BlueCross BlueShield of Illinois

Health Care Service Corporation

Health Care Service Corporation - 5T Standard Formulary

2027 Group Formulary

5 Tier Standard

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File ID: 27032

This formulary was updated on 08/26/2026. For more recent information or other questions, please contact Blue Cross Group Medicare Advantage[SM] Customer Service at 1-877-397-7129 or, for TTY users, 711, 7:00 a.m. – 10:00 p.m. CT, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit www.myprime.com.

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

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

Blue Cross Group Medicare Advantage
2027 Group Formulary
(List of Covered Drugs)

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

When this Drug List (formulary) refers to "we," "us", or "our," it means, Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). When it refers to "plan" or "our plan," it means Blue Cross Group Medicare Advantage.

This document includes Drug List (formulary) for our plan which is current as of September 2026. 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, 2027, and from time to time during the year.

What is the Blue Cross Group Medicare Advantage formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue Cross Group Medicare Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Cross Group Medicare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Cross Group Medicare Advantage 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" or Blue Cross Group Medicare Advantage 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: https://www.bcbsil.com/medicare

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of 08/26/2026. To get updated information about the drugs covered by Blue Cross Group Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted online on a monthly basis with applicable changes, including negative changes. The web address is located on the front and back cover of this formulary

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 76. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Blue Cross Group Medicare Advantage's formulary?

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

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

Generally, Blue Cross Group Medicare Advantage 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 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 of a 30-day supply of medication. If coverage is not approved, a After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

For more information

For more detailed information about your Blue Cross Group Medicare Advantage prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Blue Cross Group Medicare Advantage's formulary

The formulary below provides coverage information about the drugs covered by Blue Cross Group Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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

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

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

KEY

Tier 1 = Preferred Generic Drugs

Tier 2 = Generic Drugs

Tier 3 = Preferred Brand Drugs

Tier 4 = Non-Preferred Drugs

Tier 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 Customer Service at 1-877-397-7129, 7:00 a.m. – 10:00 p.m. CT, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY users should call 711.

†-Split fill indicated drug. This high-cost medication is indicated with a cross (†) for you to request a 2-week supply (partial fill) of medication versus a full month. This partial fill may allow for copay savings

if the medicine causes severe side effects, and you stop taking it or have a dosage change. If there are no side effects, you may only pay the rest of your monthly copay when you pick up the remaining 2-week supply, if applicable.

Copayment and Coinsurance Amounts:

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

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

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

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

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

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

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

2027 DOSAGE FORM ABBREVIATION KEY			
act	actuation	**ad**	adsorbed
adjuv	adjuvant	**aepb**	aerosol powder blister
aer, aers, aero	aerosol	**afib/afl**	atrial fibrillation/atrial flutter
app	applicator	**ba, 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

2027 DOSAGE FORM ABBREVIATION KEY			
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	**gm**	gram
gu	genitourinary	**hr**	hour
ig	immunoglobulin	**im**	intramuscular
inh, inhal	inhalation	**inj**	injection
ir	index of reactivity	**iv**	intravenous
l	liter	**la**	long acting
lipo	lipophilic	**lf, lfu**	flocculation units
liq, liqd	liquid	**maint**	maintenance
mcg	microgram	**meq**	milliequivalent
misc	miscellaneous	**mg**	milligram
ml	milliliter	**nebu**	nebules
oc	oral contraceptive	**oin, oint**	ointment
omv	outer membrane vesicles	**op, ophth**	ophthalmic
osm	osmotic	**pah**	pulmonary arterial hypertension
pak, pk	pack	**pf**	preservative-free
pfu	plaque forming units	**pow, powd**	powder
pmdd	premenstrual dysphoric disorder	**pref**	prefilled
pttw	patch twice weekly	**ptwk**	patch weekly
recomb	recombinant	**refrig**	refrigerate
sl	sublingual	**sol, soln**	solution
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

2027 DOSAGE FORM ABBREVIATION KEY			
titr	titration	**tl**	translingual
unt, ut	unit	**va**	vaginal
vac, vacc	vaccine		

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
acetaminophen w/ codeine soln 120-12 mg/5ml	4	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg	4	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	4	QL (180 tablets/30 days)
bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#	3	QL (180 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr	4	PA, QL (4 patches/28 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#	3	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#	3	QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	4	QL (48 mls/30 days)
celecoxib cap 50 mg, 100 mg, 200 mg	2	QL (60 capsules/30 days)
celecoxib cap 400 mg	2	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium soln 1.5%	3	PA
diclofenac sodium tab delayed release 25 mg	2	QL (240 tablets/30 days)
diclofenac sodium tab delayed release 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium tab delayed release 75 mg	2	QL (60 tablets/30 days)
diclofenac sodium tab er 24hr 100 mg	2	QL (60 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	QL (120 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	QL (90 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg	4	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg	4	QL (240 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 10-325 mg	4	QL (180 tablets/30 days)
etodolac cap 200 mg	2	QL (150 capsules/30 days)
etodolac cap 300 mg	2	QL (90 capsules/30 days)
etodolac tab er 24hr 400 mg, 500 mg	4	QL (60 tablets/30 days)
etodolac tab er 24hr 600 mg	4	QL (30 tablets/30 days)
etodolac tab 400 mg, 500 mg	2	QL (60 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	4	PA, QL (15 patches/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	4	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	4	QL (240 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	4	QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml	4	QL (1440 mls/30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	4	BD
hydromorphone hcl tab 2 mg, 4 mg, 8 mg	4	QL (180 tablets/30 days)
ibu - ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibu - ibuprofen tab 600 mg	1	QL (150 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ibu - ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
ibuprofen susp 100 mg/5ml	2	
ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
indomethacin cap 25 mg#	2	QL (240 capsules/30 days)
indomethacin cap 50 mg#	2	QL (120 capsules/30 days)
meloxicam tab 7.5 mg	1	QL (60 tablets/30 days)
meloxicam tab 15 mg	1	QL (30 tablets/30 days)
methadone hcl tab 5 mg	3	QL (180 tablets/30 days)
methadone hcl tab 10 mg	3	QL (360 tablets/30 days)
morphine sulfate oral soln 10 mg/5ml	4	QL (2700 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	4	QL (270 mls/30 days)
morphine sulfate oral soln 20 mg/5ml	4	QL (1350 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	4	PA, QL (90 tablets/30 days)
morphine sulfate tab 15 mg	4	QL (360 tablets/30 days)
morphine sulfate tab 30 mg	4	QL (180 tablets/30 days)
nabumetone tab 500 mg	2	QL (120 tablets/30 days)
nabumetone tab 750 mg	2	QL (60 tablets/30 days)
naproxen sodium tab 275 mg	3	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	3	QL (90 tablets/30 days)
naproxen tab ec 375 mg	3	QL (120 tablets/30 days)
naproxen tab ec 500 mg	3	QL (90 tablets/30 days)
naproxen tab 250 mg	2	QL (180 tablets/30 days)
naproxen tab 375 mg	2	QL (120 tablets/30 days)
naproxen tab 500 mg	2	QL (90 tablets/30 days)
oxycodone hcl tab 5 mg	4	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg	4	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg	4	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	4	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	4	QL (180 tablets/30 days)
piroxicam cap 10 mg	3	QL (60 capsules/30 days)
piroxicam cap 20 mg	3	QL (30 capsules/30 days)
sulindac tab 150 mg, 200 mg	2	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	2	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Anesthetics		
lidocaine hcl laryngotracheal soln 4%	4	
lidocaine hcl soln 4%	4	PA, QL (150 mls/30 days)
lidocaine hcl viscous soln 2%	2	
lidocaine oint 5%	3	PA, QL (100 grams/30 days)
lidocaine patch 5%	4	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3	PA, QL (60 grams/30 days)
lidocan - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine ii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine iii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium tab delayed release 333 mg	4	
buprenorphine hcl sl tab 2 mg (base equiv)	2	QL (480 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	2	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (480 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (240 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (480 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	2	QL (60 tablets/30 days)
disulfiram tab 250 mg, 500 mg	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	2	
naloxone hcl soln cartridge 0.4 mg/ml	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
naltrexone hcl tab 50 mg	2	
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	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	4	
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	3	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)	4	
amoxicillin (trihydrate) cap 250 mg, 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	

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
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg, 875 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin cap 500 mg	2	
ampicillin sodium for inj 1 gm	4	
ampicillin sodium for iv soln 1 gm	4	
ampicillin sodium for iv soln 10 gm	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
avidoxy - doxycycline monohydrate tab 100 mg	3	
azithromycin for susp 100 mg/5ml, 200 mg/5ml	2	
azithromycin iv for soln 500 mg	4	
azithromycin tab 250 mg, 500 mg, 600 mg	2	
aztreonam for inj 1 gm, 2 gm	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
cefaclor cap 250 mg	3	
cefaclor cap 500 mg	3	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	2	
cefazolin sodium (bulk) for inj 100 gm	4	
cefazolin sodium (bulk) for inj 300 gm	4	
cefazolin sodium for inj 500 mg, 1 gm, 10 gm	4	
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	4	
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	4	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3	
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 and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm	4	
cefepime hcl iv soln 1 gm/50ml	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
cefepime hcl iv soln 2 gm/100ml	4	
cefixime cap 400 mg	4	
cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm	4	
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)	4	
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)	4	
cefpodoxime proxetil for susp 100 mg/5ml	4	
cefpodoxime proxetil for susp 50 mg/5ml	4	
cefpodoxime proxetil tab 100 mg, 200 mg	4	
cefprozil for susp 125 mg/5ml, 250 mg/5ml	3	
cefprozil tab 250 mg, 500 mg	3	
ceftaroline fosamil for iv soln 400 mg, 600 mg	5	
ceftazidime for inj 6 gm	4	
ceftazidime for inj 1 gm	4	
ceftazidime for iv soln 2 gm	4	
ceftriaxone sodium (bulk) for inj 100 gm	4	
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm	4	
ceftriaxone sodium for iv soln 1 gm	4	
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	4	
ceftriaxone sodium for iv soln 2 gm	4	
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	4	
ceftriaxone sodium in dextrose inj 20 mg/ml	4	
ceftriaxone sodium in dextrose inj 40 mg/ml	4	
cefuroxime axetil tab 250 mg, 500 mg	2	
cefuroxime sodium for inj 750 mg	4	
cefuroxime sodium for iv soln 1.5 gm	4	
cephalexin cap 250 mg, 500 mg	2	
cephalexin cap 750 mg	4	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	2	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	2	
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	4	
clarithromycin tab er 24hr 500 mg	4	
clarithromycin tab 250 mg, 500 mg	3	
clindacin etz pledgets - clindamycin phosphate swab 1%	4	
clindacin-p - clindamycin phosphate swab 1%	4	
clindamycin hcl cap 75 mg, 150 mg, 300 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	4	
clindamycin phosphate gel 1% (twice-daily)	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml	4	
clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	
clindamycin phosphate lotion 1%	3	
clindamycin phosphate soln 1%	2	
clindamycin phosphate swab 1%	4	
clindamycin phosphate vaginal cream 2%	3	
colistimethate sod for inj 150 mg (colistin base activity)	4	
daptomycin for iv soln 500 mg	4	
demeclocycline hcl tab 150 mg, 300 mg	4	
dicloxacillin sodium cap 250 mg, 500 mg	3	
doxycycline hyclate cap 50 mg, 100 mg	2	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg, 100 mg	2	
doxycycline monohydrate cap 50 mg, 100 mg	2	
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3	
doxy 100 - doxycycline hyclate for inj 100 mg	4	
ertapenem sodium for inj 1 gm (base equivalent)	4	
ERY - erythromycin pads 2%	4	
erythrocin lactobionate - erythromycin lactobionate for inj500 mg	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	4	
erythromycin soln 2%	2	
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	4	
erythromycin tab 250 mg, 500 mg	4	
erythromycin w/ delayed release particles cap 250 mg	4	
fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent)	4	
gentamicin in saline inj 1.2 mg/ml	4	
gentamicin sulfate inj 40 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
imipenem-cilastatin intravenous for soln 500 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
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	
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	4	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg, 500 mg, 750 mg	2	
linezolid for susp 100 mg/5ml	5	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
linezolid tab 600 mg	4	
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	4	
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	3	
meropenem iv for soln 500 mg	3	
meropenem iv for soln 1 gm	4	
methenamine hippurate tab 1 gm	3	
metronidazole cap 375 mg	4	
metronidazole iv soln 500 mg/100ml	4	
metronidazole tab 250 mg, 500 mg	2	
metronidazole vaginal gel 0.75%	3	
minocycline hcl cap 50 mg, 75 mg, 100 mg	2	
minocycline hcl tab 50 mg, 75 mg, 100 mg	4	
mondoxyne nl - doxycycline monohydrate cap 100 mg	2	
moxifloxacin hcl iv solution 400 mg/250ml (base equiv)	4	
moxifloxacin hcl tab 400 mg (base equiv)	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
nafcillin sodium for inj 1 gm, 2 gm	4	
nafcillin sodium for iv soln 10 gm	4	
nafcillin sodium in dextrose inj 2 gm/100ml	4	
neomycin sulfate tab 500 mg	2	
nitrofurantoin macrocrystalline cap 50 mg, 100 mg#	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	3	
ofloxacin tab 400 mg	4	
penicillin g potassium for inj 5000000 unit, 20000000 unit	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	

