDIA.....	39
<i>isradipine cap 2.5 mg, 5 mg</i> .....	39	<i>ketoconazole cream 2%</i> .....	14
ITOVEBI.....	18	<i>ketoconazole shampoo 2%</i> .....	14
<i>itraconazole cap 100 mg</i> .....	14	<i>ketoconazole tab 200 mg</i> .....	14
<i>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)</i> .....	39	<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i> .....	60
<i>ivermectin tab 3 mg</i> .....	23	KINERET.....	56
IWILFIN.....	18	KINRIX.....	56
IXCHIQ.....	56	<i>kionex - sodium polystyrene sulfonate susp 15 gm/60ml</i> .....	46
IXIARO.....	56	KISQALI.....	18
<b>J</b>		KISQALI FEMARA 400 DOSE.....	19
JAKAFI.....	18	KISQALI FEMARA 600 DOSE.....	19
<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i> .....	35	<i>klayesta - nystatin topical powder 100000 unit/gm</i> .....	14
JANUMET.....	33	<i>klor-con 10 - potassium chloride tab er 10 meq</i> .....	46
JANUMET XR.....	33	<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i> .....	46
JANUVIA.....	33	<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i> .....	46
JARDIANCE.....	33	<i>klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq</i> .....	46
<i>javygtor - sapropterin dihydrochloride powder packet 100 mg, 500 mg</i> .....	49	<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i> .....	46
<i>javygtor - sapropterin dihydrochloride tab 100 mg</i> .....	49	KLOXXADO.....	3
JAYPIRCA.....	18	KOSELUGO.....	19
<i>jencycla - norethindrone tab 0.35 mg</i> .....	51	KRAZATI.....	19
JENTADUETO.....	33	<b>L</b>	
JENTADUETO XR.....	33	<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i> .....	39
<i>juleber - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	51	<i>lacosamide oral solution 10 mg/ml</i> .....	9
JULUCA.....	29	<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i> .....	9
JYNNEOS.....	56	<i>lactic acid (ammonium lactate) cream 12%</i> .....	45
<b>K</b>			
<i>kalliga - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	51		
KALYDECO.....	63		
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	46		
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	46		



<i>lactic acid (ammonium lactate) lotion</i> 12%.....	45	<i>levobunolol hcl ophth soln 0.5%</i> .....	60
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i> .....	47	<i>levocarnitine oral soln 1 gm/10ml</i> (10%).....	49
<i>lactulose solution 10 gm/15ml</i> .....	47	<i>levocarnitine tab 330 mg</i> .....	49
<i>lamivudine oral soln 10 mg/ml</i> .....	29	<i>levocetirizine dihydrochloride tab 5 mg</i> .....	63
<i>lamivudine tab 100 mg (hbv)</i> .....	29	<i>levofloxacin in d5w iv soln 250 mg/50ml, 500</i> <i>mg/100ml, 750 mg/150ml</i> .....	6
<i>lamivudine tab 150 mg</i> .....	29	<i>levofloxacin oral soln 25 mg/ml</i> .....	6
<i>lamivudine tab 300 mg</i> .....	29	<i>levofloxacin tab 250 mg, 500 mg, 750</i> <i>mg</i> .....	6
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	29	<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75</i> <i>mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg,</i> <i>137 mcg, 150 mcg, 175 mcg, 200 mcg, 300</i> <i>mcg</i> .....	53
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200</i> <i>mg</i> .....	9	<i>levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg,</i> <i>75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137</i> <i>mcg, 150 mcg, 175 mcg, 200 mcg</i> .....	53
<i>lamotrigine tab chewable dispersible 5 mg, 25</i> <i>mg</i> .....	9	LIBERVANT.....	9
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200</i> <i>mg, 300 mg</i> .....	9	<i>lidocaine hcl laryngotracheal soln 4%</i> .....	2
<i>lansoprazole cap delayed release 15 mg, 30</i> <i>mg</i> .....	47	<i>lidocaine hcl soln 4%</i> .....	2
LANTUS.....	33	<i>lidocaine hcl viscous soln 2%</i> .....	2
LANTUS SOLOSTAR.....	33	<i>lidocaine oint 5%</i> .....	2
<i>lapatinib ditosylate tab 250 mg (base</i> <i>equiv)</i> .....	19	<i>lidocaine patch 5%</i> .....	2
<i>latanoprost ophth soln 0.005%</i> .....	60	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	2
LAZCLUZE.....	19	<i>lidocan - lidocaine patch 5%</i> .....	2
<i>leflunomide tab 10 mg, 20 mg</i> .....	56	LILETTA.....	49
<i>lenalidomide cap 15 mg, 20 mg, 25</i> <i>mg</i> .....	19	<i>linezolid for susp 100 mg/5ml</i> .....	6
<i>lenalidomide cap 5 mg, 10 mg</i> .....	19	<i>linezolid in sodium chloride iv soln 600</i> <i>mg/300ml-0.9%</i> .....	6
<i>lenalidomide caps 2.5 mg</i> .....	19	<i>linezolid iv soln 600 mg/300ml (2 mg/</i> <i>ml)</i> .....	6
LENTOCILIN.....	6	<i>linezolid tab 600 mg</i> .....	6
LENVIMA 10 MG DAILY DOSE.....	19	LINZESS.....	47
LENVIMA 12MG DAILY DOSE.....	19	<i>liothyronine sodium tab 5 mcg, 25 mcg, 50</i> <i>mcg</i> .....	53
LENVIMA 14 MG DAILY DOSE.....	19	<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg,</i> <i>20-12.5 mg, 20-25 mg</i> .....	39
LENVIMA 18 MG DAILY DOSE.....	19	<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40</i> <i>mg</i> .....	39
LENVIMA 20 MG DAILY DOSE.....	19	<i>lithium carbonate cap 150 mg, 300 mg</i> .....	31
LENVIMA 24 MG DAILY DOSE.....	19	<i>lithium carbonate cap 600 mg</i> .....	31
LENVIMA 4 MG DAILY DOSE.....	19	<i>lithium carbonate tab 300 mg</i> .....	31
LENVIMA 8 MG DAILY DOSE.....	19	<i>lithium carbonate tab er 300 mg, 450</i> <i>mg</i> .....	31
<i>letrozole tab 2.5 mg</i> .....	19	<i>lithium oral solution 8 meq/5ml</i> .....	31
<i>leucovorin calcium tab 10 mg, 15 mg, 25</i> <i>mg</i> .....	19	LIVTENCITY.....	29
<i>leucovorin calcium tab 5 mg</i> .....	19	LOKELMA.....	46
LEUKINE.....	35	LONSURF.....	19
LEUPROLIDE ACETATE.....	53	<i>loperamide hcl cap 2 mg</i> .....	47
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/</i> <i>ml)</i> .....	53	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/</i> <i>ml)</i> .....	29
<i>levetiracetam oral soln 100 mg/ml</i> .....	9	<i>lopinavir-ritonavir tab 100-25 mg</i> .....	29
<i>levetiracetam tab 1000 mg</i> .....	9		
<i>levetiracetam tab 250 mg, 500 mg, 750</i> <i>mg</i> .....	9		
<i>levetiracetam tab er 24hr 500 mg, 750</i> <i>mg</i> .....	9		

