Capital Health Plan Silver Advantage (HMO)
Capital Health Plan Giveback Advantage (HMO)



2026 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00026246, Version Number 21

This comprehensive formulary was updated on 11/01/2026.

- **Important Message About What You Pay For Vaccines -** Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
- **Important Message About What You Pay For Insulin -** You won't pay more than $35 for a one month supply of each insulin product covered by our plan, no matter what cost sharing tier it's on.

For more recent information or other questions, please contact Capital Health Plan Member Services at 850-523-7441 or 1-877-247-6512, or for TTY users 850-383-3534 or 1-877-870-8943, 8:00 a.m. to 8:00 p.m., seven days a week, October 1 to March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday, April 1 to September 30. Or, visit our website at www.capitalhealth.com/Medicare.

This document may be available in other formats such as Braille and large print. For additional information call Members Services at the phone number listed above.

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

When this drug list (formulary) refers to "we," "us," or "our," it means Capital Health Plan. When it refers to "plan" or "our plan," it means Capital Health Plan Silver Advantage.

This document includes a list of drugs (formulary) for our plan which is current as of 11/01/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Capital Health Plan Silver Advantage Formulary?

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

Can the Formulary (drug list) change?

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

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

- **Immediate substitutions of certain new versions of brandname drugsand original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost- sharing tier or add new restrictions. We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription). If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Capital Health Plan Silver Advantage/Giveback Advantage Formulary?"

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 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 request a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Capital Health Plan Silver Advantage/ Giveback Advantage Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 11/01/2026. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted on a monthly basis with applicable changes, including negative changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on 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 105. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter ***5****,* Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Capital Health Plan Silver Advantage/Giveback Advantage formulary?" on page v for information about how to request an exception.

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

OTC drugs are non prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs. Our plan will provide these OTC drugs at no cost to you. The cost to our plan of these OTC drugs will not count towards your total part D drug costs.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.
If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Capital Health Plan Silver Advantage/ Giveback Advantage Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make. 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 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 will not be able to ask us to provide the drug at a lower cost-sharing level.

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

- You can ask us to cover a formulary drug at a cost-sharing level, unless the drug is on a specialty tier. If approved, this will lower the amount you must pay for your drug.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective 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 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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.

were previously given. You may get a refill upon admission or discharge to prevent a gap in care.

For more information

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

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

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

Capital Health Plan Silver Advantage/ Giveback Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 105. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*). The information in the Requirements/ Limits column tells you if our plan has any special requirements for coverage of your drug.

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

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy

*= Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. to 8:00 p.m., seven days a week, October 1 to March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday, April 1 to September 30.

= 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 copay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

‡ = Mail Order benefit applies

† = Split-Fill (partial day supply); use for high-cost medications if new or change in therapy due to potential side effects.

The Drug Tier column of the drug list that begins on page 1 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e. the share of the drug's cost that you will pay during the initial coverage period) for drugs in each tier.

Capital Health Plan Silver Advantage

Initial Coverage Limit Drug Tier Copayments

Cost-Sharing Tier	Preferred Retail Pharmacy (up to a 30-day supply)	Preferred Retail Pharmacy (up to a 90-day supply)	Mail-Order Pharmacy (up to a 90-day supply)
Tier 1 - Preferred Generic	$0.00 **Standard Retail Pharmacy (up to a 30-day supply)** $10.00	$0.00 **Standard Retail Pharmacy (up to a 90-day supply)** $30.00	$0.00
Tier 2 - Generic	**Preferred Retail Pharmacy (up to a 30-day supply)** $0.00 **Standard Retail Pharmacy (up to a 30-day supply)** $14.00	**Preferred Retail Pharmacy (up to a 90-day supply)** $0.00 **Standard Retail Pharmacy (up to a 90-day supply)** $42.00	**Mail-Order Pharmacy (up to a 90-day supply)** $0.00
Tier 3 - Preferred Brand (Preferred Brand and Generic)	**Preferred Retail Pharmacy (up to a 30-day supply)** $40.00 **Standard Retail Pharmacy (up to a 30-day supply)** $47.00	**Preferred Retail Pharmacy (up to a 90-day supply)** $120.00 **Standard Retail Pharmacy (up to a 90-day supply)** $141.00	**Mail-Order Pharmacy (up to a 90-day supply)** $100.00

Capital Health Plan Silver Advantage (cont.)

Tier 4 - Non-Preferred Brand (Non-Preferred Brand and Generic)	**Preferred Retail Pharmacy (up to a 30-day supply)** $93.00 **Standard Retail Pharmacy (up to a 30-day supply** $100.00	**Preferred Retail Pharmacy (up to a 90-day supply)** $279.00 **Standard Retail Pharmacy (up to a 90-day supply)** $300.00	**Mail-Order Pharmacy (up to a 90-day supply)** $232.50
Tier 5 - Specialty (Brand and Generic)	30%	N/A	N/A
Tier 6- Select Care (Generic) Mail order- 100-day supply	$0.00	$0.00	$0.00

The Drug Tier column of the drug list that begins on page 1 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e. the share of the drug's cost that you will pay during the initial coverage period) for drugs in each tier.