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Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg, 500 mg	1	
pfizerpen - penicillin g potassium for inj 5000000 unit, 20000000 unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)	4	
piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml	4	
piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml	4	
piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml	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	5	
sulfadiazine tab 500 mg	5	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg	1	
tazicef - ceftazidime for inj 1 gm	4	
tazicef - ceftazidime for iv soln 1 gm	4	
tazicef - ceftazidime for iv soln 2 gm	4	
tetracycline hcl cap 250 mg, 500 mg	4	
tigecycline for iv soln 50 mg	4	
tinidazole tab 250 mg, 500 mg	3	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
tobramycin sulfate for inj 1.2 gm	4	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)	4	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	4	QL (120 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent)	4	QL (240 capsules/30 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	4	
vancomycin hcl for iv soln 10 gm (base equivalent)	4	
vancomycin hcl for iv soln 100 gm (base equivalent)	4	
vancomycin hcl for iv soln 5 gm (base equivalent)	4	
vancomycin hcl for iv soln 500 mg (base equivalent)	4	
vancomycin hcl for iv soln 750 mg (base equivalent)	4	
vancomycin hcl for iv soln 750 mg (base equivalent)	4	
XIFAXAN - rifaximin tab 200 mg	3	PA, QL (9 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
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
Anticonvulsants		
brivaracetam oral soln 10 mg/ml	4	QL (2 bottles/30 days)
brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	4	QL (60 tablets/30 days)
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	3	
carbamazepine chew tab 100 mg	3	
carbamazepine susp 100 mg/5ml	4	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	3	
carbamazepine tab 200 mg	3	
clobazam suspension 2.5 mg/ml	4	PA, QL (480 mls/30 days)
clobazam tab 10 mg, 20 mg	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	PA, QL (360 capsules/30 days)
DIACOMIT - stiripentol cap 500 mg*	5	PA, QL (180 capsules/30 days)
DIACOMIT - stiripentol packet 250 mg*	5	PA, QL (6 boxes/30 days)
DIACOMIT - stiripentol packet 500 mg*	5	PA, QL (3 boxes/30 days)
diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
divalproex sodium cap delayed release sprinkle 125 mg	3	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	2	
divalproex sodium tab er 24 hr 250 mg, 500 mg	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
epitol - carbamazepine tab 200 mg	3	
eslicarbazepine acetate tab 200 mg, 400 mg	4	QL (30 tablets/30 days)
eslicarbazepine acetate tab 600 mg, 800 mg	4	QL (60 tablets/30 days)
ethosuximide cap 250 mg	3	
ethosuximide soln 250 mg/5ml	4	
felbamate susp 600 mg/5ml	4	
felbamate tab 400 mg, 600 mg	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
gabapentin cap 100 mg	2	QL (1080 capsules/30 days)
gabapentin cap 300 mg	2	QL (360 capsules/30 days)
gabapentin cap 400 mg	2	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	3	QL (2160 mls/30 days)
gabapentin tab 600 mg	2	QL (180 tablets/30 days)
gabapentin tab 800 mg	2	QL (135 tablets/30 days)
lacosamide oral solution 10 mg/ml	4	QL (1200 mls/30 days)
lacosamide tab 50 mg	4	QL (240 tablets/30 days)
lacosamide tab 100 mg	4	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
lacosamide tab 150 mg, 200 mg	4	QL (60 tablets/30 days)
lamotrigine tab chewable dispersible 5 mg, 25 mg	3	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	2	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab er 24hr 500 mg, 750 mg	3	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	2	
methsuximide cap 300 mg	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	PA, QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg, 300 mg, 600 mg	3	
perampanel susp 0.5 mg/ml	4	QL (2 bottles/28 days)
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	4	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml#	4	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#	3	
phenytek - phenytoin sodium extended cap 200 mg, 300 mg	2	
phenytoin chew tab 50 mg	2	
phenytoin infatabs - phenytoin chew tab 50 mg	2	
phenytoin sodium extended cap 100 mg, 200 mg, 300 mg	2	
phenytoin susp 125 mg/5ml	2	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	3	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg	3	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
primidone tab 50 mg, 250 mg	2	
roweepra - levetiracetam tab 500 mg	2	
rufinamide susp 40 mg/ml	5	PA, QL (2400 mls/30 days)
rufinamide tab 200 mg	4	PA, QL (480 tablets/30 days)
rufinamide tab 400 mg	5	PA, QL (240 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	QL (360 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	QL (180 tablets/30 days)
SUBVENITE - lamotrigine oral susp 10 mg/ml	5	QL (1500 mls/30 days)
subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	5	PA, QL (60 films/30 days)
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg	4	
topiramate oral soln 25 mg/ml	4	QL (480 mls/30 days)
topiramate sprinkle cap 15 mg, 25 mg	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
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	2	
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
*vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
*vigabatrin tab 500 mg**	5	QL (180 tablets/30 days)
*vigadrone - vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
*vigadrone - vigabatrin tab 500 mg**	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
*vigpoder - vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	QL (1 box/180 days)
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	5	QL (1 box/180 days)
XCOPRI - cenobamate tab 25 mg	5	QL (480 tablets/30 days)
XCOPRI - cenobamate tab 50 mg	5	QL (240 tablets/30 days)
XCOPRI - cenobamate tab 100 mg	5	QL (120 tablets/30 days)
XCOPRI - cenobamate tab 150 mg, 200 mg	5	QL (60 tablets/30 days)
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	QL (6 bottles/30 days)
zonisamide cap 25 mg, 50 mg, 100 mg	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
Antidementia Agents		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	2	
donepezil hydrochloride tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 23 mg	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	4	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	4	
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg	3	PA (<=29 yr), QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
memantine hcl oral solution 2 mg/ml	4	PA (<=29 yr), QL (300 mls/30 days)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	3	PA (<=29 yr), QL (1 pack/28 days)
memantine hcl tab 5 mg, 10 mg	2	PA (<=29 yr), QL (60 tablets/30 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	4	
Antidepressants		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	4	
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#	4	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
AUVELITY TITRATION PACK - dextromethorphan-bupropion tab er pack 30-105 & 45-105 mg	5	QL (1 box/28 days)
bupropion hcl tab er 12hr 100 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg, 200 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	2	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	2	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	2	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	3	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg, 50 mg, 75 mg#	4	
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	4	
doxepin hcl conc 10 mg/ml#	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)
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)	2	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	PA, QL (30 patches/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	4	QL (600 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
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)	1	QL (45 tablets/30 days)
escitalopram oxalate tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 18.2 mg, 36.3 mg, 54.5 mg, 72.6 mg	5	QL (30 tablets/30 days)
EXXUA TITRATION PACK - gepirone hcl tab er 24hr 18.2 mg	5	QL (32 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	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)
fluoxetine hcl cap 10 mg	1	QL (90 capsules/30 days)
fluoxetine hcl cap 20 mg	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg	1	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	3	QL (600 mls/30 days)
fluvoxamine maleate tab 25 mg, 50 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	2	QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg#	4	
MARPLAN - isocarboxazid tab 10 mg	4	
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	2	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 30 mg, 45 mg	2	QL (30 tablets/30 days)
mirtazapine tab 15 mg	2	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	4	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#	4	
nortriptyline hcl soln 10 mg/5ml#	4	
paroxetine hcl oral susp 10 mg/5ml (base equiv)#	4	QL (900 mls/30 days)
paroxetine hcl tab er 24hr 12.5 mg#	4	QL (30 tablets/30 days)
paroxetine hcl tab er 24hr 25 mg, 37.5 mg#	4	QL (60 tablets/30 days)
paroxetine hcl tab 10 mg, 40 mg#	2	QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	2	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	2	QL (60 tablets/30 days)
phenelzine sulfate tab 15 mg	3	
protriptyline hcl tab 5 mg, 10 mg#	4	
RALDESY - trazodone hcl oral soln 50 mg/5ml	4	QL (1200 mls/30 days)
sertraline hcl oral concentrate for solution 20 mg/ml	4	QL (300 mls/30 days)
sertraline hcl tab 25 mg, 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
tranylcypromine sulfate tab 10 mg	4	
trazodone hcl tab 50 mg, 100 mg, 150 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
trazodone hcl tab 300 mg	3	
trimipramine maleate cap 25 mg, 50 mg, 100 mg#	4	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	4	QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	2	QL (60 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	QL (30 capsules/30 days)
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	2	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg, 20 mg, 40 mg	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Antiemetics		
aprepitant capsule therapy pack 80 & 125 mg	4	BD
aprepitant capsule 40 mg, 80 mg, 125 mg	4	BD
chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	4	PA (>=65 yr)
compro - prochlorperazine suppos 25 mg	4	
dronabinol cap 2.5 mg, 5 mg, 10 mg	4	BD
granisetron hcl tab 1 mg	3	BD
meclizine hcl tab 12.5 mg, 25 mg#	2	
ondansetron hcl oral soln 4 mg/5ml	4	
ondansetron hcl tab 4 mg, 8 mg	2	
ondansetron orally disintegrating tab 4 mg, 8 mg	2	
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	4	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	4	
promethazine hcl oral soln 6.25 mg/5ml#	3	
promethazine hcl suppos 12.5 mg, 25 mg#	4	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg#	3	
promethegan - promethazine hcl suppos 12.5 mg, 25 mg#	4	
scopolamine td patch 72hr 1 mg/3days#	4	PA (>=65 yr), QL (10 patches/30 days)
Antifungals		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
amphotericin b liposome iv for susp 50 mg	5	BD
caspofungin acetate for iv soln 50 mg	4	
caspofungin acetate for iv soln 70 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
ciclodan - ciclopirox solution 8%	2	QL (6.6 mls/30 days)
ciclopirox gel 0.77%	3	QL (100 grams/30 days)
ciclopirox olamine cream 0.77% (base equiv)	2	QL (90 grams/30 days)
ciclopirox olamine susp 0.77% (base equiv)	3	QL (60 mls/30 days)
ciclopirox shampoo 1%	3	QL (120 mls/30 days)
ciclopirox solution 8%	2	QL (6.6 mls/30 days)
clotrimazole cream 1%	2	
clotrimazole soln 1%	2	
clotrimazole troche 10 mg	2	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	5	PA
econazole nitrate cream 1%	4	QL (85 grams/30 days)
fluconazole for susp 10 mg/ml, 40 mg/ml	2	
fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml	4	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	2	
flucytosine cap 250 mg, 500 mg	5	PA
griseofulvin microsize susp 125 mg/5ml	4	
griseofulvin microsize tab 500 mg	4	
griseofulvin ultramicrosize tab 125 mg, 250 mg	4	
itraconazole cap 100 mg	4	QL (120 capsules/30 days)
ketoconazole cream 2%	2	QL (60 grams/30 days)
ketoconazole shampoo 2%	2	QL (120 mls/30 days)
ketoconazole tab 200 mg	2	
klayesta - nystatin topical powder 100000 unit/gm	3	QL (90 grams/30 days)
micafungin sodium for iv soln 100 mg	4	
micafungin sodium for iv soln 50 mg	4	
nyamyc - nystatin topical powder 100000 unit/gm	3	QL (90 grams/30 days)
nystatin cream 100000 unit/gm	2	QL (60 grams/30 days)
nystatin oint 100000 unit/gm	2	QL (60 grams/30 days)
nystatin susp 100000 unit/ml	2	
nystatin tab 500000 unit	2	
nystatin topical powder 100000 unit/gm	3	QL (90 grams/30 days)
nystop - nystatin topical powder 100000 unit/gm	3	QL (90 grams/30 days)
posaconazole tab delayed release 100 mg	4	PA
terbinafine hcl tab 250 mg	1	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%, 0.8%	2	
terconazole vaginal suppos 80 mg	3	
voriconazole for inj 200 mg	4	PA
voriconazole for susp 40 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
voriconazole tab 50 mg, 200 mg	4	PA
Antigout Agents		
allopurinol tab 100 mg, 300 mg	1	
colchicine tab 0.6 mg	3	QL (120 tablets/30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
probenecid tab 500 mg	3	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
dihydroergotamine mesylate nasal spray 4 mg/ml	4	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	5	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
ergotamine w/ caffeine tab 1-100 mg	3	
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	5	PA, QL (16 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)	3	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act	4	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	4	QL (10 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg	2	QL (18 tablets/30 days)
Antimyasthenic Agents		
pyridostigmine bromide tab er 180 mg	4	
pyridostigmine bromide tab 60 mg	3	
Antimycobacterials		
CYCLOSERINE - cycloserine cap 250 mg	5	
dapsone tab 25 mg, 100 mg	3	
ethambutol hcl tab 100 mg, 400 mg	3	
isoniazid syrup 50 mg/5ml	4	
isoniazid tab 100 mg, 300 mg	2	
PRETOMANID - pretomanid tab 200 mg	4	
PRIFTIN - rifapentine tab 150 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide tab 500 mg	4	
rifabutin cap 150 mg	4	
rifampin cap 150 mg, 300 mg	3	
rifampin for inj 600 mg	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*	5	PA
Antineoplastics		
abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
abirtega - abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
anastrozole tab 1 mg	1	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (180 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	5	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	5	PA, QL (66 tablets/28 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg†	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg†	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	5	PA, QL (30 tablets/30 days)
bexarotene cap 75 mg†	5	PA
bexarotene gel 1%	5	PA, QL (60 grams/30 days)
bicalutamide tab 50 mg	2	
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 500 mg†	5	PA, QL (30 tablets/30 days)
bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
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)
BRUKINSA - zanubrutinib tab 160 mg	5	PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
CAVHANZA - nilotinib tab disint 60 mg, 80 mg	5	PA, QL (112 tablets/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	4	BD
cyclophosphamide cap 25 mg	3	BD
cyclophosphamide cap 50 mg	3	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)†	5	PA, QL (112 tablets/28 days)
dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†	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)
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent), 100 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent)†	4	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)†	4	PA, QL (30 tablets/30 days)
EULEXIN - flutamide cap 125 mg	5	
everolimus tab for oral susp 2 mg, 5 mg	5	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 7.5 mg, 10 mg†	5	PA, QL (30 tablets/30 days)
everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
exemestane tab 25 mg	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)
gefitinib tab 250 mg†	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)

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
GOMEKLI - mirdametinib cap 1 mg	5	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	5	PA, QL (84 capsules/28 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	5	PA, QL (168 tablets/28 days)
HERNEXEOS - zongertinib tab 60 mg	5	PA, QL (180 tablets/60 days)
hydroxyurea cap 500 mg	2	
HYRNUO - sevabertinib tab 10 mg	5	PA, QL (120 tablets/30 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	5	PA, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	5	PA, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent)†	4	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent)†	3	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (90 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (2 bottles/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg*	5	PA, QL (30 tablets/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	5	PA, QL (2 bottles/28 days)
INLURIYO - imlunestrant tosylate tab 200 mg	5	PA, QL (60 tablets/30 days)
INLYTA - axitinib tab 1 mg*†	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	5	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg	5	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KOMZIFTI - ziftomenib cap 200 mg†	5	PA, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	5	PA, QL (600 capsules/30 days)

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
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	5	PA, QL (360 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv)	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)
lederle leucovorin - leucovorin calcium tab 5 mg	2	
lenalidomide caps 2.5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg, 20 mg, 25 mg	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)
letrozole tab 2.5 mg	2	
leucovorin calcium tab 5 mg	2	
leucovorin calcium tab 10 mg, 15 mg	3	
leucovorin calcium tab 25 mg	4	
LEUKERAN - chlorambucil tab 2 mg	5	
lomustine cap 10 mg, 40 mg	4	
lomustine cap 100 mg	5	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg*†	5	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)

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
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)
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5	
mercaptopurine tab 50 mg	3	
mesna tab 400 mg	4	
MODEYSO - dordaviprone hcl cap 125 mg	5	PA, QL (20 capsules/28 days)
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*†	5	PA, QL (180 tablets/30 days)
nilotinib hcl cap 50 mg (base equivalent)†	5	PA, QL (120 capsules/30 days)
nilotinib hcl cap 150 mg (base equivalent), 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg†	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	5	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	5	PA, QL (60 grams/30 days)
pazopanib hcl tab 200 mg (base equiv)†	5	PA, QL (120 tablets/30 days)
PAZOPANIB HYDROCHLORIDE - pazopanib hcl tab 400 mg (base equiv)†	5	PA, QL (60 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)

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
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)
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	5	PA, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg†	5	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	5	PA, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	5	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	5	PA, QL (8 capsules/28 days)
ROZLYTREK - entrectinib cap 100 mg†	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	
sorafenib tosylate tab 200 mg (base equivalent)†	5	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent)†	5	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (112 tablets/28 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)

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
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)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	2	
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (120 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*†	5	PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent)	4	
torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg†	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
tretinoin cap 10 mg	5	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 200 mg	5	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VEPPANU - vepdegestrant tab 100 mg, 200 mg	5	PA, QL (30 tablets/30 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*†	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)

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
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly), 80 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	5	PA, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg*†	5	PA, QL (120 tablets/30 days)
yulithira - everolimus tab 2.5 mg, 7.5 mg, 10 mg†	5	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
Antiparasitics		
albendazole tab 200 mg	4	
atovaquone susp 750 mg/5ml	4	PA, QL (600 mls/30 days)
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg	4	
chloroquine phosphate tab 250 mg, 500 mg	4	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 200 mg	2	
ivermectin tab 3 mg	3	PA
LAMPIT - nifurtimox tab 30 mg, 120 mg	4	
mefloquine hcl tab 250 mg	2	
nitazoxanide tab 500 mg	4	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	4	
pentamidine isethionate for nebulization soln 300 mg	4	BD
praziquantel tab 600 mg	4	
primaquine phosphate tab 26.3 mg (15 mg base)	4	
pyrimethamine tab 25 mg	5	PA
quinine sulfate cap 324 mg	4	PA
Antiparkinson Agents		
amantadine hcl cap 100 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
amantadine hcl soln 50 mg/5ml	2	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#	3	PA (>=65 yr)
bromocriptine mesylate cap 5 mg (base equivalent)	4	
bromocriptine mesylate tab 2.5 mg (base equivalent)	4	
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	4	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	2	
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa tab 25 mg	4	
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	4	
entacapone tab 200 mg	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	4	
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	4	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	4	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
selegiline hcl cap 5 mg	3	
selegiline hcl tab 5 mg	3	
trihexyphenidyl hcl tab 2 mg, 5 mg#	2	PA (>=65 yr)
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)
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)
aripiprazole oral solution 1 mg/ml	4	PA (>=65 yr), QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg	3	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	3	PA (>=65 yr), 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
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI TITRATION PACK A - milsaperidone tab therapy pack 1 mg & 2 mg & 4 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK B - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg & 8 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK C - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	QL (30 capsules/30 days)
clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg, 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	4	PA (>=65 yr), QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
clozapine tab 25 mg, 50 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine tab 200 mg	4	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 A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
fluphenazine decanoate inj 25 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	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)
haloperidol decanoate im soln 50 mg/ml, 100 mg/ml	4	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml	4	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml	2	PA (>=65 yr)
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	2	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 days)
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	2	PA (>=65 yr)
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
olanzapine for im inj 10 mg	4	PA (>=65 yr), QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 15 mg, 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg	5	PA (>=65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg, 10 mg	5	PA (>=65 yr), QL (90 films/30 days)