<i>lopinavir-ritonavir tab 200-50 mg</i> .....	29	<i>meloxicam tab 15 mg</i> .....	2
<i>lorazepam tab 0.5 mg, 1 mg</i> .....	31	<i>meloxicam tab 7.5 mg</i> .....	1
<i>lorazepam tab 2 mg</i> .....	31	<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i> .....	11
LORBRENA.....	19	<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg, 28-10 mg</i> .....	11
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i> .....	39	<i>memantine hcl oral solution 2 mg/ml</i> .....	11
<i>losartan potassium tab 100 mg</i> .....	39	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	11
<i>losartan potassium tab 25 mg, 50 mg</i> .....	39	<i>memantine hcl tab 5 mg, 10 mg</i> .....	11
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i> .....	39	MENACTRA.....	56
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> .....	25	MENQUADFI.....	56
LUMAKRAS.....	19	MENVEO.....	56
LUMIGAN.....	60	<i>mercaptapurine tab 50 mg</i> .....	20
LUMRYZ.....	64	<i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i> .....	6
LUMRYZ STARTER PACK.....	64	<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i> .....	6
LUPRON DEPOT (1-MONTH).....	53	<i>meropenem iv for soln 500 mg, 1 gm</i> .....	6
LUPRON DEPOT (3-MONTH).....	53	<i>mesalamine cap dr 400 mg</i> .....	58
LUPRON DEPOT (4-MONTH).....	53	<i>mesalamine cap er 24hr 0.375 gm</i> .....	58
LUPRON DEPOT-PED (1-MONTH).....	53	<i>mesalamine cap er 500 mg</i> .....	59
LUPRON DEPOT-PED (3-MONTH).....	53	<i>mesalamine enema 4 gm</i> .....	59
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i> .....	26	<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> .....	59
<i>lurasidone hcl tab 80 mg</i> .....	26	<i>mesalamine suppos 1000 mg</i> .....	59
<i>lyleq - norethindrone tab 0.35 mg</i> .....	51	<i>mesalamine tab delayed release 1.2 gm</i> .....	59
LYNPARZA.....	20	<i>mesalamine tab delayed release 800 mg</i> .....	59
LYSODREN.....	20	<i>mesna tab 400 mg</i> .....	20
LYTGOBI.....	20	MESNEX.....	20
<i>lyza - norethindrone tab 0.35 mg</i> .....	51	<i>metformin hcl tab 1000 mg</i> .....	33
<b>M</b>		<i>metformin hcl tab 500 mg</i> .....	33
<i>magnesium sulfate inj 50%</i> .....	46	<i>metformin hcl tab 850 mg</i> .....	33
<i>malathion lotion 0.5%</i> .....	45	<i>metformin hcl tab er 24hr 500 mg</i> .....	33
<i>maraviroc tab 150 mg</i> .....	29	<i>metformin hcl tab er 24hr 750 mg</i> .....	33
<i>maraviroc tab 300 mg</i> .....	29	<i>methadone hcl tab 10 mg</i> .....	2
MARPLAN.....	12	<i>methadone hcl tab 5 mg</i> .....	2
MATULANE.....	20	<i>methazolamide tab 25 mg, 50 mg</i> .....	39
<i>matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> .....	39	<i>methenamine hippurate tab 1 gm</i> .....	6
MAVYRET.....	29	<i>methimazole tab 10 mg</i> .....	54
<i>meclizine hcl tab 12.5 mg, 25 mg</i> .....	13	<i>methimazole tab 5 mg</i> .....	54
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> .....	51	<i>methocarbamol tab 500 mg, 750 mg</i> .....	64
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> .....	51	<i>methotrexate sodium for inj 1 gm</i> .....	56
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i> .....	52	<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> .....	56
<i>mefloquine hcl tab 250 mg</i> .....	23	<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	56
<i>megestrol acetate susp 40 mg/ml</i> .....	52	<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i> .....	56
<i>megestrol acetate tab 20 mg, 40 mg</i> .....	52		
MEKINIST.....	20		
MEKTOVI.....	20		