Capital Health Plan Giveback Advantage

Initial Coverage Limit Drug Tier Copayments

Cost-Sharing Tier	Preferred Retail Pharmacy (up to a 30-day supply)	Preferred Retail Pharmacy (up to a 90-day supply)	Mail-Order Pharmacy (up to a 90-day supply)
Tier 1 - Preferred Generic	$0.00 **Standard Retail Pharmacy (up to a 30-day supply)** $10.00	$0.00 **Standard Retail Pharmacy (up to a 90-day supply)** $30.00	$0.00
Tier 2 - Generic	**Preferred Retail Pharmacy (up to a 30-day supply)** $0.00 **Standard Retail Pharmacy (up to a 30-day supply)** $14.00	**Preferred Retail Pharmacy (up to a 90-day supply)** $0.00 **Standard Retail Pharmacy (up to a 90-day supply)** $42.00	**Mail-Order Pharmacy (up to a 90-day supply)** $17.50
Tier 3 - Preferred Brand (Preferred Brand and Generic)	**Preferred Retail Pharmacy (up to a 30-day supply)** $40.00 **Standard Retail Pharmacy (up to a 30-day supply)** $47.00	**Preferred Retail Pharmacy (up to a 90-day supply)** $120.00 **Standard Retail Pharmacy (up to a 90-day supply)** $141.00	**Mail-Order Pharmacy (up to a 90-day supply)** $100.00

Capital Health Plan Giveback Advantage (cont.)

Tier 4 - Non-Preferred Brand (Non-Preferred Brand and Generic)	**Preferred Retail Pharmacy (up to a 30-day supply)** $93.00 **Standard Retail Pharmacy (up to a 30-day supply** $100.00	**Preferred Retail Pharmacy (up to a 90-day supply)** $279.00 **Standard Retail Pharmacy (up to a 90-day supply)** $300.00	**Mail-Order Pharmacy (up to a 90-day supply)** $232.50
Tier 5 - Specialty (Brand and Generic)	30%	N/A	N/A
Tier 6- Select Care (Generic) Mail order- 100-day supply	$0.00	$0.00	$0.00

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
acetaminophen w/ codeine soln 120-12 mg/5ml‡	3	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg‡	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg‡	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg‡	3	QL (180 tablets/30 days)
bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#‡	3	QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#‡	3	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#‡	3	QL (180 capsules/30 days)
celecoxib cap 50 mg‡	2	QL (60 capsules/30 days)
celecoxib cap 100 mg‡	2	QL (60 capsules/30 days)
celecoxib cap 200 mg‡	2	QL (60 capsules/30 days)
celecoxib cap 400 mg‡	3	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg‡	3	QL (120 tablets/30 days)
diclofenac sodium soln 1.5%‡	3	PA
diclofenac sodium tab delayed release 25 mg‡	3	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)
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg‡	3	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 5-325 mg‡	3	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg‡	3	QL (240 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 10-325 mg‡	3	QL (180 tablets/30 days)
etodolac cap 200 mg‡	3	QL (150 capsules/30 days)
etodolac cap 300 mg‡	3	QL (90 capsules/30 days)
etodolac tab er 24hr 400 mg‡	4	QL (60 tablets/30 days)
etodolac tab er 24hr 500 mg‡	4	QL (60 tablets/30 days)
etodolac tab er 24hr 600 mg‡	4	QL (30 tablets/30 days)
etodolac tab 400 mg‡	3	QL (60 tablets/30 days)
etodolac tab 500 mg‡	3	QL (60 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr‡	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr‡	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 37.5 mcg/hr‡	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 50 mcg/hr‡	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 62.5 mcg/hr‡	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 75 mcg/hr‡	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 87.5 mcg/hr‡	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 100 mcg/hr‡	4	PA, QL (15 patches/30 days)
flurbiprofen tab 100 mg‡	2	QL (90 tablets/30 days)