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
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
pimozide tab 1 mg, 2 mg	4	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	3	PA (>=65 yr), QL (150 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg	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)
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
risperidone soln 1 mg/ml	3	PA (>=65 yr), QL (480 mls/30 days)
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	QL (60 tablets/30 days)
risperidone tab 4 mg	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)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	3	PA (>=65 yr)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	4	PA (>=65 yr)
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	3	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg	3	QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl cap 60 mg, 80 mg	3	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	4	PA (>=65 yr), QL (60 vials/30 days)
Antispasticity Agents		
baclofen tab 5 mg, 10 mg, 20 mg	2	
dantrolene sodium cap 25 mg, 50 mg, 100 mg	4	
tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)	2	
Antivirals		
abacavir sulfate soln 20 mg/ml (base equiv)	4	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	4	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
acyclovir cap 200 mg	2	
acyclovir oint 5%	4	PA, QL (30 grams/30 days)
acyclovir sodium iv soln 50 mg/ml	4	BD
acyclovir susp 200 mg/5ml	4	
acyclovir tab 400 mg, 800 mg	2	
adefovir dipivoxil tab 10 mg	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)	4	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)	4	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
darunavir tab 600 mg	4	QL (60 tablets/30 days)
darunavir tab 800 mg	4	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	5	QL (180 tablets/30 days)
efavirenz tab 600 mg	4	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
emtricitabine caps 200 mg	4	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 167-250 mg, 200-300 mg	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
entecavir tab 0.5 mg, 1 mg	4	
etravirine tab 100 mg, 200 mg	4	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3	
fosamprenavir calcium tab 700 mg (base equiv)	5	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
IDVYNSO - doravirine-islatravir tab 100-0.25 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	4	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	QL (480 mls/30 days)
lamivudine oral soln 10 mg/ml	3	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	3	
lamivudine tab 150 mg	3	QL (60 tablets/30 days)
lamivudine tab 300 mg	3	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	4	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/30 days)
lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	4	QL (120 tablets/30 days)
maraviroc tab 150 mg	5	QL (60 tablets/30 days)
maraviroc tab 300 mg	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
nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	4	QL (30 tablets/30 days)
nevirapine tab 200 mg	2	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv)	3	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	3	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	3	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
ribavirin cap 200 mg	3	
ribavirin tab 200 mg	3	
rilpivirine hcl tab 25 mg (base equivalent)	5	QL (30 tablets/30 days)
ritonavir tab 100 mg	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-tenofovdf 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)
SUNLENCA - lenacapavir sodium tab 300 mg	5	QL (4 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	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)
valacyclovir hcl tab 500 mg, 1 gm	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
valganciclovir hcl for soln 50 mg/ml (base equiv)	5	
valganciclovir hcl tab 450 mg (base equivalent)	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	4	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
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)
zidovudine cap 100 mg	4	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
zidovudine tab 300 mg	3	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg	2	PA, QL (120 tablets/30 days)
alprazolam tab 2 mg	2	PA, QL (150 tablets/30 days)
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	4	QL (300 tablets/30 days)
clonazepam tab 0.5 mg, 1 mg	2	QL (120 tablets/30 days)
clonazepam tab 2 mg	2	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	4	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	4	PA, QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	4	PA, QL (180 tablets/30 days)
diazepam conc 5 mg/ml	4	PA, QL (240 mls/30 days)
diazepam intensol - diazepam conc 5 mg/ml	4	PA, QL (240 mls/30 days)
diazepam oral soln 1 mg/ml	4	PA, QL (1200 mls/30 days)
diazepam tab 2 mg, 5 mg, 10 mg	2	PA, QL (120 tablets/30 days)
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#	4	PA (>=65 yr)
hydroxyzine pamoate cap 25 mg, 50 mg#	4	PA (>=65 yr)
lorazepam conc 2 mg/ml	3	PA, QL (150 mls/30 days)
lorazepam intensol - lorazepam conc 2 mg/ml	3	PA, QL (150 mls/30 days)
lorazepam tab 0.5 mg, 1 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg	2	PA, QL (150 tablets/30 days)
Bipolar Agents		
lithium carbonate cap 150 mg	2	
lithium carbonate cap 300 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate cap 600 mg	2	
lithium carbonate tab er 300 mg, 450 mg	2	
lithium carbonate tab 300 mg	2	
lithium oral solution 8 meq/5ml	4	
Blood Glucose Regulators		
acarbose tab 25 mg	2	QL (360 tablets/30 days)
acarbose tab 50 mg	2	QL (180 tablets/30 days)
acarbose tab 100 mg	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	PA
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
dapagliflozin tab 5 mg, 10 mg	3	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml	4	
FARXIGA - dapagliflozin tab 5 mg, 10 mg	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
glimepiride tab 1 mg#	1	QL (240 tablets/30 days)
glimepiride tab 2 mg#	1	QL (120 tablets/30 days)
glimepiride tab 4 mg#	1	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg	1	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg	1	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg	1	QL (60 tablets/30 days)
glipizide tab 5 mg	1	QL (240 tablets/30 days)
glipizide tab 10 mg	1	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 2.5 mg	1	QL (240 tablets/30 days)
glipizide xl - glipizide tab er 24hr 5 mg	1	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 10 mg	1	QL (60 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg	1	QL (120 tablets/30 days)
glucagon for inj 1 mg	4	QL (4 kits/30 days)
glucagon hcl for inj 1 mg	4	QL (4 kits/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
metformin hcl tab er 24hr 500 mg	1	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	1	QL (60 tablets/30 days)
metformin hcl tab 500 mg	1	QL (150 tablets/30 days)
metformin hcl tab 850 mg	1	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	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)
nateglinide tab 60 mg	2	QL (180 tablets/30 days)
nateglinide tab 120 mg	2	QL (90 tablets/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD 5 LIBRE INTRO KIT - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg, 4 mg, 9 mg	3	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv)	1	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)	1	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#	3	QL (30 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg	2	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
repaglinide tab 0.5 mg	1	QL (960 tablets/30 days)
repaglinide tab 1 mg	1	QL (480 tablets/30 days)
repaglinide tab 2 mg	2	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
Blood Products and Modifiers		
anagrelide hcl cap 0.5 mg, 1 mg	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml, 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	5	PA
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
cilostazol tab 50 mg, 100 mg	2	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	4	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	4	QL (120 capsules/30 days)
dipyridamole tab 25 mg, 50 mg, 75 mg#	4	
ELIQUIS - apixaban cap sprinkle 0.15 mg	3	QL (74 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
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	5	PA
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	5	PA
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	4	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	5	PA
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	3	
heparin sodium (porcine) pf inj 5000 unit/ml	3	
heparin sodium (porcine) pf inj 1000 unit/ml	3	
jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	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	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	3	
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
rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
ticagrelor tab 60 mg, 90 mg	4	
tranexamic acid tab 650 mg	3	
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
XARELTO - rivaroxaban tab 10 mg, 20 mg	4	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	4	QL (60 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	4	QL (51 tablets/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
Cardiovascular Agents		
acebutolol hcl cap 200 mg, 400 mg	2	
acetazolamide cap er 12hr 500 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
acetazolamide tab 125 mg, 250 mg	3	
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	3	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
amiodarone hcl tab 100 mg, 400 mg	4	
amiodarone hcl tab 200 mg	2	
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	2	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	1	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	2	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg, 100-25 mg	1	
atenolol tab 25 mg, 50 mg, 100 mg	1	
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	1	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)	1	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
betaxolol hcl tab 10 mg, 20 mg	3	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	2	
bisoprolol fumarate tab 5 mg, 10 mg	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg, 1 mg, 2 mg	3	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg	2	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	2	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
chlorthalidone tab 25 mg, 50 mg	2	
cholestyramine light powder packets 4 gm	3	
cholestyramine light powder 4 gm/dose	3	
cholestyramine powder packets 4 gm	3	
cholestyramine powder 4 gm/dose	3	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	3	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	3	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	4	
colestipol hcl granule packets 5 gm	4	
colestipol hcl granules 5 gm	4	
colestipol hcl tab 1 gm	3	
digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#	2	QL (30 tablets/30 days)
dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	3	
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg	2	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	4	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	2	QL (60 tablets/30 days)
droxidopa cap 100 mg, 200 mg, 300 mg	4	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg	1	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	1	
eplerenone tab 25 mg, 50 mg	3	
ezetimibe tab 10 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	2	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	2	QL (30 capsules/30 days)
fenofibrate tab 48 mg, 54 mg	2	QL (60 tablets/30 days)
fenofibrate tab 145 mg, 160 mg	2	QL (30 tablets/30 days)
FILSPARI - sparsentan tab 200 mg	5	PA, QL (30 tablets/30 days)
FILSPARI - sparsentan tab 400 mg	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
flecainide acetate tab 50 mg, 100 mg, 150 mg	2	
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	2	QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	3	QL (30 tablets/30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
furosemide inj 10 mg/ml	4	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg, 40 mg, 80 mg	1	
gemfibrozil tab 600 mg	1	QL (60 tablets/30 days)
guanfacine hcl tab 1 mg, 2 mg#	3	
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
indapamide tab 1.25 mg, 2.5 mg	1	
irbesartan tab 75 mg, 150 mg, 300 mg	1	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	1	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg	3	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	2	
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	1	
isradipine cap 2.5 mg, 5 mg	4	
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg, 200 mg, 300 mg	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	1	QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg	1	QL (60 tablets/30 days)
losartan potassium tab 100 mg	1	QL (30 tablets/30 days)
lovastatin tab 10 mg, 20 mg, 40 mg	1	QL (60 tablets/30 days)
matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
methazolamide tab 25 mg, 50 mg	4	
metolazone tab 2.5 mg, 5 mg, 10 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg	1	
metyrosine cap 250 mg	5	PA, QL (480 capsules/30 days)
mexiletine hcl cap 150 mg, 200 mg, 250 mg	4	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	4	
minoxidil tab 2.5 mg, 10 mg	2	
moexipril hcl tab 7.5 mg, 15 mg	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
nadolol tab 20 mg, 40 mg, 80 mg	3	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)	3	
NEXLETOL - bempedoic acid tab 180 mg	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic)	3	QL (30 tablets/30 days)
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	3	QL (60 tablets/30 days)
nicardipine hcl cap 20 mg, 30 mg	4	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	3	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg	3	
nimodipine cap 30 mg	4	
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	4	
nitro-bid - nitroglycerin oint 2%	4	
nitroglycerin oint 2%, 0.4%	4	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	
olmesartan medoxomil tab 5 mg	1	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg	1	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	QL (30 tablets/30 days)
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	2	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	3	QL (120 capsules/30 days)
pacerone - amiodarone hcl tab 100 mg, 400 mg	4	
pacerone - amiodarone hcl tab 200 mg	2	
pentoxifylline tab er 400 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
phenoxybenzamine hcl cap 10 mg	5	
pindolol tab 5 mg, 10 mg	3	
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1	QL (30 tablets/30 days)
prazosin hcl cap 1 mg, 2 mg, 5 mg	2	
prevalite - cholestyramine light powder packets 4 gm	4	
prevalite - cholestyramine light powder 4 gm/dose	4	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	4	
propafenone hcl tab 150 mg, 225 mg, 300 mg	2	
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg	2	
propranolol hcl oral soln 20 mg/5ml	2	
propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
quinidine gluconate tab er 324 mg	4	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	4	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	1	
ranolazine tab er 12hr 500 mg, 1000 mg	3	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg	1	QL (30 tablets/30 days)
sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)
simvastatin tab 5 mg, 10 mg, 40 mg	1	QL (45 tablets/30 days)
simvastatin tab 20 mg	1	QL (60 tablets/30 days)
simvastatin tab 80 mg	1	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg	2	
sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
spironolactone tab 25 mg, 50 mg, 100 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
telmisartan tab 20 mg, 40 mg, 80 mg	1	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-10 mg	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-10 mg	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-5 mg	2	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg	2	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	2	QL (60 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent)	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	QL (60 capsules/30 days)
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg	2	
timolol maleate tab 5 mg, 10 mg, 20 mg	4	
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	2	
trandolapril tab 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	2	
trandolapril-verapamil hcl tab er 2-180 mg	2	
trandolapril-verapamil hcl tab er 2-240 mg	2	
trandolapril-verapamil hcl tab er 4-240 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	1	
valsartan tab 40 mg, 80 mg, 160 mg	1	QL (60 tablets/30 days)
valsartan tab 320 mg	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	1	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)
verapamil hcl cap er 24hr 100 mg	4	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
verapamil hcl cap er 24hr 200 mg	4	
verapamil hcl cap er 24hr 300 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl cap er 24hr 360 mg	4	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	2	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)
WEGOVY - semaglutide (weight management) tab 1.5 mg, 4 mg, 9 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 25 mg	3	PA, QL (30 tablets/30 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml, 1.7 mg/0.75ml, 2.4 mg/0.75ml	3	PA, QL (4 pens/28 days)
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
clonidine hcl tab er 12hr 0.1 mg	3	QL (120 tablets/30 days)
dalfampridine tab er 12hr 10 mg†	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	3	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	4	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg	4	QL (120 capsules/30 days)
dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg, 240 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (60 capsules/30 days)
fingolimod hcl cap 0.5 mg (base equiv)	4	PA, QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)#	3	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	QL (30 capsules/30 days)
methylphenidate hcl soln 5 mg/5ml	4	PA, QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml	4	PA, QL (900 mls/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg	3	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	5	PA, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 pens/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
riluzole tab 50 mg	4	
tetrabenazine tab 12.5 mg	4	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	4	PA, QL (120 tablets/30 days)
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
Dental and Oral Agents		
cevimeline hcl cap 30 mg	4	
chlorhexidine gluconate soln 0.12%	1	
kourzeq - triamcinolone acetonide dental paste 0.1%	3	
oralone dental paste - triamcinolone acetonide dental paste0.1%	3	
periogard - chlorhexidine gluconate soln 0.12%	1	
pilocarpine hcl tab 5 mg, 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	3	

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Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
acitretin cap 10 mg, 17.5 mg, 25 mg	4	PA
ala-cort - hydrocortisone cream 1%	2	
alclometasone dipropionate cream 0.05%	3	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	2	QL (120 grams/30 days)
amnesteem - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
azelaic acid gel 15%	4	
benzoyl peroxide-erythromycin gel 5-3%	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	2	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	4	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	4	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	2	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	2	QL (135 grams/30 days)
calcipotriene cream 0.005%	4	QL (120 grams/30 days)
calcipotriene oint 0.005%	4	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3	QL (120 mls/30 days)
calcitrene - calcipotriene oint 0.005%	4	QL (120 grams/30 days)
claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
clindamycin phosphate-benzoyl peroxide gel 1-5%	4	
clobetasol propionate cream 0.05%	2	QL (210 grams/28 days)
clobetasol propionate e - clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate gel 0.05%	4	QL (210 grams/28 days)
clobetasol propionate oint 0.05%	4	QL (210 grams/28 days)
clobetasol propionate shampoo 0.05%	4	QL (236 mls/30 days)
clobetasol propionate soln 0.05%	3	QL (200 mls/28 days)
clodan - clobetasol propionate shampoo 0.05%	4	QL (236 mls/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	
clotrimazole w/ betamethasone lotion 1-0.05%	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
desonide cream 0.05%	4	QL (120 grams/30 days)
desonide oint 0.05%	3	QL (120 grams/30 days)
desoximetasone cream 0.25%	4	QL (120 grams/30 days)
desoximetasone oint 0.25%	4	QL (120 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%	4	PA
EUCRISA - crisaborole oint 2%	4	PA, QL (120 grams/30 days)
fluocinolone acetonide cream 0.01%, 0.025%	4	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)	4	QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025%	3	QL (120 grams/30 days)
fluocinolone acetonide soln 0.01%	4	QL (120 mls/30 days)
fluocinonide cream 0.05%	3	QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	3	QL (120 grams/30 days)
fluocinonide gel 0.05%	4	QL (120 grams/30 days)
fluocinonide oint 0.05%	3	QL (120 grams/30 days)
fluocinonide soln 0.05%	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	QL (10 mls/30 days)
fluorouracil cream 5%	3	QL (40 grams/30 days)
fluorouracil soln 5%	3	QL (10 mls/30 days)
fluticasone propionate cream 0.05%	2	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	2	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate oint 0.1%	3	
halobetasol propionate cream 0.05%	4	QL (200 grams/28 days)
halobetasol propionate oint 0.05%	4	QL (200 grams/28 days)
hydrocortisone butyrate cream 0.1%	4	QL (135 grams/30 days)
hydrocortisone butyrate oint 0.1%	4	QL (135 grams/30 days)
hydrocortisone cream 1%	2	
hydrocortisone cream 2.5%	2	QL (454 grams/30 days)
hydrocortisone lotion 2.5%	2	QL (118 mls/30 days)
hydrocortisone oint 1%	2	
hydrocortisone oint 2.5%	2	QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	4	QL (120 grams/30 days)
imiquimod cream 5%	2	PA
isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	PA
ivermectin cream 1%	4	PA, QL (45 grams/30 days)
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	2	
malathion lotion 0.5%	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
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
metronidazole lotion 0.75%	4	
mometasone furoate cream 0.1%	2	QL (135 grams/30 days)
mometasone furoate oint 0.1%	2	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	2	QL (120 mls/30 days)
mupirocin oint 2%	2	QL (30 grams/30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	4	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	4	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab 20 mg	5	PA, QL (60 tablets/30 days)
OTEZLA - apremilast tab 30 mg*	5	PA, QL (60 tablets/30 days)
OTEZLA XR - apremilast tab er 24hr 75 mg	5	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	5	PA, QL (1 pack/180 days)
permethrin cream 5%	3	
podofilox soln 0.5%	3	
SANTYL - collagenase oint 250 unit/gm	4	QL (180 grams/30 days)
selenium sulfide lotion 2.5%	2	
silver sulfadiazine cream 1%	3	
ssd - silver sulfadiazine cream 1%	3	
sulfacetamide sodium lotion 10% (acne)	4	
tacrolimus oint 0.03%, 0.1%	4	PA, QL (120 grams/30 days)
tazarotene cream 0.1%	4	PA, QL (60 grams/30 days)
tretinoin cream 0.025%, 0.05%, 0.1%	3	PA, QL (45 grams/30 days)
tretinoin gel 0.01%, 0.025%	4	PA, QL (45 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	2	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	2	QL (120 grams/30 days)
triderm - triamcinolone acetonide cream 0.5%	2	QL (454 grams/30 days)
zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
Electrolytes/Minerals/Metals/Vitamins		
calcium acetate (phosphate binder) tab 667 mg	3	

Drug Name	Drug Tier	Requirements/Limits
carglumic acid soluble tab 200 mg	5	PA
CHEMET - succimer cap 100 mg	4	
deferasirox tab for oral susp 125 mg, 250 mg†	4	PA
deferasirox tab for oral susp 500 mg†	5	PA
deferasirox tab 90 mg†	3	PA
deferasirox tab 180 mg, 360 mg†	4	PA
dextrose inj 10%	4	
dextrose inj 5%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.2%	4	
dextrose 5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.9%	4	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	4	
kionex - sodium polystyrene sulfonate susp 15 gm/60ml	3	
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq	2	
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq	2	
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq	2	
klor-con 8 - potassium chloride tab er 8 meq (600 mg)	2	
klor-con 10 - potassium chloride tab er 10 meq	2	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	3	QL (90 packets/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	3	QL (34 packets/30 days)
magnesium sulfate inj 50%	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
potassium chloride cap er 8 meq, 10 meq	2	
potassium chloride inj 2 meq/ml	4	
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	4	

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)	3	
sevelamer carbonate tab 800 mg	4	
sodium chloride irrigation soln 0.9%	2	
sodium chloride iv soln 0.9%	4	
sodium chloride iv soln 0.45%	4	
sodium chloride preservative free (pf) inj 0.9%	4	
sodium polystyrene sulfonate powder	3	
sodium polystyrene sulfonate susp 15 gm/60ml	3	
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml	3	
sps - sodium polystyrene sulfonate susp 15 gm/60ml	3	
tolvaptan tab 15 mg, 30 mg	5	PA, QL (120 tablets/30 days)
TRAVASOL - amino acid infusion 10%	4	BD
trientine hcl cap 250 mg†	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	4	PA, QL (60 tablets/30 days)
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4	
cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg	3	
constulose - lactulose solution 10 gm/15ml	2	
CTEXLI - chenodiol (basds) tab 250 mg	5	PA, QL (90 tablets/30 days)
dicyclomine hcl cap 10 mg#	4	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#	4	PA (>=65 yr)
dicyclomine hcl tab 20 mg#	4	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#	4	PA (>=65 yr)
enulose - lactulose (encephalopathy) solution 10 gm/15ml	2	
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)	2	QL (30 capsules/30 days)
famotidine for susp 40 mg/5ml	4	
famotidine tab 20 mg, 40 mg	1	
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
generlac - lactulose (encephalopathy) solution 10 gm/15ml	2	

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Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate tab 1 mg, 2 mg	3	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
lansoprazole cap delayed release 15 mg, 30 mg	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
loperamide hcl cap 2 mg	2	
lubiprostone cap 8 mcg	3	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	3	QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg#	4	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent)	2	
metoclopramide hcl tab 10 mg (base equivalent)	1	
misoprostol tab 100 mcg, 200 mcg	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	QL (30 tablets/30 days)
nizatidine cap 150 mg	4	
nizatidine cap 300 mg	4	
omeprazole cap delayed release 10 mg	2	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg, 40 mg	2	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	2	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	2	QL (60 tablets/30 days)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
rabeprazole sodium ec tab 20 mg	3	QL (30 tablets/30 days)
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
sucralfate susp 1 gm/10ml	4	
sucralfate tab 1 gm	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg, 500 mg	4	
VOQUEZNA DUAL PAK - amoxicillin cap 500 mg & vonoprazan tab 20 mg therapy pack	4	
VOQUEZNA TRIPLE PAK - amoxicillin cap & clarithromycin tab & vonoprazan tab pack	4	
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	3	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine powder for oral solution	5	

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Drug Name	Drug Tier	Requirements/Limits
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	
cromolyn sodium oral conc 100 mg/5ml	4	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
glutamine (sickle cell) powd pack 5 gm	5	PA, QL (180 packets/30 days)
levocarnitine oral soln 1 gm/10ml (10%)	4	
levocarnitine tab 330 mg	4	
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*	5	PA, QL (7 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg*	5	PA, QL (14 tablets/28 days)
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	PA
REZDIFFRA - resmetirom 60 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	5	PA, QL (30 tablets/30 days)
sapropterin dihydrochloride powder packet 100 mg†	5	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA, QL (3 bottles/30 days)
sodium phenylbutyrate tab 500 mg	5	PA, QL (1200 tablets/30 days)
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg*	5	PA, QL (120 capsules/30 days)
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg	2	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	3	
dutasteride cap 0.5 mg	2	QL (30 capsules/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	4	QL (30 capsules/30 days)
finasteride tab 5 mg	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	

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
oxybutynin chloride solution 5 mg/5ml	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg, 15 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
silodosin cap 4 mg, 8 mg	3	QL (30 capsules/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
solifenacin succinate tab 5 mg, 10 mg	2	QL (30 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg	4	PA, QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg	2	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg	4	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg	3	QL (60 tablets/30 days)
trospium chloride tab 20 mg	3	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone elixir 0.5 mg/5ml	3	
dexamethasone soln 0.5 mg/5ml	3	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg, 10 mg, 20 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	2	
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), 5 mg/5ml (base equiv)	2	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3	
prednisolone soln 15 mg/5ml	2	
prednisone oral soln 5 mg/5ml	4	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	2	
prednisone tab 1 mg, 2.5 mg, 20 mg, 50 mg	1	
prednisone tab 5 mg, 10 mg	2	
TARPEYO - budesonide delayed release cap 4 mg*	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	4	
desmopressin acetate tab 0.1 mg, 0.2 mg	3	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
abigale - estradiol & norethindrone acetate tab 1-0.5 mg#	4	

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Drug Name	Drug Tier	Requirements/Limits
abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg#	4	
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	4	
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3	
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg	3	
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	3	
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg	3	
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg	3	
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)	4	
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
camila - norethindrone tab 0.35 mg	3	
camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3	
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	4	
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	

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Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	QL (8 patches/28 days)
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
danazol cap 50 mg, 100 mg, 200 mg	4	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab0.01mg(7)	3	
deblitane - norethindrone tab 0.35 mg	3	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml	3	PA, QL (1 vial/28 days)
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml	3	PA, QL (10 mls/28 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	4	
dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	4	QL (8 patches/28 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	3	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	3	
emzahh - norethindrone tab 0.35 mg	3	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
errin - norethindrone tab 0.35 mg	3	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg#	4	
estradiol tab 0.5 mg, 1 mg, 2 mg#	2	

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Drug Name	Drug Tier	Requirements/Limits
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%)#	4	QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	4	QL (8 patches/28 days)
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#	4	QL (4 patches/28 days)
estradiol vaginal cream 0.01%	2	QL (6 tubes/365 days)
estradiol vaginal tab 10 mcg	4	
estradiol valerate im in oil 10 mg/ml, 20 mg/ml	3	
estradiol valerate im in oil 40 mg/ml	4	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	QL (1 box/90 days)
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	3	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
galbriela - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	4	
gallifrey - norethindrone acetate tab 5 mg	2	
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg	3	
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	4	
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
heather - norethindrone tab 0.35 mg	3	
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
incassia - norethindrone tab 0.35 mg	3	
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg	3	
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
jaimiess - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	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
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
jencycla - norethindrone tab 0.35 mg	3	
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	4	
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg	3	
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	4	
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	4	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	3	