<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	56	<i>misoprostol tab 100 mcg</i> .....	48
<i>methscopolamine bromide tab 2.5 mg, 5 mg</i> .....	48	<i>misoprostol tab 200 mcg</i> .....	48
<i>methsuximide cap 300 mg</i> .....	9	M-M-R II.....	56
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i> .....	43	<i>modafinil tab 100 mg, 200 mg</i> .....	64
<i>methylphenidate hcl tab er 20 mg</i> .....	43	<i>moexipril hcl tab 7.5 mg, 15 mg</i> .....	39
<i>methylprednisolone tab 32 mg</i> .....	50	MOLINDONE HYDROCHLORIDE.....	26
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg</i> .....	50	<i>mometasone furoate cream 0.1%</i> .....	45
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	50	<i>mometasone furoate nasal susp 50 mcg/act</i> .....	63
<i>methyltestosterone cap 10 mg</i> .....	52	<i>mometasone furoate oint 0.1%</i> .....	45
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	48	<i>mometasone furoate solution 0.1% (lotion)</i> .....	45
<i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</i> .....	48	<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	63
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i> .....	39	<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	63
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	39	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	63
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	39	<i>montelukast sodium tab 10 mg (base equiv)</i> .....	63
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i> .....	39	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	2
<i>metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i> .....	39	<i>morphine sulfate oral soln 10 mg/5ml</i> .....	2
<i>metronidazole gel 1%</i> .....	45	<i>morphine sulfate oral soln 20 mg/5ml</i> .....	2
<i>metronidazole iv soln 500 mg/100ml</i> .....	6	<i>morphine sulfate tab 15 mg</i> .....	2
<i>metronidazole lotion 0.75%</i> .....	45	<i>morphine sulfate tab 30 mg</i> .....	2
<i>metronidazole tab 250 mg, 500 mg</i> .....	6	<i>morphine sulfate tab er 100 mg, 200 mg</i> .....	2
<i>metronidazole vaginal gel 0.75%</i> .....	7	<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i> .....	2
<i>metyrosine cap 250 mg</i> .....	39	MOUNJARO.....	33
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i> .....	39	MOVANTIK.....	48
MICAFUNGIN/SODIUM CHLORIDE.....	15	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....	7
MICAFUNGIN SODIUM/SODIUM CHLORIDE.....	14	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i> .....	60
<i>micafungin sodium for iv soln 100 mg</i> .....	14	<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i> .....	60
<i>micafungin sodium for iv soln 50 mg</i> .....	14	<i>moxifloxacin hcl tab 400 mg (base equiv)</i> .....	7
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i> .....	39	MOXIFLOXACIN HYDROCHLORIDE.....	7
<i>mifepristone tab 300 mg</i> .....	53	MRESVIA.....	56
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i> .....	7	MULTAQ.....	39
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i> .....	7	<i>mupirocin oint 2%</i> .....	45
<i>minoxidil tab 2.5 mg, 10 mg</i> .....	39	MYALEPT.....	48
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i> .....	12	<i>mycophenolate mofetil cap 250 mg</i> .....	56
<i>mirtazapine tab 15 mg</i> .....	12	<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	56
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i> .....	12	<i>mycophenolate mofetil tab 500 mg</i> .....	56
		<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i> .....	57
		MYHIBBIN.....	57

MYRBETRIQ.....49

**N***nabumetone tab 500 mg*.....2*nabumetone tab 750 mg*.....2*nadolol tab 20 mg, 40 mg, 80 mg*.....39*nafcillin sodium for inj 2 gm*.....7*nafcillin sodium in dextrose inj 2 gm/100ml*.....7*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

NAMZARIC.....11

*naproxen sodium tab 275 mg*.....2*naproxen sodium tab 550 mg*.....2*naproxen tab 250 mg*.....2*naproxen tab 375 mg*.....2*naproxen tab 500 mg*.....2*naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)*.....15*nateglinide tab 120 mg*.....33*nateglinide tab 60 mg*.....33

NAYZILAM.....9

*nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)*.....39

NEFAZODONE HYDROCHLORIDE.....12

NEOMYCIN/POLYMYXIN/  
GRAMICIDIN.....60*neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin*.....60*neomycin-polymyxin-dexamethasone ophth oint 0.1%*.....60*neomycin-polymyxin-dexamethasone ophth susp 0.1%*.....60*neomycin-polymyxin-hc otic soln 1%*.....61*neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%*.....61*neomycin sulfate tab 500 mg*.....7*neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%*.....60*neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin*.....60

NERLYNX.....20

NEUPRO.....24

*nevirapine susp 50 mg/5ml*.....29*nevirapine tab 200 mg*.....29*nevirapine tab er 24hr 400 mg*.....29

NEXPLANON.....49

*niacin tab er 500 mg (antihyperlipidemic)*.....39*niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)*.....39

NICOTROL INHALER.....3

NICOTROL NS.....3

*nifedipine tab er 24hr 30 mg, 90 mg*.....39*nifedipine tab er 24hr 60 mg*.....39*nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg*.....40*nilutamide tab 150 mg*.....20*nimodipine cap 30 mg*.....40

NINLARO.....20

*nitazoxanide tab 500 mg*.....23*nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg*.....49

NITRO-BID.....40

*nitrofurantoin macrocrystalline cap 50 mg, 100 mg*.....7*nitrofurantoin monohydrate macrocrystalline cap 100 mg*.....7*nitroglycerin oint 0.4%*.....40*nitroglycerin sl tab 0.3 mg, 0.4 mg*.....40*nitroglycerin sl tab 0.6 mg*.....40*nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr*.....40*nitroglycerin td patch 24hr 0.4 mg/hr*.....40*nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)*.....40

NIVESTYM.....35

*nizatidine cap 150 mg*.....48*nizatidine cap 300 mg*.....48*nora-be - norethindrone tab 0.35 mg*.....52*norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr*.....52*norethindrone acetate tab 5 mg*.....52*norethindrone tab 0.35 mg*.....52*norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg*.....52*norlyroc - norethindrone tab 0.35 mg*.....52*nortriptyline hcl cap 10 mg, 25 mg, 50 mg*.....12*nortriptyline hcl cap 75 mg*.....12*nortriptyline hcl soln 10 mg/5ml*.....12

NORVIR.....29

NOVOLIN 70/30.....34

NOVOLIN 70/30 FLEXPEN.....34

NOVOLIN 70/30 FLEXPEN RELION.....34

NOVOLIN 70/30 RELION.....34

NOVOLIN N.....33

NOVOLIN N FLEXPEN.....33

NOVOLIN N FLEXPEN RELION.....33

NOVOLIN N RELION.....	33	OGSIVEO.....	20
NOVOLIN R.....	34	OJEMDA.....	20
NOVOLIN R FLEXPEN.....	34	OJJAARA.....	20
NOVOLIN R FLEXPEN RELION.....	34	olanzapine for im inj 10 mg.....	26
NOVOLIN R RELION.....	34	olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....	26
NOVOLOG.....	34	olanzapine tab 10 mg.....	26
NOVOLOG FLEXPEN.....	34	olanzapine tab 15 mg, 20 mg.....	26
NOVOLOG FLEXPEN RELION.....	34	olanzapine tab 2.5 mg, 5 mg, 7.5 mg.....	26
NOVOLOG MIX 70/30.....	34	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.....	40
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	34	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	40
NOVOLOG MIX 70/30 RELION.....	34	olmesartan medoxomil tab 20 mg, 40 mg.....	40
NOVOLOG PENFILL.....	34	olmesartan medoxomil tab 5 mg.....	40
NOVOLOG RELION.....	34	olopatadine hcl nasal soln 0.6%.....	63
NUBEQA.....	20	omega-3-acid ethyl esters cap 1 gm.....	40
NUDEXTA.....	43	omeprazole cap delayed release 10 mg.....	48
NUPLAZID.....	26	omeprazole cap delayed release 20 mg, 40 mg.....	48
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<i>nystatin cream 100000 unit/gm.....</i>	15	ondansetron hcl oral soln 4 mg/5ml.....	13
<i>nystatin oint 100000 unit/gm.....</i>	15	ondansetron hcl tab 4 mg, 8 mg.....	14
<i>nystatin susp 100000 unit/ml.....</i>	15	ondansetron orally disintegrating tab 4 mg, 8 mg.....	14
<i>nystatin tab 500000 unit.....</i>	15	ONUREG.....	20
<i>nystatin topical powder 100000 unit/gm.....</i>	15	OPIPZA.....	26
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....</i>	45	OPSUMIT.....	63
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....</i>	45	OPVEE.....	3
<i>nystop - nystatin topical powder 100000 unit/gm.....</i>	15	ORGOVYX.....	20
<b>O</b>		ORKAMBI.....	63
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....</i>	54	ORSERDU.....	20
<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>	53	oseltamivir phosphate cap 30 mg (base equiv).....	29
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml.....</i>	54	oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv).....	29
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml.....</i>	54	oseltamivir phosphate for susp 6 mg/ml (base equiv).....	29
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml.....</i>	54	OTEZLA.....	45
ODEFSEY.....	29	oxaprozin tab 600 mg.....	2
ODOMZO.....	20	oxazepam cap 10 mg, 15 mg, 30 mg.....	31
OFEV.....	63	oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	9
<i>ofloxacin ophth soln 0.3%.....</i>	60	oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	9
<i>ofloxacin otic soln 0.3%.....</i>	61	oxybutynin chloride solution 5 mg/5ml.....	49
<i>ofloxacin tab 400 mg.....</i>	7	oxybutynin chloride tab 5 mg.....	49
		oxybutynin chloride tab er 24hr 10 mg.....	49
		oxybutynin chloride tab er 24hr 15 mg.....	49