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Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	4	
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	3	
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	4	
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg	3	
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
lyleq - norethindrone tab 0.35 mg	3	
lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	4	QL (8 patches/28 days)
lyza - norethindrone tab 0.35 mg	3	
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3	
medroxyprogesterone acetate im susp 150 mg/ml	3	
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	1	
megestrol acetate susp 40 mg/ml#	4	
megestrol acetate tab 20 mg, 40 mg#	3	
meleya - norethindrone tab 0.35 mg	3	
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#	4	

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Drug Name	Drug Tier	Requirements/Limits
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg	3	
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
nora-be - norethindrone tab 0.35 mg	3	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	4	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	4	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	3	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
norethindrone acetate tab 5 mg	2	
norethindrone tab 0.35 mg	3	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	3	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
norlyroc - norethindrone tab 0.35 mg	3	
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg	3	
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
orquidea - norethindrone tab 0.35 mg	3	
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	3	
progesterone cap 100 mg, 200 mg	2	
raloxifene hcl tab 60 mg	2	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
sharobel - norethindrone tab 0.35 mg	3	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	4	
testosterone cypionate im inj in oil 100 mg/ml	3	PA, QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml	3	PA, QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA, QL (1 vial/28 days)
testosterone td gel 12.5 mg/act (1%)	4	PA, QL (4 pump bottles/30 days)
testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	4	PA, QL (30 packets/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	4	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	4	PA, QL (2 pump bottles/30 days)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	

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Drug Name	Drug Tier	Requirements/Limits
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
tydemy - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	3	
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	4	
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	4	
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	4	
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
yuvafem - estradiol vaginal tab 10 mcg	4	
zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	

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Drug Name	Drug Tier	Requirements/Limits
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg	3	
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
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	1	
levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	3	
liomny - liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	2	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	2	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
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	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tab 0.5 mg	3	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA, QL (1 kit/84 days)
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA, QL (1 kit/112 days)
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA, QL (1 kit/168 days)
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA, QL (1 kit/28 days)
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	4	PA
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	PA, QL (2 kits/28 days)
LIFYORLI - relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose)	5	PA, QL (18 capsules/28 days)
LIFYORLI - relacorilant cap pak 2 x 25 mg & 1 x 100 mg (150 mg dose)	5	PA, QL (27 capsules/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA, QL (1 kit/84 days)

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA, QL (1 kit/168 days)
mifepristone tab 300 mg	5	PA, QL (120 tablets/30 days)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml)	4	PA, QL (90 vials/30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA, QL (18 vials/30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5	PA, QL (90 vials/30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA, QL (9 vials/30 days)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA, QL (90 syringes/30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA, QL (90 syringes/30 days)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA, QL (90 syringes/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*	5	PA, QL (60 ampules/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*	5	PA, QL (30 vials/30 days)
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	4	PA, QL (1 vial/28 days)
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	4	PA, QL (1 vial/84 days)
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	4	PA, QL (1 vial/168 days)
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg, 10 mg	2	
propylthiouracil tab 50 mg	2	
Immunological Agents		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	QL (1 vaccine/lifetime)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	1	
ARCALYST - rilonacept for inj 220 mg*	5	PA, QL (8 vials/28 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=18 yr)
azathioprine tab 50 mg	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA, QL (8 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA, QL (8 syringes/28 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)

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
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	5	PA, QL (2 pens/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA, QL (8 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA, QL (4 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA, QL (8 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA, QL (8 pens/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA, QL (8 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA, QL (4 pens/28 days)
cyclosporine cap 25 mg, 100 mg	4	BD
cyclosporine modified cap 25 mg, 50 mg, 100 mg	4	BD
cyclosporine modified oral soln 100 mg/ml	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	5	PA, QL (3 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	5	PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA, QL (3 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA, QL (8 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA, QL (8 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA, QL (8 pens/28 days)
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	PA, QL (2 pens/28 days)

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
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	1	
everolimus tab 0.25 mg	4	BD
everolimus tab 0.5 mg, 0.75 mg, 1 mg	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	5	BD, PA
GAMMAGARD LIQUID ERC - immune globulin (human) iv or subcutaneous soln 5 gm/50ml, 10 gm/100ml	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 (hpv) 9-valent recomb vac im susp	1	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1	
gengraf - cyclosporine modified cap 25 mg, 100 mg	4	BD
gengraf - cyclosporine modified oral soln 100 mg/ml	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	4	PA, QL (6 syringes/28 days)
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	3	PA, QL (6 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	4	PA, QL (6 pens/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
leflunomide tab 10 mg, 20 mg	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
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
methotrexate sodium for inj 1 gm	2	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	2	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=18 yr)
mycophenolate mofetil cap 250 mg	3	BD
mycophenolate mofetil for oral susp 200 mg/ml	4	BD
mycophenolate mofetil tab 500 mg	3	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	4	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1	
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	
PYZCHIVA - ustekinumab-ttwe iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml	3	PA, QL (3 vials/84 days)
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
balsalazide disodium cap 750 mg	4	
budesonide delayed release particles cap 3 mg	4	PA, QL (90 capsules/30 days)
budesonide tab er 24hr 9 mg	4	PA, QL (30 tablets/30 days)
hydrocortisone enema 100 mg/60ml	4	
hydrocortisone perianal cream 1%	2	
hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
mesalamine cap dr 400 mg	4	QL (180 capsules/30 days)
mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	4	
mesalamine tab delayed release 800 mg	4	QL (180 tablets/30 days)
mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
procto-med hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctocort - hydrocortisone perianal cream 1%	2	
proctosol hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctozone-hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
sulfasalazine tab delayed release 500 mg	2	
sulfasalazine tab 500 mg	2	
Metabolic Bone Disease Agents		
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg, 70 mg	1	QL (4 tablets/28 days)
BILDYOS - denosumab-nxxp inj soln prefilled syringe 60 mg/ml	4	PA, QL (1 syringe/180 days)
BILPREVDA - denosumab-nxxp inj 120 mg/1.7ml	5	PA, QL (3 vials/28 days)
BONSITY - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
calcitonin (salmon) nasal soln 200 unit/act	2	
calcitriol cap 0.25 mcg, 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	4	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv)	4	PA, QL (60 tablets/30 days)
cinacalcet hcl tab 90 mg (base equiv)	4	PA, QL (120 tablets/30 days)
ibandronate sodium tab 150 mg (base equivalent)	2	QL (1 tablet/28 days)
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	4	
risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)
risedronate sodium tab 5 mg, 30 mg	3	QL (30 tablets/30 days)
risedronate sodium tab 35 mg	3	QL (4 tablets/28 days)
risedronate sodium tab 150 mg	3	QL (1 tablet/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
TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
Ophthalmic Agents		
atropine sulfate ophth soln 1%	3	
azelastine hcl ophth soln 0.05%	3	
bacitracin-polymyxin b ophth oint	2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3	
betaxolol hcl ophth soln 0.5%	3	
bimatoprost ophth soln 0.03%	3	QL (15 mls/75 days)
brimonidine tartrate ophth soln 0.1%, 0.15%	4	
brimonidine tartrate ophth soln 0.2%	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
brinzolamide ophth susp 1%	4	
bromfenac sodium ophth soln 0.07% (base equivalent), 0.09% (base equiv) (once-daily)	4	
carteolol hcl ophth soln 1%	2	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2	
cromolyn sodium ophth soln 4%	2	
cyclosporine (ophth) emulsion 0.05% (pf)	3	QL (60 vials/30 days)
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA, QL (4 bottles/28 days)
dexamethasone sodium phosphate ophth soln 0.1%	2	
diclofenac sodium ophth soln 0.1%	2	
difluprednate ophth emulsion 0.05%	4	
dorzolamide hcl ophth soln 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
epinastine hcl ophth soln 0.05%	3	
erythromycin ophth oint 5 mg/gm	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
fluorometholone ophth susp 0.1%	3	
flurbiprofen sodium ophth soln 0.03%	2	
gatifloxacin ophth soln 0.5%	3	
gentamicin sulfate ophth soln 0.3%	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	2	
latanoprost ophth soln 0.005%	1	QL (15 mls/75 days)

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Drug Name	Drug Tier	Requirements/Limits
levobunolol hcl ophth soln 0.5%	2	
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	3	PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	4	
moxifloxacin hcl ophth soln 0.5% (base equiv)(generic for Vigamox)	4	
NATACYN - natamycin ophth susp 5%	4	
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3%	2	
pilocarpine hcl ophth soln 1%, 2%, 4%	3	
polycin - bacitracin-polymyxin b ophth oint	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
prednisolone acetate ophth susp 1%	3	
prednisolone sodium phosphate ophth soln 1%	3	
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
sulfacetamide sodium ophth soln 10%	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
timolol maleate ophth gel forming soln 0.25%, 0.5%	4	
timolol maleate ophth soln 0.25%, 0.5%	1	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3	
tobramycin ophth soln 0.3%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMVY - lotilaner ophth soln 0.25%	5	PA
XIIDRA - lifitegrast ophth soln 5%	3	PA, QL (60 containers/30 days)
Otic Agents		
acetic acid otic soln 2%	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac - fluocinolone acetonide (otic) oil 0.01%	4	
fluocinolone acetonide (otic) oil 0.01%	4	

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin otic soln 0.3%	3	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhal soln 10%, 20%	2	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	3	QL (3 inhalers/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
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)	2	BD
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg, 4 mg	4	
*ambrisentan tab 5 mg, 10 mg**	4	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
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)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4	QL (3 inhalers/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act	3	QL (1 inhaler/30 days)

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
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	4	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA, QL (84 vials/56 days)
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	2	
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	3	BD
desloratadine tab 5 mg	3	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (3 inhalers/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for Adrenaclick 0.3 mg/0.3 ml)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)	3	QL (4 pens/28 days)
FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml, 30 mg/ml	5	PA, QL (1 syringe/28 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA, QL (1 pen/28 days)
flunisolide nasal soln 25 mcg/act (0.025%)	3	QL (3 bottles/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	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)
ipratropium bromide inhal soln 0.02%	2	BD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	QL (3 bottles/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	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)
LEVALBUTEROL TARTRATE HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	4	QL (2 inhalers/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
levocetirizine dihydrochloride tab 5 mg	1	
mometasone furoate nasal susp 50 mcg/act	4	QL (2 bottles/30 days)
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)	2	QL (30 tablets/30 days)
montelukast sodium oral granules packet 4 mg (base equiv)	4	QL (30 packets/30 days)
montelukast sodium tab 10 mg (base equiv)	1	QL (30 tablets/30 days)
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)†	5	PA, QL (60 capsules/30 days)
NUCALA - mepolizumab for inj 100 mg*	5	PA, QL (3 vials/28 days)
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml*	5	PA, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml*	5	PA, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml*	5	PA, QL (3 syringes/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
olopatadine hcl nasal soln 0.6%	4	QL (1 bottle/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	5	PA
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	5	PA
pirfenidone cap 267 mg	3	PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg	3	PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg	3	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
roflumilast tab 250 mcg, 500 mcg	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)
sildenafil citrate tab 20 mg	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)

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
tadalafil tab 20 mg (pah)	4	PA, QL (60 tablets/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	4	
theophylline tab er 12hr 300 mg, 450 mg	4	
theophylline tab er 24hr 400 mg, 600 mg	3	
TOBI PODHALER - tobramycin inhal cap 28 mg	5	PA, QL (224 capsules/56 days)
tobramycin nebu soln 300 mg/5ml	5	BD, PA, QL (56 ampules/56 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg 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)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	5	PA, QL (1 kit/21 days)
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (1 inhaler/30 days)
zafirlukast tab 10 mg, 20 mg	4	QL (60 tablets/30 days)
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tab 5 mg, 10 mg#	4	
methocarbamol tab 500 mg, 750 mg#	2	
Sleep Disorder Agents		
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	4	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg, 10 mg	3	PA, QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	3	QL (30 tablets/30 days)
eszopiclone tab 1 mg, 2 mg, 3 mg#	3	QL (30 tablets/30 days)
modafinil tab 100 mg, 200 mg	3	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg	4	QL (30 tablets/30 days)
sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
tasimelteon capsule 20 mg	5	PA, QL (30 capsules/30 days)
zaleplon cap 5 mg#	3	QL (30 capsules/30 days)
zaleplon cap 10 mg#	3	QL (60 capsules/30 days)
zolpidem tartrate tab 5 mg, 10 mg#	2	QL (30 tablets/30 days)

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

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg....29
abacavir sulfate soln 20 mg/ml (base equiv)....29
abacavir sulfate tab 300 mg (base equiv)....29
abigale - estradiol & norethindrone acetate tab 1-0.5 mg....53
abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg....54
ABILIFY ASIMTUFII....25
ABILIFY MAINTENA....25
abiraterone acetate tab 250 mg....17
abirtega - abiraterone acetate tab 250 mg....17
ABRYSVO....63
acamprosate calcium tab delayed release 333 mg....3
acarbose tab 100 mg....33
acarbose tab 25 mg....33
acarbose tab 50 mg....33
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg....46
acebutolol hcl cap 200 mg, 400 mg....37
acetaminophen w/ codeine soln 120-12 mg/5ml....1
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg....1
acetaminophen w/ codeine tab 300-60 mg....1
acetazolamide cap er 12hr 500 mg....37
acetazolamide tab 125 mg, 250 mg....38
acetic acid otic soln 2%....71
acetylcysteine inhal soln 10%, 20%....72
acitretin cap 10 mg, 17.5 mg, 25 mg....46
ACTHIB....63
ACTIMMUNE....63
acyclovir cap 200 mg....29
acyclovir oint 5%....29
acyclovir sodium iv soln 50 mg/ml....29
acyclovir susp 200 mg/5ml....29
acyclovir tab 400 mg, 800 mg....29
ADACEL....63
adefovir dipivoxil tab 10 mg....29
ADEMPAS....72
ADVAIR HFA....72
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....54
AIMOVIG....16
AIRSUPRA....72
AKEEGA....17
ala-cort - hydrocortisone cream 1%....46
albendazole tab 200 mg....24
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)....72
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)....72
albuterol sulfate syrup 2 mg/5ml....72
albuterol sulfate tab 2 mg, 4 mg....72
alclometasone dipropionate cream 0.05%....46
alclometasone dipropionate oint 0.05%....46
ALCOHOL SWABS....33
ALECENSA....17
alendronate sodium tab 10 mg....69
alendronate sodium tab 35 mg, 70 mg....69
alfuzosin hcl tab er 24hr 10 mg....52
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)....38
allopurinol tab 100 mg, 300 mg....16
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)....50
alprazolam tab 0.25 mg, 0.5 mg, 1 mg....32
alprazolam tab 2 mg....32
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....54
ALUNBRIG....17
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg....54
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg....54
amantadine hcl cap 100 mg....24
amantadine hcl soln 50 mg/5ml....25
ambrisentan tab 5 mg, 10 mg....72
amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg....54
amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)....3
amiloride & hydrochlorothiazide tab 5-50 mg....38
amiloride hcl tab 5 mg....38
amiodarone hcl tab 100 mg, 400 mg....38
amiodarone hcl tab 200 mg....38
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg....12
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40

mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....38
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....38
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....38
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....38
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....38
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg.....38
amnesteem - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....46
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg.....12
amoxicillin (trihydrate) cap 250 mg, 500 mg.....3
amoxicillin (trihydrate) chew tab 125 mg.....3
amoxicillin (trihydrate) chew tab 250 mg.....3
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....4
amoxicillin (trihydrate) tab 500 mg, 875 mg.....4
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml.....4
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....4
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg.....4
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....4
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg.....44
amphetamine-dextroamphetamine tab 20 mg.....44
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....44
AMPHOTERICIN B.....14
amphotericin b liposome iv for susp 50 mg.....14
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....4
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm.....4
ampicillin cap 500 mg.....4
ampicillin sodium for inj 1 gm.....4
ampicillin sodium for iv soln 10 gm.....4
ampicillin sodium for iv soln 1 gm.....4
anagrelide hcl cap 0.5 mg, 1 mg.....36
anastrozole tab 1 mg.....17
ANORO ELLIPTA.....72
aprepitant capsule 40 mg, 80 mg, 125 mg.....14
aprepitant capsule therapy pack 80 & 125 mg.....14
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....54
APTIVUS.....29
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....54
ARANESP ALBUMIN FREE.....36
ARCALYST.....63
AREXVY.....63
ARIKAYCE.....4
aripiprazole orally disintegrating tab 10 mg, 15 mg.....25
aripiprazole oral solution 1 mg/ml.....25
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg.....25
aripiprazole tab 2 mg, 5 mg.....25
ARISTADA.....26
ARISTADA INITIO.....26
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....75
ARNUITY ELLIPTA.....72
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv).....26
ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....54
ASMANEX HFA.....72
ASMANEX TWISTHALER 120 METERED DOSES.....72
ASMANEX TWISTHALER 14 METERED DOSES.....72
ASMANEX TWISTHALER 30 METERED DOSES.....72
ASMANEX TWISTHALER 60 METERED DOSES.....72
aspirin-dipyridamole cap er 12hr 25-200 mg.....36
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv).....29
atazanavir sulfate cap 200 mg (base equiv).....29
atenolol & chlorthalidone tab 50-25 mg, 100-25 mg.....38
atenolol tab 25 mg, 50 mg, 100 mg.....38

atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv).....44
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv).....44
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent).....38
atorvastatin calcium tab 80 mg (base equivalent).....38
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg.....24
atovaquone susp 750 mg/5ml.....24
atropine sulfate ophth soln 1%.....70
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg.....54
AUGTYRO.....17
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg.....54
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg.....54
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24).....54
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg.....54
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....54
AUSTEDO.....44
AUSTEDO XR.....44
AUSTEDO XR PATIENT TITRATION KIT.....44
AUVELITY.....12
AUVELITY TITRATION PACK.....12
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....54
avidoxy - doxycycline monohydrate tab 100 mg.....4
AVMAPKI FAKZYNJA CO-PACK.....17
AVONEX.....44
AVONEX PEN.....44
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....54
AYVAKIT.....17
azathioprine tab 50 mg.....63
azelaic acid gel 15%.....46
azelastine hcl nasal spray 0.1% (137 mcg/spray).....72
azelastine hcl ophth soln 0.05%.....70
azithromycin for susp 100 mg/5ml, 200 mg/5ml.....4
azithromycin iv for soln 500 mg.....4
azithromycin tab 250 mg, 500 mg, 600 mg.....4
aztreonam for inj 1 gm, 2 gm.....4
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....54