<i>oxybutynin chloride tab er 24hr 5 mg</i> .....	49	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	7
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<i>oxycodone hcl tab 5 mg</i> .....	2	<i>penicillin v potassium for soln 125 mg/5ml</i> .....	7
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	2	<i>penicillin v potassium for soln 250 mg/5ml</i> .....	7
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	2	<i>penicillin v potassium tab 250 mg, 500 mg</i> .....	7
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....	2	PENTACEL.....	57
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	2	<i>pentamidine isethionate for inj soln 300 mg</i> .....	23
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<b>P</b>		<i>perindopril erbumine tab 2 mg</i> .....	40
<i>pacerone - amiodarone hcl tab 200 mg, 400 mg</i> .....	40	<i>perindopril erbumine tab 4 mg</i> .....	40
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i> .....	26	<i>perindopril erbumine tab 8 mg</i> .....	40
<i>paliperidone tab er 24hr 6 mg</i> .....	26	<i>perio gard - chlorhexidine gluconate soln 0.12%</i> .....	43
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<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> .....	48	<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i> .....	14
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> .....	48	PERSERIS.....	26
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<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i> .....	13	<i>phenobarbital elixir 20 mg/5ml</i> .....	9
<i>paroxetine hcl tab 10 mg, 40 mg</i> .....	13	<i>phenobarbital tab 15 mg, 30 mg, 60 mg, 100 mg</i> .....	9
<i>paroxetine hcl tab 20 mg</i> .....	13	<i>phenobarbital tab 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> .....	9
<i>paroxetine hcl tab 30 mg</i> .....	13	<i>phenoxybenzamine hcl cap 10 mg</i> .....	40
PAXLOVID.....	29	<i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i> .....	9
<i>pazopanib hcl tab 200 mg (base equiv)</i> .....	20	<i>phenytoin chew tab 50 mg</i> .....	9
PEDIARIX.....	57	<i>phenytoin infatabs - phenytoin chew tab 50 mg</i> .....	9
PEDVAX HIB.....	57	<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i> .....	9
<i>peg-3350/electrolytes/ascorbate - peg 3350-kcl- nacl-na sulfate-na ascorbate-c for soln 100 gm</i> .....	48	<i>phenytoin susp 125 mg/5ml</i> .....	9
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	48	PIFELTRO.....	29
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> .....	48	<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i> .....	60
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	48	<i>pilocarpine hcl tab 5 mg, 7.5 mg</i> .....	43
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<i>penicillamine tab 250 mg</i> .....	49	<i>pioglitazone hcl tab 15 mg (base equiv)</i> .....	34
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i> .....	7	<i>pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)</i> .....	34
		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	7
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PIQRAY 250MG DAILY DOSE.....	20	<i>prednisone tab therapy pack 5 mg (21), 5 mg (48).....</i>	50
PIQRAY 300MG DAILY DOSE.....	20	<i>pregabalin cap 200 mg.....</i>	9
<i>pirfenidone cap 267 mg.....</i>	63	<i>pregabalin cap 225 mg.....</i>	9
<i>pirfenidone tab 267 mg.....</i>	63	<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....</i>	9
<i>pirfenidone tab 801 mg.....</i>	63	<i>pregabalin cap 300 mg.....</i>	9
<i>piroxicam cap 10 mg.....</i>	2	<i>pregabalin soln 20 mg/ml.....</i>	9
<i>piroxicam cap 20 mg.....</i>	2	PREMARIN.....	52
<i>podofilox soln 0.5%.....</i>	45	<i>prevalite - cholestyramine light powder 4 gm/ dose.....</i>	40
<i>polycin - bacitracin-polymyxin b ophth oint.....</i>	61	<i>prevalite - cholestyramine light powder packets 4 gm.....</i>	40
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....</i>	61	PREVYMIS.....	29
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<i>posaconazole tab delayed release 100 mg.....</i>	15	PRIFTIN.....	16
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....</i>	47	<i>primaquine phosphate tab 26.3 mg (15 mg base).....</i>	23
<i>potassium chloride cap er 10 meq.....</i>	46	PRIMIDONE.....	9
<i>potassium chloride cap er 8 meq.....</i>	46	<i>primidone tab 50 mg, 250 mg.....</i>	10
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<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....</i>	46	<i>probenecid tab 500 mg.....</i>	15
<i>potassium chloride oral soln 10% (20 meq/15ml).....</i>	46	<i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....</i>	14
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg).....</i>	46	<i>prochlorperazine suppos 25 mg.....</i>	14
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<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg.....</i>	40	<i>progesterone cap 100 mg, 200 mg.....</i>	52
<i>pravastatin sodium tab 80 mg.....</i>	40	PROGRAF.....	57
<i>praziquantel tab 600 mg.....</i>	23	PROLASTIN-C.....	49
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<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....</i>	50	<i>promethazine hcl suppos 12.5 mg, 25 mg.....</i>	14
<i>prednisolone soln 15 mg/5ml.....</i>	50	<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....</i>	14
<i>prednisone oral soln 5 mg/5ml.....</i>	50	<i>promethegan - promethazine hcl suppos 12.5 mg, 25 mg.....</i>	14
<i>prednisone tab 10 mg.....</i>	50	<i>propafenone hcl tab 150 mg, 225 mg.....</i>	40
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 20 mg, 50 mg.....</i>	50	<i>propafenone hcl tab 300 mg.....</i>	40

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<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i> .....	26	<i>riluzole tab 50 mg</i> .....	43
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<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> .....	40	<i>risedronate sodium tab 35 mg</i> .....	59
<i>quinidine sulfate tab 200 mg</i> .....	40	<i>risedronate sodium tab 5 mg, 30 mg</i> .....	59
<i>quinidine sulfate tab 300 mg</i> .....	40	<i>risedronate sodium tab delayed release 35 mg</i> .....	59
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<i>raloxifene hcl tab 60 mg</i> .....	52	<i>risperidone soln 1 mg/ml</i> .....	27
<i>ramelteon tab 8 mg</i> .....	64	<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> .....	27
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i> .....	40	<i>risperidone tab 4 mg</i> .....	27
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i> .....	41	<i>ritonavir tab 100 mg</i> .....	30
<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)</i> .....	24	<i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i> .....	11
<i>reclipsen - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	52	<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i> .....	11
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<i>repaglinide tab 2 mg</i> .....	34	<i>rosuvastatin calcium tab 40 mg</i> .....	41
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<i>rufinamide tab 200 mg</i> .....	10
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<i>selegiline hcl tab 5 mg</i> .....	24
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<i>silodosin cap 4 mg, 8 mg</i> .....	49
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<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	61
<i>sulfadiazine tab 500 mg</i> .....	7
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<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i> .....	16	<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....	41
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<i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)</i> .....	21	<i>telmisartan-amlodipine tab 40-5 mg</i> .....	41
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<i>tacrolimus cap 5 mg</i> .....	58	<i>terconazole vaginal cream 0.4%, 0.8%</i> .....	15
<i>tacrolimus oint 0.03%, 0.1%</i> .....	45	<i>terconazole vaginal suppos 80 mg</i> .....	15
<i>tadalafil tab 2.5 mg, 5 mg</i> .....	50	TERIPARATIDE.....	59
<i>tadalafil tab 20 mg (pah)</i> .....	64	TESTOSTERONE ENANTHATE.....	52
TAFINLAR.....	21	<i>testosterone td gel 12.5 mg/act (1%)</i> .....	52
TAGRISO.....	21	<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i> .....	52
TALTZ.....	58	<i>testosterone td gel 20.25 mg/act (1.62%)</i> .....	52
TALZENNA.....	21	<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	52
<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i> .....	21	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i> .....	52
<i>tamsulosin hcl cap 0.4 mg</i> .....	50	<i>testosterone td gel 50 mg/5gm (1%)</i> .....	52
<i>taperdex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i> .....	50	<i>testosterone td soln 30 mg/act</i> .....	52
TASIGNA.....	22	<i>tetrabenazine tab 12.5 mg</i> .....	43
<i>tazarotene cream 0.1%</i> .....	45	<i>tetrabenazine tab 25 mg</i> .....	43
<i>tazicef - ceftazidime for inj 1 gm</i> .....	7	THALOMID.....	22
<i>tazicef - ceftazidime for iv soln 1 gm</i> .....	7	THEO-24.....	64
<i>tazicef - ceftazidime for iv soln 2 gm</i> .....	7		
<i>tazicef - ceftazidime for iv soln 6 gm</i> .....	7		