B

bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg.....1
bacitracin-polymyxin b ophth oint.....70
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....70
baclofen tab 5 mg, 10 mg, 20 mg.....29
balsalazide disodium cap 750 mg.....69
BALVERSA.....17
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....54
BAQSIMI ONE PACK.....33
BAQSIMI TWO PACK.....33
BARACLUDE.....29
BCG VACCINE.....63
BELSOMRA.....75
benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg.....38
benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....38
BENLYSTA.....63
benzoyl peroxide-erythromycin gel 5-3%.....46
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....25
BESIVANCE.....70
BESREMI.....63
BESREMI PEN.....64
betaine powder for oral solution.....51
BETAMETHASONE DIPROPIONATE AUGMENTED.....46
betamethasone dipropionate augmented cream 0.05%.....46
betamethasone dipropionate augmented lotion 0.05%.....46
betamethasone dipropionate augmented oint 0.05%.....46
betamethasone dipropionate cream 0.05%.....46
betamethasone dipropionate lotion 0.05%.....46
betamethasone dipropionate oint 0.05%.....46
betamethasone valerate cream 0.1% (base equivalent).....46

betamethasone valerate lotion 0.1% (base equivalent)....46
betamethasone valerate oint 0.1% (base equivalent)....46
BETASERON....44
betaxolol hcl ophth soln 0.5%....70
betaxolol hcl tab 10 mg, 20 mg....38
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg....52
bexarotene cap 75 mg....17
bexarotene gel 1%....17
BEXSERO....64
bicalutamide tab 50 mg....17
BICILLIN L-A....4
BIKTARVY....29
BILDYOS....69
BILPREVDA....69
bimatoprost ophth soln 0.03%....70
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg....50
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg....38
bisoprolol fumarate tab 5 mg, 10 mg....38
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)....54
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....54
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....54
BONSITY....69
BOOSTRIX....64
BOSULIF....17
bosutinib tab 100 mg....17
bosutinib tab 400 mg, 500 mg....17
BRAFTOVI....17
BREO ELLIPTA....72
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act....72
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act....72
BREZTRI AEROSPHERE....72
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....54
brimonidine tartrate ophth soln 0.1%, 0.15%....70
brimonidine tartrate ophth soln 0.2%....70
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%....70
brinzolamide ophth susp 1%....70
brivaracetam oral soln 10 mg/ml....9
brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg....9
bromfenac sodium ophth soln 0.07% (base equivalent), 0.09% (base equiv) (once-daily)....70
bromocriptine mesylate cap 5 mg (base equivalent)....25
bromocriptine mesylate tab 2.5 mg (base equivalent)....25
BRUKINSA....17
budesonide delayed release particles cap 3 mg....69
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act....73
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml....73
budesonide tab er 24hr 9 mg....69
bumetanide inj 0.25 mg/ml....38
bumetanide tab 0.5 mg, 1 mg, 2 mg....38
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)....3
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)....3
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)....3
buprenorphine hcl-naloxone hcl sl film 8-2 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)....3
buprenorphine hcl sl tab 8 mg (base equiv)....3
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr....1
bupropion hcl (smoking deterrent) tab er 12hr 150 mg....3
bupropion hcl tab 100 mg....12
bupropion hcl tab 75 mg....12
bupropion hcl tab er 12hr 100 mg....12
bupropion hcl tab er 12hr 150 mg, 200 mg....12
bupropion hcl tab er 24hr 150 mg....12
bupropion hcl tab er 24hr 300 mg....12
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg....32
butalbital-acetaminophen-caffeine tab 50-325-40 mg....1
butalbital-aspirin-caffeine cap 50-325-40 mg....1
butorphanol tartrate nasal soln 10 mg/ml....1

BYSANTI..... 26
BYSANTI TITRATION PACK A.....26
BYSANTI TITRATION PACK B.....26
BYSANTI TITRATION PACK C.....26

C

cabergoline tab 0.5 mg..... 62
CABOMETYX..... 17
calcipotriene cream 0.005%.....46
calcipotriene oint 0.005%.....46
calcipotriene soln 0.005% (50 mcg/ml).....46
calcitonin (salmon) nasal soln 200 unit/ act.....69
calcitrene - calcipotriene oint 0.005%..... 46
calcitriol cap 0.25 mcg, 0.5 mcg..... 69
calcitriol oral soln 1 mcg/ml.....69
calcium acetate (phosphate binder) tab 667 mg.....48
CALQUENCE.....17
camila - norethindrone tab 0.35 mg..... 54
camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....54
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....54
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....38
candesartan cilexetil tab 32 mg..... 38
candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....38
CAPLYTA.....26
CAPRELSA..... 17
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....38
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....9
carbamazepine chew tab 100 mg.....9
carbamazepine susp 100 mg/5ml.....9
carbamazepine tab 200 mg.....9
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....9
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg.....25
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg.....25
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....25
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.....25
carbidopa tab 25 mg..... 25
carglumic acid soluble tab 200 mg.....49
carteolol hcl ophth soln 1%..... 70
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg.....38
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....38
caspofungin acetate for iv soln 50 mg..... 14
caspofungin acetate for iv soln 70 mg..... 14
CAVHANZA..... 18
CAYSTON..... 73
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
cefazolin sodium (bulk) for inj 100 gm.....4
cefazolin sodium (bulk) for inj 300 gm.....4
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....4
cefazolin sodium for inj 500 mg, 1 gm, 10 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, 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.....5
cefixime cap 400 mg..... 5
cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm.....5
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)..... 5
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)..... 5
cefpodoxime proxetil for susp 100 mg/5ml..... 5
cefpodoxime proxetil for susp 50 mg/5ml..... 5
cefpodoxime proxetil tab 100 mg, 200 mg.....5
cefprozil for susp 125 mg/5ml, 250 mg/5ml..... 5
cefprozil tab 250 mg, 500 mg.....5
ceftaroline fosamil for iv soln 400 mg, 600 mg.....5
ceftazidime for inj 1 gm.....5

ceftazidime for inj 6 gm.....5
ceftazidime for iv soln 2 gm.....5
ceftriaxone sodium (bulk) for inj 100 gm.....5
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm.....5
ceftriaxone sodium for iv soln 1 gm.....5
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....5
ceftriaxone sodium for iv soln 2 gm.....5
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....5
ceftriaxone sodium in dextrose inj 20 mg/ml.....5
ceftriaxone sodium in dextrose inj 40 mg/ml.....5
cefuroxime axetil tab 250 mg, 500 mg.....5
cefuroxime sodium for inj 750 mg.....5
cefuroxime sodium for iv soln 1.5 gm.....5
celecoxib cap 400 mg.....1
celecoxib cap 50 mg, 100 mg, 200 mg.....1
cephalexin cap 250 mg, 500 mg.....5
cephalexin cap 750 mg.....5
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....5
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....73
cevimeline hcl cap 30 mg.....45
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....54
CHEMET.....49
chlorhexidine gluconate soln 0.12%.....45
chloroquine phosphate tab 250 mg, 500 mg.....24
chlorpromazine hcl conc 30 mg/ml, 100 mg/ml.....14
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....14
chlorthalidone tab 25 mg, 50 mg.....39
cholestyramine light powder 4 gm/dose.....39
cholestyramine light powder packets 4 gm.....39
cholestyramine powder 4 gm/dose.....39
cholestyramine powder packets 4 gm.....39
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....39
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....39
ciclodan - ciclopirox solution 8%.....15
ciclopirox gel 0.77%.....15
ciclopirox olamine cream 0.77% (base equiv).....15
ciclopirox olamine susp 0.77% (base equiv).....15
ciclopirox shampoo 1%.....15
ciclopirox solution 8%.....15
cilostazol tab 50 mg, 100 mg.....36
CIMDUO.....29
cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg.....50
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv).....69
cinacalcet hcl tab 90 mg (base equiv).....69
ciprofloxacin 200 mg/100ml in d5w.....5
ciprofloxacin 400 mg/200ml in d5w.....5
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....71
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....70
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....5
ciprofloxacin hcl tab 750 mg (base equiv).....5
citalopram hydrobromide oral soln 10 mg/5ml.....12
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv).....12
citalopram hydrobromide tab 40 mg (base equiv).....12
claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....46
CLARITHROMYCIN.....5
clarithromycin tab 250 mg, 500 mg.....5
clarithromycin tab er 24hr 500 mg.....5
clindacin etz pledgets - clindamycin phosphate swab 1%.....5
clindacin-p - clindamycin phosphate swab 1%.....5
clindamycin hcl cap 75 mg, 150 mg, 300 mg.....5
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....6
clindamycin phosphate-benzoyl peroxide gel 1-5%.....46
clindamycin phosphate gel 1% (twice-daily).....6
clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml.....6
clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml.....6
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml.....6
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml.....6

clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml 6
clindamycin phosphate lotion 1% 6
clindamycin phosphate soln 1% 6
clindamycin phosphate swab 1% 6
clindamycin phosphate vaginal cream 2% 6
clobazam suspension 2.5 mg/ml 9
clobazam tab 10 mg, 20 mg 9
clobetasol propionate cream 0.05% 46
clobetasol propionate e - clobetasol propionate emollient base cream 0.05% 46
clobetasol propionate emollient base cream 0.05% 46
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05% 46
clobetasol propionate gel 0.05% 46
clobetasol propionate oint 0.05% 46
clobetasol propionate shampoo 0.05% 46
clobetasol propionate soln 0.05% 46
clodan - clobetasol propionate shampoo 0.05% 46
clomipramine hcl cap 25 mg, 50 mg, 75 mg 12
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg 32
clonazepam orally disintegrating tab 2 mg 32
clonazepam tab 0.5 mg, 1 mg 32
clonazepam tab 2 mg 32
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg 39
clonidine hcl tab er 12hr 0.1 mg 44
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr 39
clopidogrel bisulfate tab 75 mg (base equiv) 36
clorazepate dipotassium tab 15 mg 32
clorazepate dipotassium tab 3.75 mg 32
clorazepate dipotassium tab 7.5 mg 32
clotrimazole cream 1% 15
clotrimazole soln 1% 15
clotrimazole troche 10 mg 15
clotrimazole w/ betamethasone cream 1-0.05% 46
clotrimazole w/ betamethasone lotion 1-0.05% 46
clozapine orally disintegrating tab 12.5 mg 26
clozapine orally disintegrating tab 150 mg 26
clozapine orally disintegrating tab 200 mg 26
clozapine orally disintegrating tab 25 mg, 100 mg 26
clozapine tab 100 mg 26
clozapine tab 200 mg 26
clozapine tab 25 mg, 50 mg 26
COARTEM 24
COBENFY 26
COBENFY STARTER PACK 26
colchicine tab 0.6 mg 16
colchicine w/ probenecid tab 0.5-500 mg 16
colestipol hcl granule packets 5 gm 39
colestipol hcl granules 5 gm 39
colestipol hcl tab 1 gm 39
colistimethate sod for inj 150 mg (colistin base activity) 6
COMBIPATCH 55
COMBIVENT RESPIMAT 73
COMETRIQ 18
compro - prochlorperazine suppos 25 mg 14
constulose - lactulose solution 10 gm/15ml 50
COPIKTRA 18
COSENTYX 64
COSENTYX SENSOREADY PEN 64
COSENTYX UNOREADY 64
COTELLIC 18
CREON 52
CRESEMBA 15
cromolyn sodium ophth soln 4% 70
cromolyn sodium oral conc 100 mg/5ml 52
cromolyn sodium soln nebu 20 mg/2ml 73
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 55
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 55
CTEXLI 50
cyclobenzaprine hcl tab 5 mg, 10 mg 75
CYCLOPHOSPHAMIDE 18
cyclophosphamide cap 25 mg 18
cyclophosphamide cap 50 mg 18
CYCLOSERINE 16
cyclosporine (ophth) emulsion 0.05% (pf) 70
cyclosporine cap 25 mg, 100 mg 64
cyclosporine modified cap 25 mg, 50 mg, 100 mg 64

cyclosporine modified oral soln 100 mg/ml....64
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....55
CYSTAGON....52
CYSTARAN....70

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq)....36
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)....36
dalfampridine tab er 12hr 10 mg....44
danazol cap 50 mg, 100 mg, 200 mg....55
dantrolene sodium cap 25 mg, 50 mg, 100 mg....29
DANZITEN....18
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg....33
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg....33
dapagliflozin tab 5 mg, 10 mg....33
dapsone tab 25 mg, 100 mg....16
DAPTACEL....64
daptomycin for iv soln 500 mg....6
darunavir tab 600 mg....29
darunavir tab 800 mg....29
dasatinib tab 20 mg....18
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg....18
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg....55
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg....55
DAURISMO....18
daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab0.01mg(7)....55
DAYVIGO....75
deblitane - norethindrone tab 0.35 mg....55
deferasirox tab 180 mg, 360 mg....49
deferasirox tab 90 mg....49
deferasirox tab for oral susp 125 mg, 250 mg....49
deferasirox tab for oral susp 500 mg....49
DELSTRIGO....29
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....55
demeclocycline hcl tab 150 mg, 300 mg....6
DEPO-ESTRADIOL....55
DEPO-SUBQ PROVERA 104....55
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml....55
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml....55
DESCOVY....29
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg....12
desloratadine tab 5 mg....73
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%....53
desmopressin acetate tab 0.1 mg, 0.2 mg....53
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....55
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....55
desonide cream 0.05%....47
desonide oint 0.05%....47
desoximetasone cream 0.25%....47
desoximetasone oint 0.25%....47
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)....12
dexamethasone elixir 0.5 mg/5ml....53
dexamethasone sodium phosphate ophth soln 0.1%....70
dexamethasone soln 0.5 mg/5ml....53
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg....53
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg....44
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg....44
dextroamphetamine sulfate cap er 24hr 5 mg....44
dextroamphetamine sulfate tab 10 mg....44
dextroamphetamine sulfate tab 5 mg....44
dextrose 2.5% w/ sodium chloride 0.45%....49
dextrose 5% w/ sodium chloride 0.2%....49
dextrose 5% w/ sodium chloride 0.45%....49
dextrose 5% w/ sodium chloride 0.9%....49
dextrose inj 10%....49
dextrose inj 5%....49
DIACOMIT....9
diazepam conc 5 mg/ml....32
diazepam intensol - diazepam conc 5 mg/ml....32
diazepam oral soln 1 mg/ml....32
diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg....9
diazepam tab 2 mg, 5 mg, 10 mg....32
diazoxide susp 50 mg/ml....33

diclofenac potassium tab 50 mg..... 1
diclofenac sodium (actinic keratoses) gel 3%..... 47
diclofenac sodium ophth soln 0.1%.....70
diclofenac sodium soln 1.5%.....1
diclofenac sodium tab delayed release 25 mg.....1
diclofenac sodium tab delayed release 50 mg.....1
diclofenac sodium tab delayed release 75 mg.....1
diclofenac sodium tab er 24hr 100 mg.....1
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....1
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....1
dicloxacillin sodium cap 250 mg, 500 mg.....6
dicyclomine hcl cap 10 mg..... 50
dicyclomine hcl oral soln 10 mg/5ml..... 50
dicyclomine hcl tab 20 mg..... 50
difluprednate ophth emulsion 0.05%.....70
digoxin oral soln 0.05 mg/ml..... 39
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)..... 39
dihydroergotamine mesylate nasal spray 4 mg/ml.....16
DILANTIN..... 9
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....39
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....39
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....39
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....39
diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg.....39
diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg..... 39
dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg..... 39
dimethyl fumarate capsule delayed release 120 mg, 240 mg..... 44
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg..... 44
diphenoxylate w/ atropine tab 2.5-0.025 mg.....50
dipyridamole tab 25 mg, 50 mg, 75 mg.....36
disulfiram tab 250 mg, 500 mg..... 3
divalproex sodium cap delayed release sprinkle 125 mg.....9
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....9
divalproex sodium tab er 24 hr 250 mg, 500 mg.....9
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)..... 39
dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg..... 55
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....11
donepezil hydrochloride tab 23 mg..... 11
donepezil hydrochloride tab 5 mg, 10 mg.....11
dorzolamide hcl ophth soln 2%.....70
dorzolamide hcl-timolol maleate ophth soln 2-0.5%..... 70
dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr..... 55
DOVATO..... 29
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....39
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....75
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg..... 12
doxepin hcl conc 10 mg/ml.....12
doxy 100 - doxycycline hyclate for inj 100 mg.....6
doxycycline hyclate cap 50 mg, 100 mg..... 6
doxycycline hyclate for inj 100 mg.....6
doxycycline hyclate tab 20 mg, 100 mg..... 6
doxycycline monohydrate cap 50 mg, 100 mg.....6
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....6
DRIZALMA SPRINKLE..... 12
dronabinol cap 2.5 mg, 5 mg, 10 mg.....14
drospirenone-ethinyl estradiol tab 3-0.02 mg.....55
drospirenone-ethinyl estradiol tab 3-0.03 mg.....55
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....55
droxidopa cap 100 mg, 200 mg, 300 mg.....39
DUAVEE..... 55
DULERA..... 73
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq).....12

duloxetine hcl enteric coated pellets cap 30 mg (base eq)....12
DUPIXENT....64
dutasteride cap 0.5 mg....52
dutasteride-tamsulosin hcl cap 0.5-0.4 mg....52

E

econazole nitrate cream 1%....15
EDURANT PED....29
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE....29
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg....29
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg....29
efavirenz tab 600 mg....29
ELIGARD....62
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg....55
ELIQUIS....36
ELIQUIS STARTER PACK....37
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)....37
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)....37
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr....55
EMGALITY....16
EMSAM....12
emtricitabine caps 200 mg....29
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg....30
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 167-250 mg, 200-300 mg....30
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg....30
EMTRIVA....30
emzahh - norethindrone tab 0.35 mg....55
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg....39
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg....39
ENBREL....64
ENBREL MINI....64
ENBREL SURECLICK....64
endocet - oxycodone w/ acetaminophen tab 10-325 mg....1
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg....1
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg....1
ENGERIX-B....64
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr....55
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....37
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....55
ENSACOVE....18
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....55
entacapone tab 200 mg....25
entecavir tab 0.5 mg, 1 mg....30
ENTYVIO PEN....64
enulose - lactulose (encephalopathy) solution 10 gm/15ml....50
ENVARSUS XR....65
EPIDIOLEX....9
epinastine hcl ophth soln 0.05%....70
EPINEPHRINE....73
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)....73
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(authorized generic for Adrenaclick 0.3 mg/0.3 ml)....73
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)....73
epitol - carbamazepine tab 200 mg....9
eplerenone tab 25 mg, 50 mg....39
ergotamine w/ caffeine tab 1-100 mg....16
ERIVEDGE....18
ERLEADA....18
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)....18
erlotinib hcl tab 25 mg (base equivalent)....18
errin - norethindrone tab 0.35 mg....55
ertapenem sodium for inj 1 gm (base equivalent)....6
ERVEBO....65
ERY....6
erythrocin lactobionate - erythromycin lactobionate for inj500 mg....6
erythromycin ethylsuccinate for susp 200 mg/5ml....6
erythromycin ophth oint 5 mg/gm....70
erythromycin soln 2%....6
erythromycin tab 250 mg, 500 mg....6
erythromycin tab delayed release 250 mg, 333 mg, 500 mg....6

erythromycin w/ delayed release particles cap 250 mg.....6
escitalopram oxalate soln 5 mg/5ml (base equiv).....12
escitalopram oxalate tab 20 mg (base equiv).....13
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv).....13
eslicarbazepine acetate tab 200 mg, 400 mg.....9
eslicarbazepine acetate tab 600 mg, 800 mg.....9
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq).....50
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg.....55
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg.....55
estradiol tab 0.5 mg, 1 mg, 2 mg.....55
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%).....56
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....56
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.....56
estradiol vaginal cream 0.01%.....56
estradiol vaginal tab 10 mcg.....56
estradiol valerate im in oil 10 mg/ml, 20 mg/ml.....56
estradiol valerate im in oil 40 mg/ml.....56
ESTRING.....56
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg.....56
eszopiclone tab 1 mg, 2 mg, 3 mg.....75
ethambutol hcl tab 100 mg, 400 mg.....16
ethosuximide cap 250 mg.....9
ethosuximide soln 250 mg/5ml.....9
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....56
etodolac cap 200 mg.....1
etodolac cap 300 mg.....1
etodolac tab 400 mg, 500 mg.....1
etodolac tab er 24hr 400 mg, 500 mg.....1
etodolac tab er 24hr 600 mg.....1
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....56
etravirine tab 100 mg, 200 mg.....30
EUCRISA.....47
EULEXIN.....18
everolimus tab 0.25 mg.....65
everolimus tab 0.5 mg, 0.75 mg, 1 mg.....65
everolimus tab 2.5 mg, 7.5 mg, 10 mg.....18
everolimus tab 5 mg.....18
everolimus tab for oral susp 2 mg, 5 mg.....18
everolimus tab for oral susp 3 mg.....18
EVOTAZ.....30
exemestane tab 25 mg.....18
EXXUA.....13
EXXUA TITRATION PACK.....13
EYSUVIS.....70
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....39
ezetimibe tab 10 mg.....39