<i>theophylline tab er 12hr 300 mg, 450 mg</i> .....	64	<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i> .....	50
<i>theophylline tab er 24hr 400 mg, 600 mg</i> .....	64	<i>tolterodine tartrate tab 1 mg, 2 mg</i> .....	50
<i>thioridazine hcl tab 10 mg, 50 mg, 100 mg</i> .....	27	<i>tolvaptan tab 15 mg, 30 mg</i> .....	47
<i>thioridazine hcl tab 25 mg</i> .....	27	<i>topiramate sprinkle cap 15 mg</i> .....	10
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i> .....	27	<i>topiramate sprinkle cap 25 mg</i> .....	10
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i> .....	41	<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i> .....	10
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i> .....	41	<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	22
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....	41	<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg</i> .....	22
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i> .....	41	<i>torpenz - everolimus tab 5 mg</i> .....	22
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i> .....	41	<i>torse mide tab 5 mg, 10 mg, 20 mg, 100 mg</i> .....	41
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i> .....	41	TRADJENTA.....	35
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i> .....	10	<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	2
TIBSOVO.....	22	<i>tramadol hcl tab 50 mg</i> .....	2
TICOVAC.....	58	<i>trandolapril tab 1 mg, 2 mg, 4 mg</i> .....	42
<i>tigecycline for iv soln 50 mg</i> .....	7	<i>tranexamic acid tab 650 mg</i> .....	36
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i> .....	61	<i>tranylcypromine sulfate tab 10 mg</i> .....	13
<i>timolol maleate ophth soln 0.25%</i> .....	61	TRAVASOL.....	47
<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	61	<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> .....	61
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i> .....	41	<i>trazodone hcl tab 300 mg</i> .....	13
<i>tinidazole tab 250 mg, 500 mg</i> .....	7	<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i> .....	13
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i> .....	64	TRECTOR.....	16
TIVICAY.....	30	TRELEGY ELLIPTA.....	64
TIVICAY PD.....	30	<i>tretinoin cap 10 mg</i> .....	22
<i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)</i> .....	27	<i>tretinoin cream 0.025%, 0.05%, 0.1%</i> .....	45
TOBRADEX.....	61	<i>tretinoin gel 0.01%, 0.025%</i> .....	45
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	61	<i>triamcinolone acetonide cream 0.025%, 0.1%</i> .....	45
<i>tobramycin nebu soln 300 mg/5ml</i> .....	64	<i>triamcinolone acetonide cream 0.5%</i> .....	45
<i>tobramycin ophth soln 0.3%</i> .....	61	<i>triamcinolone acetonide lotion 0.025%, 0.1%</i> .....	45
TOBRAMYCIN SULFATE.....	7	<i>triamcinolone acetonide oint 0.025%, 0.1%</i> .....	45
<i>tobramycin sulfate for inj 1.2 gm</i> .....	7	<i>triamcinolone acetonide oint 0.5%</i> .....	45
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i> .....	8	<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	42
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)</i> .....	8	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i> .....	42
		<i>tridacaine iii - lidocaine patch 5%</i> .....	3
		<i>tridacaine ii - lidocaine patch 5%</i> .....	2
		<i>triderm - triamcinolone acetonide cream 0.5%</i> .....	45
		<i>trientine hcl cap 250 mg</i> .....	47

<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i> .....	27	<i>valproic acid cap 250 mg</i> .....	10
TRIFLURIDINE.....	61	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i> .....	42
<i>trihexyphenidyl hcl tab 2 mg, 5 mg</i> .....	24	<i>valsartan tab 320 mg</i> .....	42
TRIKAFTA.....	64	<i>valsartan tab 40 mg, 80 mg, 160 mg</i> .....	42
<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	52	VALTOCO 10 MG DOSE.....	10
<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	52	VALTOCO 15 MG DOSE.....	10
<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	52	VALTOCO 20 MG DOSE.....	10
<i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	52	VALTOCO 5 MG DOSE.....	10
<i>trimethoprim tab 100 mg</i> .....	8	<i>vancomycin hcl cap 125 mg (base equivalent)</i> .....	8
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i> .....	13	<i>vancomycin hcl cap 250 mg (base equivalent)</i> .....	8
TRINTELLIX.....	13	<i>vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent)</i> .....	8
TRIUMEQ.....	30	VANDAZOLE.....	8
TRIUMEQ PD.....	30	VANFLYTA.....	22
<i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	52	VAQTA.....	58
TROPHAMINE.....	47	<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i> .....	3
<i>trospium chloride cap er 24hr 60 mg</i> .....	50	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	3
<i>trospium chloride tab 20 mg</i> .....	50	VARIVAX.....	58
TRULICITY.....	35	VASCEPA.....	42
TRUMENBA.....	58	VAXCHORA.....	58
TRUQAP.....	22	VENCLEXTA.....	22
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TURALIO.....	22	VENLAFAXINE BESYLATE ER.....	13
TWINRIX.....	58	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> .....	13
TYBOST.....	30	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> .....	13
TYMLOS.....	59	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> .....	13
TYPHIM VI.....	58	<i>venlafaxine hcl tab 100 mg (base equivalent)</i> .....	13
<b>U</b>		<i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent)</i> .....	13
UBRELVY.....	16	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> .....	13
<i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i> .....	53	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> .....	13
<i>ursodiol cap 300 mg</i> .....	48	VENTAVIS.....	64
<i>ursodiol tab 250 mg</i> .....	48	VENTOLIN HFA.....	64
<i>ursodiol tab 500 mg</i> .....	48	VEOZAH.....	43
<b>V</b>		<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i> .....	42
<i>valacyclovir hcl tab 1 gm</i> .....	30	<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i> .....	42
<i>valacyclovir hcl tab 500 mg</i> .....	30		
VALCHLOR.....	22		
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> .....	30		
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> .....	10		