F

falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....56
famciclovir tab 125 mg, 250 mg, 500 mg.....30
famotidine for susp 40 mg/5ml.....50
famotidine tab 20 mg, 40 mg.....50
FANAPT.....26
FANAPT TITRATION PACK A.....26
FANAPT TITRATION PACK B.....26
FANAPT TITRATION PACK C.....26
FARXIGA.....33
FASENRA.....73
FASENRA PEN.....73
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....56
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....56
felbamate susp 600 mg/5ml.....9
felbamate tab 400 mg, 600 mg.....9
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....39
fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....39
fenofibrate tab 145 mg, 160 mg.....39
fenofibrate tab 48 mg, 54 mg.....39
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....1
FETZIMA.....13
FETZIMA TITRATION PACK.....13
fidaxomicin tab 200 mg.....6
FILSPARI.....39
finasteride tab 5 mg.....52
fingolimod hcl cap 0.5 mg (base equiv).....44
FINTEPLA.....9

FIRMAGON....62
flac - fluocinolone acetonide (otic) oil 0.01%....71
flecainide acetate tab 50 mg, 100 mg, 150 mg....40
fluconazole for susp 10 mg/ml, 40 mg/ml....15
fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml....15
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg....15
flucytosine cap 250 mg, 500 mg....15
fludrocortisone acetate tab 0.1 mg....53
flunisolide nasal soln 25 mcg/act (0.025%)....73
fluocinolone acetonide (otic) oil 0.01%....71
fluocinolone acetonide cream 0.01%, 0.025%....47
fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)....47
fluocinolone acetonide oint 0.025%....47
fluocinolone acetonide soln 0.01%....47
fluocinonide cream 0.05%....47
fluocinonide emulsified base cream 0.05%....47
fluocinonide gel 0.05%....47
fluocinonide oint 0.05%....47
fluocinonide soln 0.05%....47
fluorometholone ophth susp 0.1%....70
FLUOROURACIL....47
fluorouracil cream 5%....47
fluorouracil soln 5%....47
FLUOXETINE DR....13
fluoxetine hcl cap 10 mg....13
fluoxetine hcl cap 20 mg....13
fluoxetine hcl cap 40 mg....13
fluoxetine hcl solution 20 mg/5ml....13
fluphenazine decanoate inj 25 mg/ml....27
FLUPHENAZINE HCL....27
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg....27
FLUPHENAZINE HYDROCHLORIDE....27
flurbiprofen sodium ophth soln 0.03%....70
FLUTICASONE FUROATE/VILANTEROL ELLIPTA....73
FLUTICASONE PROPIONATE/SALMETEROL....73
fluticasone propionate cream 0.05%....47
fluticasone propionate nasal susp 50 mcg/act....73
fluticasone propionate oint 0.005%....47
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act....73
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)....40
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)....40
fluvoxamine maleate tab 100 mg....13
fluvoxamine maleate tab 25 mg, 50 mg....13
fosamprenavir calcium tab 700 mg (base equiv)....30
fosfomycin tromethamine powd pack 3 gm (base equivalent)....6
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg....40
fosinopril sodium tab 10 mg, 20 mg, 40 mg....40
FOTIVDA....18
FRUZAQLA....18
FULPHILA....37
furosemide inj 10 mg/ml....40
furosemide oral soln 10 mg/ml....40
furosemide oral soln 8 mg/ml....40
furosemide tab 20 mg, 40 mg, 80 mg....40
FYLNETRA....37

G

gabapentin cap 100 mg....9
gabapentin cap 300 mg....9
gabapentin cap 400 mg....9
gabapentin oral soln 250 mg/5ml....9
gabapentin tab 600 mg....9
gabapentin tab 800 mg....9
GALANTAMINE HYDROBROMIDE....11
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg....11
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg....11
galbriela - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg....56
gallifrey - norethindrone acetate tab 5 mg....56
GAMMAGARD LIQUID....65
GAMMAGARD LIQUID ERC....65
GAMUNEX-C....65
GARDASIL 9....65
gatifloxacin ophth soln 0.5%....70
GAUZE PADS 2" X 2"....33
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm....50
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm....50

gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm....50
GAVRETO....18
gefitinib tab 250 mg....18
gemfibrozil tab 600 mg....40
generlac - lactulose (encephalopathy) solution 10 gm/15ml....50
gengraf - cyclosporine modified cap 25 mg, 100 mg....65
gengraf - cyclosporine modified oral soln 100 mg/ml....65
gentamicin in saline inj 1.2 mg/ml....6
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE....6
gentamicin sulfate cream 0.1%....47
gentamicin sulfate inj 40 mg/ml....6
gentamicin sulfate oint 0.1%....47
gentamicin sulfate ophth soln 0.3%....70
GENVOYA....30
GILOTRIF....18
glatiramer acetate soln prefilled syringe 20 mg/ml....45
glatiramer acetate soln prefilled syringe 40 mg/ml....45
glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml....45
glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml....45
glimepiride tab 1 mg....33
glimepiride tab 2 mg....33
glimepiride tab 4 mg....33
glipizide-metformin hcl tab 2.5-250 mg....33
glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg....33
glipizide tab 10 mg....33
glipizide tab 5 mg....33
glipizide tab er 24hr 10 mg....33
glipizide tab er 24hr 2.5 mg....33
glipizide tab er 24hr 5 mg....33
glipizide xl - glipizide tab er 24hr 10 mg....33
glipizide xl - glipizide tab er 24hr 2.5 mg....33
glipizide xl - glipizide tab er 24hr 5 mg....33
glucagon for inj 1 mg....33
glucagon hcl for inj 1 mg....33
glutamine (sickle cell) powd pack 5 gm....52
glycopyrrolate tab 1 mg, 2 mg....51
GLYXAMBI....33
GOMEKLI....19
granisetron hcl tab 1 mg....14
griseofulvin microsize susp 125 mg/5ml....15
griseofulvin microsize tab 500 mg....15
griseofulvin ultramicrosize tab 125 mg, 250 mg....15
guanfacine hcl tab 1 mg, 2 mg....40
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)....45
GVOKE HYPOPEN 1-PACK....33
GVOKE HYPOPEN 2-PACK....33
GVOKE KIT....33
GVOKE PFS....34

H

HADLIMA....65
HADLIMA PUSHTOUCH....65
HAEGARDA....65
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....56
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)....56
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....56
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg....56
halobetasol propionate cream 0.05%....47
halobetasol propionate oint 0.05%....47
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr....56
haloperidol decanoate im soln 50 mg/ml, 100 mg/ml....27
haloperidol lactate inj 5 mg/ml....27
haloperidol lactate oral conc 2 mg/ml....27
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg....27
HAVRIX....65
heather - norethindrone tab 0.35 mg....56
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml....37
heparin sodium (porcine) pf inj 1000 unit/ml....37
heparin sodium (porcine) pf inj 5000 unit/ml....37
HEPLISAV-B....65
HERNEXEOS....19
HIBERIX....65
HUMALOG....34
HUMALOG JUNIOR KWIKPEN....34
HUMALOG KWIKPEN....34
HUMALOG MIX 50/50 KWIKPEN....34
HUMALOG MIX 75/25....34

HUMALOG MIX 75/25 KWIKPEN..... 34
HUMATIN.....6
HUMULIN 70/30.....34
HUMULIN 70/30 KWIKPEN..... 34
HUMULIN N.....34
HUMULIN N KWIKPEN..... 34
HUMULIN R.....34
HUMULIN R U-500 (CONCENTRATED).....34
HUMULIN R U-500 KWIKPEN.....34
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....40
hydrochlorothiazide cap 12.5 mg.....40
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....40
hydrocodone-acetaminophen soln 7.5-325 mg/15ml..... 1
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....1
hydrocodone-acetaminophen tab 5-325 mg.....1
hydrocodone-ibuprofen tab 7.5-200 mg.....1
hydrocortisone butyrate cream 0.1%..... 47
hydrocortisone butyrate oint 0.1%.....47
hydrocortisone cream 1%.....47
hydrocortisone cream 2.5%.....47
hydrocortisone enema 100 mg/60ml.....69
hydrocortisone lotion 2.5%..... 47
hydrocortisone oint 1%..... 47
hydrocortisone oint 2.5%..... 47
hydrocortisone perianal cream 1%.....69
hydrocortisone perianal cream 2.5%.....69
hydrocortisone tab 5 mg, 10 mg, 20 mg.....53
hydrocortisone valerate cream 0.2%.....47
hydrocortisone w/ acetic acid otic soln 1-2%.....72
hydromorphone hcl liqd 1 mg/ml.....1
hydromorphone hcl preservative free (pf) inj 10 mg/ml..... 1
hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....1
hydroxychloroquine sulfate tab 200 mg..... 24
hydroxyurea cap 500 mg..... 19
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....32
hydroxyzine pamoate cap 25 mg, 50 mg.....32
HYRNUO..... 19

I

ibandronate sodium tab 150 mg (base equivalent).....69
IBRANCE.....19
IBTROZI.....19
ibu - ibuprofen tab 400 mg..... 1
ibu - ibuprofen tab 600 mg..... 1
ibu - ibuprofen tab 800 mg..... 2
ibuprofen susp 100 mg/5ml..... 2
ibuprofen tab 400 mg..... 2
ibuprofen tab 600 mg..... 2
ibuprofen tab 800 mg..... 2
icatibant acetate subcutaneous soln pref syr 30 mg/3ml..... 65
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... 56
ICLUSIG..... 19
IDHIFA.....19
IDVYNSO..... 30
ILEVRO.....70
imatinib mesylate tab 100 mg (base equivalent).....19
imatinib mesylate tab 400 mg (base equivalent).....19
IMBRUVICA..... 19
IMIPENEM/CILASTATIN..... 7
imipenem-cilastatin intravenous for soln 500 mg.....6
imipramine hcl tab 10 mg, 25 mg, 50 mg.....13
imiquimod cream 5%.....47
IMKELDI..... 19
IMOVAX RABIES (H.D.C.V.)..... 65
IMPAVIDO.....7
INBRIJA..... 25
incassia - norethindrone tab 0.35 mg.....56
INCRELEX..... 53
INCRUSE ELLIPTA..... 73
indapamide tab 1.25 mg, 2.5 mg..... 40
indomethacin cap 25 mg.....2
indomethacin cap 50 mg.....2
INFANRIX.....65
INLURIYO.....19
INLYTA.....19
INQOVI..... 19
INREBIC..... 19
INSULIN INJECTION DEVICE.....34
INSULIN LISPRO.....34
INSULIN LISPRO JUNIOR KWIKPEN.....34
INSULIN LISPRO KWIKPEN..... 34
INSULIN SYRINGE/NEEDLE.....34

INTELENCE....30
INTRALIPID....49
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg....56
INVEGA HAFYERA....27
INVEGA SUSTENNA....27
INVEGA TRINZA....27
INVELTYS....70
IPOL INACTIVATED IPV....65
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml....73
ipratropium bromide inhal soln 0.02%....73
ipratropium bromide nasal soln 0.03% (21 mcg/ spray)....73
ipratropium bromide nasal soln 0.06% (42 mcg/ spray)....73
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg....40
irbesartan tab 75 mg, 150 mg, 300 mg....40
ISENTRESS....30
ISENTRESS HD....30
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....56
isoniazid syrup 50 mg/5ml....16
isoniazid tab 100 mg, 300 mg....16
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg....40
isosorbide mononitrate tab 10 mg....40
isosorbide mononitrate tab 20 mg....40
isosorbide mononitrate tab er 24hr 120 mg....40
isosorbide mononitrate tab er 24hr 30 mg, 60 mg....40
ISOTONIC GENTAMICIN....7
isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg....47
isradipine cap 2.5 mg, 5 mg....40
ITOVEBI....19
itraconazole cap 100 mg....15
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)....40
ivermectin cream 1%....47
ivermectin tab 3 mg....24
IWILFIN....19
IXIARO....65

J

jaimiess - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)....56
JAKAFI....19
jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg....37
JANUMET XR....34
JARDIANCE....34
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg....57
JAYPIRCA....19
jencycla - norethindrone tab 0.35 mg....57
JENTADUETO....34
JENTADUETO XR....34
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....57
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....57
JULUCA....30
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....57
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....57
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....57
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....57
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)....57
JYNNEOS....65

K

kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg....57
KALETRA....30
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....57
KALYDECO....73
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....57
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj....49
kcl 20 meq/l (0.149%) in nacl 0.45% inj....49
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj....49
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj....49
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj....49
kcl 20 meq/l (0.15%) in nacl 0.45% inj....49
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj....49
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj....49

kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 57
kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 57
KERENDIA 40
KESIMPTA 45
ketoconazole cream 2% 15
ketoconazole shampoo 2% 15
ketoconazole tab 200 mg 15
ketorolac tromethamine ophth soln 0.4% 70
ketorolac tromethamine ophth soln 0.5% 70
KINRIX 65
kionex - sodium polystyrene sulfonate susp 15 gm/60ml 49
KISQALI 19
klayesta - nystatin topical powder 100000 unit/ gm 15
klor-con 10 - potassium chloride tab er 10 meq 49
klor-con 8 - potassium chloride tab er 8 meq (600 mg) 49
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq 49
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq 49
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq 49
KLOXXADO 3
KOMZIFTI 19
KOSELUGO 19
kourzeq - triamcinolone acetonide dental paste 0.1% 45
KRAZATI 20
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg 57

L

labetalol hcl tab 100 mg, 200 mg, 300 mg 40
lacosamide oral solution 10 mg/ml 9
lacosamide tab 100 mg 9
lacosamide tab 150 mg, 200 mg 10
lacosamide tab 50 mg 9
lactic acid (ammonium lactate) cream 12% 47
lactic acid (ammonium lactate) lotion 12% 47
lactulose (encephalopathy) solution 10 gm/15ml 51
lactulose solution 10 gm/15ml 51
lamivudine oral soln 10 mg/ml 30
lamivudine tab 100 mg (hbv) 30
lamivudine tab 150 mg 30
lamivudine tab 300 mg 30
lamivudine-zidovudine tab 150-300 mg 30
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg 10
lamotrigine tab chewable dispersible 5 mg, 25 mg 10
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg 10
LAMPIT 24
lansoprazole cap delayed release 15 mg, 30 mg 51
LANTUS 35
LANTUS SOLOSTAR 35
lapatinib ditosylate tab 250 mg (base equiv) 20
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 57
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 57
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) 57
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 57
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 57
latanoprost ophth soln 0.005% 70
layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 57
LAZCLUZE 20
lederle leucovorin - leucovorin calcium tab 5 mg 20
leflunomide tab 10 mg, 20 mg 65
lenalidomide cap 15 mg, 20 mg, 25 mg 20
lenalidomide cap 5 mg, 10 mg 20
lenalidomide caps 2.5 mg 20
LENVIMA 10 MG DAILY DOSE 20
LENVIMA 12MG DAILY DOSE 20
LENVIMA 14 MG DAILY DOSE 20
LENVIMA 18 MG DAILY DOSE 20
LENVIMA 20 MG DAILY DOSE 20
LENVIMA 24 MG DAILY DOSE 20
LENVIMA 4 MG DAILY DOSE 20
LENVIMA 8 MG DAILY DOSE 20
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 57

letrozole tab 2.5 mg....20
leucovorin calcium tab 10 mg, 15 mg.... 20
leucovorin calcium tab 25 mg.... 20
leucovorin calcium tab 5 mg....20
LEUKERAN....20
LEUKINE.... 37
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)....62
LEVALBUTEROL TARTRATE HFA....73
levetiracetam oral soln 100 mg/ml....10
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg....10
levetiracetam tab er 24hr 500 mg, 750 mg....10
levobunolol hcl ophth soln 0.5%....71
levocarnitine oral soln 1 gm/10ml (10%).... 52
levocarnitine tab 330 mg.... 52
levocetirizine dihydrochloride tab 5 mg....74
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml....7
levofloxacin oral soln 25 mg/ml....7
levofloxacin tab 250 mg, 500 mg, 750 mg....7
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....57
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.... 57
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg....57
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....58
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg....58
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....57
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)....57
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....58
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....62
levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg....62
levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg....62
lidocaine hcl laryngotracheal soln 4%....3
lidocaine hcl soln 4%....3
lidocaine hcl viscous soln 2%....3
lidocaine oint 5%....3
lidocaine patch 5%....3
lidocaine-prilocaine cream 2.5-2.5%.... 3
lidocan - lidocaine patch 5%.... 3
LIFYORLI....62
LILETTA....52
linezolid for susp 100 mg/5ml....7
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%.... 7
linezolid iv soln 600 mg/300ml (2 mg/ml)....7
linezolid tab 600 mg.... 7
LINZESS....51
liomny - liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg....62
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg....62
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg.... 45
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.... 40
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg....40
lithium carbonate cap 150 mg....32
lithium carbonate cap 300 mg....32
lithium carbonate cap 600 mg....33
lithium carbonate tab 300 mg....33
lithium carbonate tab er 300 mg, 450 mg....33
lithium oral solution 8 meq/5ml.... 33
LIVTENCITY.... 30
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....58
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.... 58
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg.... 58
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....58
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....58
LOKELMA....49
lomustine cap 100 mg....20
lomustine cap 10 mg, 40 mg....20
LONSURF.... 20
loperamide hcl cap 2 mg.... 51
lopinavir-ritonavir tab 100-25 mg.... 30
lopinavir-ritonavir tab 200-50 mg.... 30
lorazepam conc 2 mg/ml.... 32

lorazepam intensol - lorazepam conc 2 mg/ml....32
lorazepam tab 0.5 mg, 1 mg....32
lorazepam tab 2 mg....32
LORBRENA....20
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg....58
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg....40
losartan potassium tab 100 mg....40
losartan potassium tab 25 mg, 50 mg....40
lovastatin tab 10 mg, 20 mg, 40 mg....40
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg....58
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg....27
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg....58
lubiprostone cap 24 mcg....51
lubiprostone cap 8 mcg....51
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....58
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....58
LUMAKRAS....20
LUPRON DEPOT (1-MONTH)....62
LUPRON DEPOT-PED (1-MONTH)....62
LUPRON DEPOT-PED (3-MONTH)....62
LUPRON DEPOT-PED (6-MONTH)....63
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg....27
lurasidone hcl tab 80 mg....27
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....58
LYBALVI....27
lyleq - norethindrone tab 0.35 mg....58
lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr....58
LYNPARZA....21
LYSODREN....21
LYTGOBI....21
LYUMJEV....35
LYUMJEV KWIKPEN....35
lyza - norethindrone tab 0.35 mg....58