VERQUVO.....	42	XOSPATA.....	22
VERSACLOZ.....	27	XPOVIO.....	22
VERZENIO.....	22	XPOVIO 60 MG TWICE WEEKLY.....	22
VIBERZI.....	48	XPOVIO 80 MG TWICE WEEKLY.....	23
<i>vigabatrin powd pack 500 mg</i> .....	10	XTANDI.....	23
<i>vigabatrin tab 500 mg</i> .....	10	<i>xulane - norelgestromin-ethinyl estradiol td ptwk</i> <i>150-35 mcg/24hr</i> .....	52
<i>vigadrone - vigabatrin powd pack 500</i> <i>mg</i> .....	10	<b>Y</b>	
<i>vigadrone - vigabatrin tab 500 mg</i> .....	10	YF-VAX.....	58
VIGAFYDE.....	10	YONSA.....	23
<i>vigpoder - vigabatrin powd pack 500</i> <i>mg</i> .....	10	<i>yuvaferm - estradiol vaginal tab 10 mcg</i> .....	52
<i>vilazodone hcl tab 10 mg, 20 mg, 40</i> <i>mg</i> .....	13	<b>Z</b>	
VIRACEPT.....	30	<i>zafemy - norelgestromin-ethinyl estradiol td ptwk</i> <i>150-35 mcg/24hr</i> .....	52
VIREAD.....	30	<i>zafirlukast tab 10 mg, 20 mg</i> .....	64
VITRAKVI.....	22	<i>zaleplon cap 10 mg</i> .....	65
VIVITROL.....	3	<i>zaleplon cap 5 mg</i> .....	64
VIZIMPRO.....	22	ZEJULA.....	23
VONJO.....	22	ZELBORAF.....	23
VORANIGO.....	22	<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40</i> <i>mg</i> .....	45
<i>voriconazole for inj 200 mg</i> .....	15	ZENPEP.....	49
<i>voriconazole for susp 40 mg/ml</i> .....	15	<i>zenzedi - dextroamphetamine sulfate tab 10</i> <i>mg</i> .....	43
<i>voriconazole tab 50 mg, 200 mg</i> .....	15	<i>zenzedi - dextroamphetamine sulfate tab 5</i> <i>mg</i> .....	43
VOWST.....	48	<i>zidovudine cap 100 mg</i> .....	30
VRAYLAR.....	27	<i>zidovudine syrup 10 mg/ml</i> .....	30
VYNDAMAX.....	49	<i>zidovudine tab 300 mg</i> .....	30
VYNDAQEL.....	49	<i>ziprasidone hcl cap 20 mg, 40 mg</i> .....	27
<b>W</b>		<i>ziprasidone hcl cap 60 mg, 80 mg</i> .....	27
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg,</i> <i>5 mg, 6 mg, 7.5 mg, 10 mg</i> .....	36	<i>ziprasidone mesylate for inj 20 mg (base</i> <i>equivalent)</i> .....	27
WELIREG.....	49	ZOLINZA.....	23
<i>wixela inhub - fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i> .....	64	<i>zolpidem tartrate tab 5 mg, 10 mg</i> .....	65
<i>wixela inhub - fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i> .....	64	ZONISADE.....	10
<i>wixela inhub - fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i> .....	64	<i>zonisamide cap 100 mg</i> .....	11
<b>X</b>		<i>zonisamide cap 25 mg, 50 mg</i> .....	10
XALKORI.....	22	ZTALMY.....	11
XARELTO.....	36	ZURZUVAE.....	13
XARELTO STARTER PACK.....	36	ZYDELIG.....	23
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XCOPRI.....	10		
XDEMVY.....	61		
XERMELO.....	48		
XGEVA.....	59		
XIFAXAN.....	48		
XIGDUO XR.....	35		
XOFLUZA.....	30		
XOLAIR.....	58		

## MULTI-LANGUAGE INTERPRETER SERVICES

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800.962.2242 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800.962.2242 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800.962.2242 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800.962.2242 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**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 800.962.2242 (TTY: 711). 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 800.962.2242 (TTY: 711). 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 800.962.2242 (TTY: 711) 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 800.962.2242 (TTY: 711). 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 800.962.2242 (TTY: 711) 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 800.962.2242 (TTY: 711). 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 800.962.2242 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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**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 800.962.2242 (TTY: 711) 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 800.962.2242 (TTY: 711). 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 800.962.2242 (TTY: 711). 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 800.962.2242 (TTY: 711). 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 800.962.2242 (TTY: 711). 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、800.962.2242 (TTY: 711) 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。

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MED-1204 (04/06/23)

**Capital Blue Cross Complete PPO**

**Capital Blue Cross Enhanced PPO**

**Capital Blue Cross Select PPO**

**Capital Blue Cross Value PPO**

**Capital Blue Cross Essential HMO**

**Capital Blue Cross | WellSpan Health PPO and HMO**

**2025 Capital Blue Cross 5-Tier Ideal Formulary**

This formulary was updated on 03/01/2025. For more recent information or other questions, please contact us, Capital Blue Cross PPO, Capital Blue Cross | WellSpan Health PPO and BlueJourney PPO Member Services at **866.987.4213** or Capital Blue Cross | WellSpan Health HMO and BlueJourney HMO at **800.779.6962** (TTY users should call 711), Monday through Friday, 8:00 AM to 8:00 PM, or visit **CapitalBlueMedicare.com**.

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