M

magnesium sulfate inj 50%....49
malathion lotion 0.5%....47
maraviroc tab 150 mg....30
maraviroc tab 300 mg....30
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....58
MARPLAN....13
MATULANE....21
matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg....40
MAVYRET....30
meclizine hcl tab 12.5 mg, 25 mg....14
medroxyprogesterone acetate im susp 150 mg/ml....58
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....58
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg....58
mefloquine hcl tab 250 mg....24
megestrol acetate susp 40 mg/ml....58
megestrol acetate tab 20 mg, 40 mg....58
MEKINIST....21
MEKTOVI....21
meleya - norethindrone tab 0.35 mg....58
meloxicam tab 15 mg....2
meloxicam tab 7.5 mg....2
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg....11
memantine hcl oral solution 2 mg/ml....12
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack....12
memantine hcl tab 5 mg, 10 mg....12
MENQUADFI....66
MENVEO....66
mercaptopurine susp 2000 mg/100ml (20 mg/ml)....21
mercaptopurine tab 50 mg....21
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml....7
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml....7
meropenem iv for soln 1 gm....7
meropenem iv for soln 500 mg....7
mesalamine cap dr 400 mg....69
mesalamine cap er 24hr 0.375 gm....69
mesalamine cap er 500 mg....69
mesalamine enema 4 gm....69
mesalamine rectal enema 4 gm & cleanser wipe kit....69
mesalamine suppos 1000 mg....69
mesalamine tab delayed release 1.2 gm....69
mesalamine tab delayed release 800 mg....69
mesna tab 400 mg....21
metformin hcl tab 1000 mg....35

metformin hcl tab 500 mg....35
metformin hcl tab 850 mg....35
metformin hcl tab er 24hr 500 mg....35
metformin hcl tab er 24hr 750 mg....35
methadone hcl tab 10 mg....2
methadone hcl tab 5 mg....2
methazolamide tab 25 mg, 50 mg....40
methenamine hippurate tab 1 gm....7
methimazole tab 5 mg, 10 mg....63
methocarbamol tab 500 mg, 750 mg....75
methotrexate sodium for inj 1 gm....66
methotrexate sodium inj 250 mg/10ml (25 mg/ml)....66
methotrexate sodium inj 50 mg/2ml (25 mg/ml)....66
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)....66
methotrexate sodium tab 2.5 mg (base equiv)....66
METHOXSALEN....48
methscopolamine bromide tab 2.5 mg, 5 mg....51
methsuximide cap 300 mg....10
methylphenidate hcl soln 10 mg/5ml....45
methylphenidate hcl soln 5 mg/5ml....45
methylphenidate hcl tab 5 mg, 10 mg, 20 mg....45
methylphenidate hcl tab er 10 mg, 20 mg....45
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg....53
methylprednisolone tab therapy pack 4 mg (21)....53
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)....51
metoclopramide hcl tab 10 mg (base equivalent)....51
metoclopramide hcl tab 5 mg (base equivalent)....51
metolazone tab 2.5 mg, 5 mg, 10 mg....40
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg....41
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)....41
metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg....41
metronidazole cap 375 mg....7
metronidazole cream 0.75%....48
metronidazole gel 0.75%....48
metronidazole gel 1%....48
metronidazole iv soln 500 mg/100ml....7
metronidazole lotion 0.75%....48
metronidazole tab 250 mg, 500 mg....7
metronidazole vaginal gel 0.75%....7
metyrosine cap 250 mg....41
mexiletine hcl cap 150 mg, 200 mg, 250 mg....41
micafungin sodium for iv soln 100 mg....15
micafungin sodium for iv soln 50 mg....15
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....58
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....58
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....58
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....58
midodrine hcl tab 2.5 mg, 5 mg, 10 mg....41
MIEBO....71
mifepristone tab 300 mg....63
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....58
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg....58
minocycline hcl cap 50 mg, 75 mg, 100 mg....7
minocycline hcl tab 50 mg, 75 mg, 100 mg....7
minoxidil tab 2.5 mg, 10 mg....41
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg....13
mirtazapine tab 15 mg....13
mirtazapine tab 7.5 mg, 30 mg, 45 mg....13
misoprostol tab 100 mcg, 200 mcg....51
M-M-R II....66
modafinil tab 100 mg, 200 mg....75
MODEYSO....21
moexipril hcl tab 7.5 mg, 15 mg....41
MOLINDONE HYDROCHLORIDE....27
mometasone furoate cream 0.1%....48
mometasone furoate nasal susp 50 mcg/act....74
mometasone furoate oint 0.1%....48
mometasone furoate solution 0.1% (lotion)....48
mondoxyne nl - doxycycline monohydrate cap 100 mg....7
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....59
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)....74

montelukast sodium oral granules packet 4 mg (base equiv)....74
montelukast sodium tab 10 mg (base equiv)....74
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)....2
morphine sulfate oral soln 10 mg/5ml....2
morphine sulfate oral soln 20 mg/5ml....2
morphine sulfate tab 15 mg....2
morphine sulfate tab 30 mg....2
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg....2
MOUNJARO....35
MOVANTIK....51
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj....7
moxifloxacin hcl iv solution 400 mg/250ml (base equiv)....7
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)....71
moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)....71
moxifloxacin hcl tab 400 mg (base equiv)....7
MRESVIA....66
MULTAQ....41
mupirocin oint 2%....48
mycophenolate mofetil cap 250 mg....66
mycophenolate mofetil for oral susp 200 mg/ml....66
mycophenolate mofetil tab 500 mg....66
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)....66
MYRBETRIQ....52

N

nabumetone tab 500 mg....2
nabumetone tab 750 mg....2
nadolol tab 20 mg, 40 mg, 80 mg....41
nafcillin sodium for inj 1 gm, 2 gm....7
nafcillin sodium for iv soln 10 gm....7
nafcillin sodium in dextrose inj 2 gm/100ml....7
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml....3
naloxone hcl soln cartridge 0.4 mg/ml....3
naloxone hcl soln prefilled syringe 2 mg/2ml....3
naltrexone hcl tab 50 mg....3
naproxen sodium tab 275 mg....2
naproxen sodium tab 550 mg....2
naproxen tab 250 mg....2
naproxen tab 375 mg....2
naproxen tab 500 mg....2
naproxen tab ec 375 mg....2
naproxen tab ec 500 mg....2
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)....16
NATACYN....71
nateglinide tab 120 mg....35
nateglinide tab 60 mg....35
NAYZILAM....10
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)....41
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg....59
NEFAZODONE HYDROCHLORIDE....13
NEOMYCIN/POLYMYXIN/GRAMICIDIN....71
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin....71
neomycin-polymyxin-dexamethasone ophth oint 0.1%....71
neomycin-polymyxin-dexamethasone ophth susp 0.1%....71
neomycin-polymyxin-hc otic soln 1%....72
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%....72
neomycin sulfate tab 500 mg....7
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%....71
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin....71
NERLYNX....21
NEUPRO....25
nevirapine susp 50 mg/5ml....30
nevirapine tab 200 mg....30
nevirapine tab er 24hr 400 mg....30
NEXLETOL....41
NEXLIZET....41
NEXPLANON....52
niacin tab er 500 mg (antihyperlipidemic)....41
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)....41
nicardipine hcl cap 20 mg, 30 mg....41
NICOTROL NS....3
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg....41
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg....41
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg....59

nilotinib hcl cap 150 mg (base equivalent), 200 mg (base equivalent).....21
nilotinib hcl cap 50 mg (base equivalent).....21
nilutamide tab 150 mg.....21
nimodipine cap 30 mg.....41
NINLARO.....21
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent).....74
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....41
nitazoxanide tab 500 mg.....24
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....52
nitro-bid - nitroglycerin oint 2%.....41
nitrofurantoin macrocrystalline cap 50 mg, 100 mg.....7
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....7
nitroglycerin oint 2%, 0.4%.....41
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....41
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....41
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....41
NIVESTYM.....37
nizatidine cap 150 mg.....51
nizatidine cap 300 mg.....51
nora-be - norethindrone tab 0.35 mg.....59
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....59
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....59
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....59
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....59
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....59
norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....59
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....59
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....59
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....59
norethindrone acetate tab 5 mg.....59
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....59
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....59
norethindrone tab 0.35 mg.....59
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....59
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg.....59
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....59
norlyroc - norethindrone tab 0.35 mg.....59
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg.....59
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....59
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....59
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....13
nortriptyline hcl soln 10 mg/5ml.....13
NORVIR.....30
NOVOLIN R FLEXPEN.....35
NOVOLIN R FLEXPEN RELION.....35
NUBEQA.....21
NUCALA.....74
NUEDEXTA.....45
NUPLAZID.....27
NURTEC.....16
NUTRILIPID.....49
nyamyc - nystatin topical powder 100000 unit/gm.....15
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....59
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....59
nystatin cream 100000 unit/gm.....15
nystatin oint 100000 unit/gm.....15
nystatin susp 100000 unit/ml.....15
nystatin tab 500000 unit.....15
nystatin topical powder 100000 unit/gm.....15
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....48
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....48
nystop - nystatin topical powder 100000 unit/gm.....15

O

ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg.....59

octreotide acetate inj 1000 mcg/ml (1 mg/ml)....63
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)....63
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)....63
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml)....63
octreotide acetate subcutaneous soln pref syr 100 mcg/ml....63
octreotide acetate subcutaneous soln pref syr 500 mcg/ml....63
octreotide acetate subcutaneous soln pref syr 50 mcg/ml....63
ODEFSEY....31
ODOMZO....21
OFEV....74
ofloxacin ophth soln 0.3%....71
ofloxacin otic soln 0.3%....72
ofloxacin tab 400 mg....7
OGSIVEO....21
OJEMDA....21
OJJAARA....21
olanzapine for im inj 10 mg....27
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg....27
olanzapine tab 15 mg, 20 mg....27
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg....27
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg....41
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg....41
olmesartan medoxomil tab 20 mg, 40 mg....41
olmesartan medoxomil tab 5 mg....41
olopatadine hcl nasal soln 0.6%....74
omega-3-acid ethyl esters cap 1 gm....41
omeprazole cap delayed release 10 mg....51
omeprazole cap delayed release 20 mg, 40 mg....51
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)....35
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)....35
OMNIPOD 5 LIBRE INTRO KIT....35
OMNIPOD 5 LIBRE PODS....35
OMNIPOD DASH INTRO KIT (GEN 4)....35
OMNIPOD DASH PDM KIT (GEN 4)....35
OMNIPOD DASH PODS (GEN 4)....35
OMNITROPE....53
ondansetron hcl oral soln 4 mg/5ml....14
ondansetron hcl tab 4 mg, 8 mg....14
ondansetron orally disintegrating tab 4 mg, 8 mg....14
ONUREG....21
OPIPZA....27
OPVEE....3
oralone dental paste - triamcinolone acetonide dental paste0.1%....45
ORENITRAM....74
ORENITRAM TITRATION KIT MONTH 1....74
ORENITRAM TITRATION KIT MONTH 2....74
ORENITRAM TITRATION KIT MONTH 3....74
ORGOVYX....21
orquidea - norethindrone tab 0.35 mg....59
ORSERDU....21
oseltamivir phosphate cap 30 mg (base equiv)....31
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)....31
oseltamivir phosphate for susp 6 mg/ml (base equiv)....31
OTEZLA....48
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK....48
OTEZLA XR....48
oxcarbazepine susp 300 mg/5ml (60 mg/ml)....10
oxcarbazepine tab 150 mg, 300 mg, 600 mg....10
oxybutynin chloride solution 5 mg/5ml....53
oxybutynin chloride tab 5 mg....53
oxybutynin chloride tab er 24hr 10 mg, 15 mg....53
oxybutynin chloride tab er 24hr 5 mg....53
oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg....2
oxycodone hcl tab 5 mg....2
oxycodone w/ acetaminophen tab 10-325 mg....2
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg....2
oxycodone w/ acetaminophen tab 7.5-325 mg....2
OZEMPIC....35

P

pacerone - amiodarone hcl tab 100 mg, 400 mg....41
pacerone - amiodarone hcl tab 200 mg....41
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg....28
paliperidone tab er 24hr 6 mg....28
PANRETIN....21
pantoprazole sodium ec tab 20 mg (base equiv)....51
pantoprazole sodium ec tab 40 mg (base equiv)....51
paricalcitol cap 1 mcg, 2 mcg, 4 mcg....69
paroxetine hcl oral susp 10 mg/5ml (base equiv)....13
paroxetine hcl tab 10 mg, 40 mg....13
paroxetine hcl tab 20 mg....13
paroxetine hcl tab 30 mg....13
paroxetine hcl tab er 24hr 12.5 mg....13
paroxetine hcl tab er 24hr 25 mg, 37.5 mg....13
PAXLOVID....31
pazopanib hcl tab 200 mg (base equiv)....21
PAZOPANIB HYDROCHLORIDE....21
PEDIARIX....66
PEDVAXHIB....66
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm....51
peg 3350-kcl-sod bicarb-nacl for soln 420 gm....51
PEGASYS....66
PEMAZYRE....21
PENBRAYA....66
penicillamine tab 250 mg....53
penicillin g potassium for inj 5000000 unit, 20000000 unit....7
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE....7
PENICILLIN G SODIUM....7
penicillin v potassium for soln 125 mg/5ml....8
penicillin v potassium for soln 250 mg/5ml....8
penicillin v potassium tab 250 mg, 500 mg....8
PENMENVY....66
PENTACEL....66
pentamidine isethionate for inj soln 300 mg....24
pentamidine isethionate for nebulization soln 300 mg....24
PENTASA....69
pentoxifylline tab er 400 mg....41
perampanel susp 0.5 mg/ml....10
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg....10
perindopril erbumine tab 2 mg....42
perindopril erbumine tab 4 mg....42
perindopril erbumine tab 8 mg....42
periogard - chlorhexidine gluconate soln 0.12%....45
permethrin cream 5%....48
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg....14
pfizerpen - penicillin g potassium for inj 5000000 unit, 20000000 unit....8
phenelzine sulfate tab 15 mg....13
phenobarbital elixir 20 mg/5ml....10
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg....10
phenoxybenzamine hcl cap 10 mg....42
phenytek - phenytoin sodium extended cap 200 mg, 300 mg....10
phenytoin chew tab 50 mg....10
phenytoin infatabs - phenytoin chew tab 50 mg....10
phenytoin sodium extended cap 100 mg, 200 mg, 300 mg....10
phenytoin susp 125 mg/5ml....10
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....59
PIFELTRO....31
pilocarpine hcl ophth soln 1%, 2%, 4%....71
pilocarpine hcl tab 5 mg, 7.5 mg....45
pimozide tab 1 mg, 2 mg....28
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....59
pindolol tab 5 mg, 10 mg....42
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg....35
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg....35
pioglitazone hcl tab 15 mg (base equiv)....35
pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)....35
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)....8
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)....8

piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml....8
piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml....8
piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml....8
PIQRAY 200MG DAILY DOSE....22
PIQRAY 250MG DAILY DOSE....22
PIQRAY 300MG DAILY DOSE....22
pirfenidone cap 267 mg....74
pirfenidone tab 267 mg....74
pirfenidone tab 801 mg....74
piroxicam cap 10 mg....2
piroxicam cap 20 mg....2
PLEGRIDY....45
PLEGRIDY STARTER PACK....45
podofilox soln 0.5%....48
polycin - bacitracin-polymyxin b ophth oint....71
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%....71
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg....22
POMALYST....22
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....59
posaconazole tab delayed release 100 mg....15
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS....50
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj....50
potassium chloride cap er 8 meq, 10 meq....49
potassium chloride inj 2 meq/ml....49
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq....49
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)....49
potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)....50
potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)....50
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg....25
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)....37
pravastatin sodium tab 10 mg, 20 mg, 40 mg....42
pravastatin sodium tab 80 mg....42
praziquantel tab 600 mg....24
prazosin hcl cap 1 mg, 2 mg, 5 mg....42
prednisolone acetate ophth susp 1%....71
prednisolone sodium phosphate ophth soln 1%....71
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)....53
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), 5 mg/5ml (base equiv)....53
prednisolone soln 15 mg/5ml....53
prednisone oral soln 5 mg/5ml....53
prednisone tab 1 mg, 2.5 mg, 20 mg, 50 mg....53
prednisone tab 5 mg, 10 mg....53
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)....53
pregabalin cap 225 mg, 300 mg....10
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg....10
pregabalin soln 20 mg/ml....10
PREMARIN....59
PREMPHASE....60
PREMPRO....60
PRETOMANID....16
prevalite - cholestyramine light powder 4 gm/dose....42
prevalite - cholestyramine light powder packets 4 gm....42
PREVYMIS....31
PREZCOBIX....31
PREZISTA....31
PRIFTIN....16
primaquine phosphate tab 26.3 mg (15 mg base)....24
PRIMIDONE....10
primidone tab 50 mg, 250 mg....10
PRIORIX....66
probenecid tab 500 mg....16
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)....14
prochlorperazine suppos 25 mg....14
proctocort - hydrocortisone perianal cream 1%....69
procto-med hc - hydrocortisone perianal cream 2.5%....69
proctosol hc - hydrocortisone perianal cream 2.5%....69
proctozone-hc - hydrocortisone perianal cream 2.5%....69
progesterone cap 100 mg, 200 mg....60
PROGRAF....66
PROLASTIN-C....52
promethazine hcl oral soln 6.25 mg/5ml....14

promethazine hcl suppos 12.5 mg, 25 mg....14
promethazine hcl tab 12.5 mg, 25 mg, 50 mg....14
promethegan - promethazine hcl suppos 12.5 mg, 25 mg....14
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg....42
propafenone hcl tab 150 mg, 225 mg, 300 mg....42
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg....42
propranolol hcl oral soln 20 mg/5ml....42
propranolol hcl oral soln 40 mg/5ml....42
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg....42
propylthiouracil tab 50 mg....63
PROQUAD....66
protriptyline hcl tab 5 mg, 10 mg....13
PULMOZYME....74
pyrazinamide tab 500 mg....17
pyridostigmine bromide tab 60 mg....16
pyridostigmine bromide tab er 180 mg....16
pyrimethamine tab 25 mg....24
PYRUKYND....52
PYRUKYND TAPER PACK....52
PYZCHIVA....66

Q

QINLOCK....22
QUADRACEL....66
QUETIAPINE FUMARATE....28
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg....28
quetiapine fumarate tab 300 mg, 400 mg....28
quetiapine fumarate tab er 24hr 150 mg, 200 mg....28
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg....28
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg....42
quinapril-hydrochlorothiazide tab 10-12.5 mg....42
quinapril-hydrochlorothiazide tab 20-12.5 mg....42
quinapril-hydrochlorothiazide tab 20-25 mg....42
quinidine gluconate tab er 324 mg....42
QUINIDINE SULFATE....42
quinine sulfate cap 324 mg....24
QVAR REDIHALER....74

R

RABAVERT....67
rabeprazole sodium ec tab 20 mg....51
RALDESY....13
raloxifene hcl tab 60 mg....60
ramelteon tab 8 mg....75
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg....42
ranolazine tab er 12hr 500 mg, 1000 mg....42
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)....25
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....60
RECOMBIVAX HB....67
RELENZA DISKHALER....31
repaglinide tab 0.5 mg....36
repaglinide tab 1 mg....36
repaglinide tab 2 mg....36
REPATHA....42
REPATHA SURECLICK....42
RETACRIT....37
RETEVMO....22
REVCOVI....52
REVUFORJ....22
REXTOVY....3
REXULTI....28
REYATAZ....31
REZDIFFRA....52
REZLIDHIA....22
REZUROCK....67
RHOPRESSA....71
ribavirin cap 200 mg....31
ribavirin tab 200 mg....31
RIDAURA....67
rifabutin cap 150 mg....17
rifampin cap 150 mg, 300 mg....17
rifampin for inj 600 mg....17
rilpivirine hcl tab 25 mg (base equivalent)....31
riluzole tab 50 mg....45
RINVOQ....67
RINVOQ LQ....67
risedronate sodium tab 150 mg....69
risedronate sodium tab 35 mg....69
risedronate sodium tab 5 mg, 30 mg....69
risedronate sodium tab delayed release 35 mg....69
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg....28

risperidone microspheres for im extended rel susp 50 mg....28
RISPERIDONE ODT....28
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg....28
risperidone orally disintegrating tab 4 mg....28
risperidone soln 1 mg/ml....28
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg....28
risperidone tab 4 mg....28
ritonavir tab 100 mg....31
rivaroxaban tab 2.5 mg....37
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)....12
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr....12
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)....16
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)....16
ROCKLATAN....71
roflumilast tab 250 mcg, 500 mcg....74
ROMVIMZA....22
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg....25
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)....25
rosuvastatin calcium tab 40 mg....42
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg....42
ROTARIX....67
ROTATEQ....67
roweepra - levetiracetam tab 500 mg....10
ROZLYTREK....22
RUBRACA....22
rufinamide susp 40 mg/ml....10
rufinamide tab 200 mg....10
rufinamide tab 400 mg....10
RUKOBIA....31
RYBELSUS....36
RYDAPT....22

S

sacubitril-valsartan tab 24-26 mg....42
sacubitril-valsartan tab 49-51 mg, 97-103 mg....42
SANTYL....48
sapropterin dihydrochloride powder packet 100 mg....52
SCEMBLIX....22
scopolamine td patch 72hr 1 mg/3days....14
SECUADO....28
selegiline hcl cap 5 mg....25
selegiline hcl tab 5 mg....25
selenium sulfide lotion 2.5%....48
SELZENTRY....31
SEREVENT DISKUS....74
sertraline hcl oral concentrate for solution 20 mg/ml....13
sertraline hcl tab 100 mg....13
sertraline hcl tab 25 mg, 50 mg....13
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....60
sevelamer carbonate tab 800 mg....50
sharobel - norethindrone tab 0.35 mg....60
SHINGRIX....67
SIGNIFOR....63
sildenafil citrate tab 20 mg....74
silodosin cap 4 mg, 8 mg....53
silver sulfadiazine cream 1%....48
SIMBRINZA....71
SIMLANDI....67
SIMLANDI 1-PEN KIT....67
SIMLANDI 2-PEN KIT....67
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....60
simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)....60
simvastatin tab 20 mg....42
simvastatin tab 5 mg, 10 mg, 40 mg....42
simvastatin tab 80 mg....42
sirolimus oral soln 1 mg/ml....67
sirolimus tab 0.5 mg, 1 mg, 2 mg....67
SIRTURO....17
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg....36
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)....36
SIVEXTRO....8
SKYLA....53
SKYRIZI....67
SKYRIZI PEN....67
sodium chloride irrigation soln 0.9%....50
sodium chloride iv soln 0.45%....50
sodium chloride iv soln 0.9%....50
sodium chloride preservative free (pf) inj 0.9%....50
sodium oxybate oral solution 500 mg/ml....75

sodium phenylbutyrate oral powder 3 gm/ teaspoonful....52
sodium phenylbutyrate tab 500 mg....52
sodium polystyrene sulfonate powder....50
sodium polystyrene sulfonate susp 15 gm/60ml....50
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml....51
solifenacin succinate tab 5 mg, 10 mg....53
SOLIQUA 100/33....36
SOLTAMOX....22
SOMAVERT....63
sorafenib tosylate tab 200 mg (base equivalent)....22
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg....42
sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg....42
SPIRIVA RESPIMAT....74
spironolactone & hydrochlorothiazide tab 25-25 mg....42
spironolactone tab 25 mg, 50 mg, 100 mg....42
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....60
SPRITAM....10
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml....50
sps - sodium polystyrene sulfonate susp 15 gm/60ml....50
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....60
ssd - silver sulfadiazine cream 1%....48
STIOLTO RESPIMAT....74
STIVARGA....22
STREPTOMYCIN SULFATE....8
STRIBILD....31
SUBVENITE....10
subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg....10
sucralfate susp 1 gm/10ml....51
sucralfate tab 1 gm....51
sulfacetamide sodium lotion 10% (acne)....48
sulfacetamide sodium ophth soln 10%....71
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%....71
sulfadiazine tab 500 mg....8
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml....8
sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg....8
sulfasalazine tab 500 mg....69
sulfasalazine tab delayed release 500 mg....69
sulindac tab 150 mg, 200 mg....2
sumatriptan nasal spray 5 mg/act, 20 mg/ act....16
sumatriptan succinate inj 6 mg/0.5ml....16
sumatriptan succinate solution auto-injector 6 mg/0.5ml....16
sumatriptan succinate tab 25 mg, 50 mg, 100 mg....16
sunitinib malate cap 12.5 mg (base equivalent)....22
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)....22
SUNLENCA....31
SUTAB....51
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg....60
SYMPAZAN....10
SYMTUZA....31
SYNJARDY....36
SYNJARDY XR....36
SYNTHROID....62

T

TABLOID....22
TABRECTA....22
tacrolimus cap 0.5 mg, 1 mg....67
tacrolimus cap 5 mg....67
tacrolimus oint 0.03%, 0.1%....48
tadalafil tab 2.5 mg, 5 mg....53
tadalafil tab 20 mg (pah)....75
TAFINLAR....22
TAGRISSO....22
TALZENNA....23
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)....23
tamsulosin hcl cap 0.4 mg....53
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)....60
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....60
TARPEYO....53
tasimelteon capsule 20 mg....75
tazarotene cream 0.1%....48
tazicef - ceftazidime for inj 1 gm....8
tazicef - ceftazidime for iv soln 1 gm....8
tazicef - ceftazidime for iv soln 2 gm....8
telmisartan-amlodipine tab 40-10 mg....43
telmisartan-amlodipine tab 40-5 mg....43

telmisartan-amlodipine tab 80-10 mg.....43
telmisartan-amlodipine tab 80-5 mg.....43
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....43
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....43
telmisartan tab 20 mg, 40 mg, 80 mg..... 43
TENIVAC..... 67
tenofovir disoproxil fumarate tab 300 mg.....31
TEPMETKO..... 23
terazosin hcl cap 1 mg (base equivalent).....43
terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....43
terbinafine hcl tab 250 mg.....15
terbutaline sulfate tab 2.5 mg, 5 mg.....75
terconazole vaginal cream 0.4%, 0.8%.....15
terconazole vaginal suppos 80 mg.....15
TERIPARATIDE.....70
testosterone cypionate im inj in oil 100 mg/ml.....60
testosterone cypionate im inj in oil 200 mg/ml.....60
TESTOSTERONE ENANTHATE.....60
testosterone td gel 12.5 mg/act (1%)..... 60
testosterone td gel 20.25 mg/1.25gm (1.62%)..... 60
testosterone td gel 20.25 mg/act (1.62%)..... 60
testosterone td gel 25 mg/2.5gm (1%).....60
testosterone td gel 40.5 mg/2.5gm (1.62%)..... 60
testosterone td gel 50 mg/5gm (1%).....60
tetrabenazine tab 12.5 mg.....45
tetrabenazine tab 25 mg.....45
tetracycline hcl cap 250 mg, 500 mg.....8
THALOMID.....23
theophylline tab er 12hr 300 mg, 450 mg.....75
theophylline tab er 24hr 400 mg, 600 mg.....75
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....28
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....28
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg..... 43
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg..... 43
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg..... 43
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg..... 43
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg..... 43
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg..... 43
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....10
TIBSOVO.....23
ticagrelor tab 60 mg, 90 mg..... 37
TICOVAC.....67
tigecycline for iv soln 50 mg.....8
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg..... 60
timolol maleate ophth gel forming soln 0.25%, 0.5%.....71
timolol maleate ophth soln 0.25%, 0.5%.....71
timolol maleate tab 5 mg, 10 mg, 20 mg.....43
tinidazole tab 250 mg, 500 mg.....8
TIVICAY..... 31
TIVICAY PD..... 31
tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent).....29
TOBI PODHALER.....75
TOBRADEX.....71
tobramycin-dexamethasone ophth susp 0.3-0.1%..... 71
tobramycin nebu soln 300 mg/5ml..... 75
tobramycin ophth soln 0.3%.....71
TOBRAMYCIN SULFATE..... 8
tobramycin sulfate for inj 1.2 gm.....8
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)..... 8
tolterodine tartrate cap er 24hr 2 mg, 4 mg.....53
tolterodine tartrate tab 1 mg, 2 mg..... 53
tolvaptan tab 15 mg, 30 mg..... 50
topiramate oral soln 25 mg/ml.....10
topiramate sprinkle cap 15 mg, 25 mg.....10
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....11
toremifene citrate tab 60 mg (base equivalent).....23
torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg.....23
torpenz - everolimus tab 5 mg..... 23

torsemide tab 5 mg, 10 mg, 20 mg, 100 mg....43
TOUJEO MAX SOLOSTAR....36
TOUJEO SOLOSTAR....36
TRADJENTA....36
tramadol-acetaminophen tab 37.5-325 mg....2
tramadol hcl tab 50 mg....2
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg....2
trandolapril tab 1 mg, 2 mg, 4 mg....43
trandolapril-verapamil hcl tab er 1-240 mg....43
trandolapril-verapamil hcl tab er 2-180 mg....43
trandolapril-verapamil hcl tab er 2-240 mg....43
trandolapril-verapamil hcl tab er 4-240 mg....43
tranexamic acid tab 650 mg....37
tranylcypromine sulfate tab 10 mg....13
TRAVASOL....50
travoprost ophth soln 0.004% (benzalkonium free) (bak free)....71
trazodone hcl tab 300 mg....14
trazodone hcl tab 50 mg, 100 mg, 150 mg....13
TRELEGY ELLIPTA....75
TRELSTAR MIXJECT....63
TREMFYA....67
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS....68
TREMFYA PEN....68
tretinoin cap 10 mg....23
tretinoin cream 0.025%, 0.05%, 0.1%....48
tretinoin gel 0.01%, 0.025%....48
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%....48
triamcinolone acetonide dental paste 0.1%....45
triamcinolone acetonide lotion 0.025%, 0.1%....48
triamcinolone acetonide oint 0.025%, 0.1%....48
triamcinolone acetonide oint 0.5%....48
triamterene & hydrochlorothiazide cap 37.5-25 mg....43
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg....43
tridacaine iii - lidocaine patch 5%....3
tridacaine ii - lidocaine patch 5%....3
triderm - triamcinolone acetonide cream 0.5%....48
trientine hcl cap 250 mg....50
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....60
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)....28
TRIFLURIDINE....71
trihexyphenidyl hcl tab 2 mg, 5 mg....25
TRIKAFTA....75
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg....60
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....60
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....60
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....61
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....61
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....61
trimethoprim tab 100 mg....8
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....61
trimipramine maleate cap 25 mg, 50 mg, 100 mg....14
TRINTELLIX....14
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....61
TRIUMEQ....31
TRIUMEQ PD....31
trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....61
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....61
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....61
TROPHAMINE....50
trospium chloride tab 20 mg....53
TRULICITY....36
TRUMENBA....68
TRUQAP....23
TUKYSA....23
TURALIO....23
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg....61
TWINRIX....68
tydemy - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg....61
TYENNE....68

TYMLOS....70
TYPHIM VI....68

U

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....62
ursodiol cap 300 mg....51
ursodiol tab 250 mg, 500 mg....51

V

valacyclovir hcl tab 500 mg, 1 gm....31
VALCHLOR....23
valganciclovir hcl for soln 50 mg/ml (base equiv)....32
valganciclovir hcl tab 450 mg (base equivalent)....32
valproate sodium oral soln 250 mg/5ml (base equiv)....11
valproic acid cap 250 mg....11
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg....43
valsartan tab 320 mg....43
valsartan tab 40 mg, 80 mg, 160 mg....43
VALTOCO 10 MG DOSE....11
VALTOCO 15 MG DOSE....11
VALTOCO 20 MG DOSE....11
VALTOCO 5 MG DOSE....11
valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg....61
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg....61
vancomycin hcl cap 125 mg (base equivalent)....8
vancomycin hcl cap 250 mg (base equivalent)....8
vancomycin hcl for iv soln 100 gm (base equivalent)....8
vancomycin hcl for iv soln 10 gm (base equivalent)....8
vancomycin hcl for iv soln 1 gm (base equivalent)....8
vancomycin hcl for iv soln 500 mg (base equivalent)....8
vancomycin hcl for iv soln 5 gm (base equivalent)....8
vancomycin hcl for iv soln 750 mg (base equivalent)....8
vancomycin hcl for iv soln 750 mg (base equivalent)....8
VANFLYTA....23
VAQTA....68
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)....3
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack....3
VARIVAX....68
VASCEPA....43
VAXCHORA....68
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg....61
VELSIPITY....68
VENCLEXTA....23
VENCLEXTA STARTING PACK....23
venlafaxine hcl cap er 24hr 150 mg (base equivalent)....14
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)....14
venlafaxine hcl cap er 24hr 75 mg (base equivalent)....14
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)....14
VENTOLIN HFA....75
VEOZAH....45
VEPPANU....23
verapamil hcl cap er 24hr 100 mg....43
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg....43
verapamil hcl cap er 24hr 200 mg....43
verapamil hcl cap er 24hr 300 mg....43
verapamil hcl cap er 24hr 360 mg....44
verapamil hcl tab 40 mg, 80 mg, 120 mg....44
verapamil hcl tab er 120 mg, 180 mg, 240 mg....44
VERQUVO....44
VERSACLOZ....28
VERZENIO....23
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg....61
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....61
vigabatrin powd pack 500 mg....11
vigabatrin tab 500 mg....11
vigadrone - vigabatrin powd pack 500 mg....11
vigadrone - vigabatrin tab 500 mg....11
VIGAFYDE....11
vigpoder - vigabatrin powd pack 500 mg....11

vilazodone hcl tab 10 mg, 20 mg, 40 mg....14
VIMKUNYA....68
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....61
VIRACEPT....32
VIREAD....32
VITRAKVI....23
VIVITROL....3
VIVOTIF....68
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....61
VONJO....23
VOQUEZNA DUAL PAK....51
VOQUEZNA TRIPLE PAK....51
VORANIGO....23
voriconazole for inj 200 mg....15
voriconazole for susp 40 mg/ml....15
voriconazole tab 50 mg, 200 mg....16
VOSEVI....32
VOWST....51
VRAYLAR....28
VUMERITY....45
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....61
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....61

W

warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg....37
WEGOVY....44
WELIREG....52
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg....61
WINREVAIR....75
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act....75
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act....75
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act....75
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg....61

X

XALKORI....23
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg....61
XARELTO....37
XARELTO STARTER PACK....37
XATMEP....68
XCOPRI....11
XDEMVY....71
xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg....61
XERMELO....51
XIFAXAN....8
XIGDUO XR....36
XIIDRA....71
XOFLUZA....32
XOLAIR....68
XOSPATA....23
XPOVIO....24
XPOVIO 60 MG TWICE WEEKLY....24
XPOVIO 80 MG TWICE WEEKLY....24
XTANDI....24
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr....61

Y

YESINTEK....68
YF-VAX....68
YONSA....24
yulithira - everolimus tab 2.5 mg, 7.5 mg, 10 mg....24
yulithira - everolimus tab 5 mg....24
yuvafem - estradiol vaginal tab 10 mcg....61

Z

zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr....61
zafirlukast tab 10 mg, 20 mg....75
zaleplon cap 10 mg....75
zaleplon cap 5 mg....75
ZARXIO....37
ZEJULA....24
ZELBORAF....24
zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg....48
ZENPEP....52
zenzedi - dextroamphetamine sulfate tab 10 mg....45
zenzedi - dextroamphetamine sulfate tab 5 mg....45
zidovudine cap 100 mg....32
zidovudine syrup 10 mg/ml....32
zidovudine tab 300 mg....32
ziprasidone hcl cap 20 mg, 40 mg....28
ziprasidone hcl cap 60 mg, 80 mg....29
ziprasidone mesylate for inj 20 mg (base equivalent)....29
ZOKINVY....52
ZOLINZA....24
zolpidem tartrate tab 5 mg, 10 mg....75
ZONISADE....11

zonisamide cap 25 mg, 50 mg, 100 mg.....11
ZOSYN.....9
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg.....62
ZTALMY.....11
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg.....62
ZURZUVAE.....14
ZYDELIG.....24
ZYKADIA.....24
ZYMFENTRA 1-PEN.....68
ZYMFENTRA 2-PEN.....68
ZYMFENTRA 2-SYRINGE.....68

BlueCross BlueShield of Illinois

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-877-397-7129 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 1-855-664-7270 (voicemail)
TTY/TDD: 1-855-661-6965
Fax: 1-855-661-6960
Email: civilrightscoordinator@hcsc.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019
TTY/TDD: 1-800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

Blue Cross Blue Shield of Illinois, A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-397-7129 (TTY: 711) or speak to your provider. Our office hours are 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through Sept. 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 877-397-7129 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 877-397-7129 (TTY: 711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 877-397-7129（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 877-397-7129 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-397-7129 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 877-397-7129 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 877-397-7129 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 877-397-7129 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 877-397-7129 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 877-397-7129 (TTY: 711) hodiilnih doodago nika'análwo'í bich'į' hanidziih.
فارسي Farsi	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 877-397-7129 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-397-7129 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 877-397-7129 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-397-7129 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711 877-397-7129) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Ελληνικά Greek	Διαθέτουμε δωρεάν υπηρεσίες διερμηνέα για να απαντήσουμε σε ερωτήσεις που μπορεί να έχετε σχετικά με την υγεία σας ή με το φαρμακευτικό μας πρόγραμμα. Για να λάβετε διερμηνέα καλέστε μας στο τηλέφωνο 877-397-7129 (TTY/TDD: 711). Κάποιος που μιλάει ελληνικά θα μπορέσει να σας βοηθήσει. Αποτελεί δωρεάν υπηρεσία.
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 877-397-7129 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.



BlueCross BlueShield
of Illinois

This formulary was updated on 08/26/2026. For more recent information or other questions, please contact Blue Cross Group Medicare Advantage Customer Service at 1-877-397-7129 or, for TTY users, 711, 7 a.m. – 10 p.m., CT, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit www.myprime.com.

HMO, HMO-POS and PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.