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
hydrocodone-acetaminophen soln 7.5-325 mg/15ml‡	4	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg‡	3	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg‡	3	QL (240 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg‡	3	QL (180 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‡	3	QL (180 tablets/30 days)
hydromorphone hcl tab 4 mg‡	3	QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg‡	3	QL (180 tablets/30 days)
ibu - ibuprofen tab 400 mg‡	1	QL (240 tablets/30 days)
ibu - ibuprofen tab 600 mg‡	1	QL (150 tablets/30 days)
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)
JOURNAVX - suzetrigine tab 50 mg‡	3	QL (29 tablets/90 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 tab er 15 mg‡	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 30 mg‡	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 60 mg‡	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg‡	4	PA, QL (90 tablets/30 days)
morphine sulfate tab er 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‡	2	QL (120 tablets/30 days)
naproxen tab ec 500 mg‡	2	QL (90 tablets/30 days)
naproxen tab 250 mg‡	1	QL (180 tablets/30 days)
naproxen tab 375 mg‡	1	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
naproxen tab 500 mg‡	1	QL (90 tablets/30 days)
oxycodone hcl tab 5 mg‡	3	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg‡	3	QL (180 tablets/30 days)
oxycodone hcl tab 15 mg‡	3	QL (180 tablets/30 days)
oxycodone hcl tab 20 mg‡	3	QL (180 tablets/30 days)
oxycodone hcl tab 30 mg‡	3	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg‡	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg‡	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg‡	3	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg‡	3	QL (180 tablets/30 days)
piroxicam cap 10 mg‡	3	QL (60 capsules/30 days)
piroxicam cap 20 mg‡	3	QL (30 capsules/30 days)
sulindac tab 150 mg‡	2	QL (60 tablets/30 days)
sulindac tab 200 mg‡	2	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg‡	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg‡	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 300 mg‡	3	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg‡	2	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg‡	3	QL (240 tablets/30 days)
Anesthetics		
lidocaine hcl viscous soln 2%‡	2	
lidocaine patch 5%‡	4	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%‡	4	PA, QL (60 grams/30 days)
lidocan - 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)‡	3	QL (480 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)‡	3	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‡	3	
disulfiram tab 250 mg‡	3	
disulfiram tab 500 mg‡	4	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml‡	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
naloxone hcl inj 0.4 mg/ml‡	2	
naloxone hcl inj 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‡	3	
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 11 x 0.5 mg & 42 x 1 mg start pack‡	4	
varenicline tartrate tab 0.5 mg (base equiv)‡	4	
varenicline tartrate tab 1 mg (base equiv)‡	4	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)‡	4	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)‡	4	
amoxicillin (trihydrate) cap 250 mg‡	2	
amoxicillin (trihydrate) cap 500 mg‡	2	
amoxicillin (trihydrate) chew tab 125 mg‡	2	
amoxicillin (trihydrate) chew tab 250 mg‡	2	
amoxicillin (trihydrate) for susp 125 mg/5ml‡	2	
amoxicillin (trihydrate) for susp 200 mg/5ml‡	2	
amoxicillin (trihydrate) for susp 250 mg/5ml‡	2	
amoxicillin (trihydrate) for susp 400 mg/5ml‡	2	
amoxicillin (trihydrate) tab 500 mg‡	2	
amoxicillin (trihydrate) tab 875 mg‡	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml‡	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml‡	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml‡	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml‡	3	
amoxicillin & k clavulanate tab 250-125 mg‡	2	
amoxicillin & k clavulanate tab 500-125 mg‡	2	
amoxicillin & k clavulanate tab 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	
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	

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
azithromycin for susp 100 mg/5ml‡	3	
azithromycin for susp 200 mg/5ml‡	3	
azithromycin iv for soln 500 mg‡	4	
azithromycin tab 250 mg‡	2	
azithromycin tab 500 mg‡	2	
azithromycin tab 600 mg‡	2	
aztreonam for inj 1 gm‡	4	
aztreonam for inj 2 gm‡	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml‡	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 2400000 unit/4ml‡	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 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‡	2	
cefadroxil for susp 500 mg/5ml‡	2	
cefazolin sodium for inj 500 mg‡	4	
cefazolin sodium for inj 1 gm‡	4	
cefazolin sodium for iv soln 1 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‡	3	
cefdinir for susp 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	
cefepime hcl iv soln 2 gm/100ml‡	4	
cefixime cap 400 mg‡	4	
cefoxitin sodium for iv soln 1 gm‡	4	
cefoxitin sodium for iv soln 2 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	

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
cefpodoxime proxetil for susp 50 mg/5ml‡	4	
cefpodoxime proxetil tab 100 mg‡	4	
cefpodoxime proxetil tab 200 mg‡	4	
cefprozil tab 250 mg‡	3	
cefprozil tab 500 mg‡	3	
ceftaroline fosamil for iv soln 400 mg	5	
ceftaroline fosamil for iv soln 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‡	4	
ceftriaxone sodium for inj 500 mg‡	4	
ceftriaxone sodium for inj 1 gm‡	4	
ceftriaxone sodium for inj 2 gm‡	4	
ceftriaxone sodium for inj 10 gm‡	4	
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml‡	4	
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml‡	4	
ceftriaxone sodium for iv soln 1 gm‡	4	
ceftriaxone sodium for iv soln 2 gm‡	4	
ceftriaxone sodium in dextrose inj 20 mg/ml‡	4	
ceftriaxone sodium in dextrose inj 40 mg/ml‡	4	
cefuroxime axetil tab 250 mg‡	3	
cefuroxime axetil tab 500 mg‡	3	
cefuroxime sodium for inj 750 mg‡	4	
cefuroxime sodium for iv soln 1.5 gm‡	4	
cephalexin cap 250 mg‡	2	
cephalexin cap 500 mg‡	2	
cephalexin for susp 125 mg/5ml‡	2	
cephalexin for susp 250 mg/5ml‡	2	
ciprofloxacin hcl tab 250 mg (base equiv)‡	2	
ciprofloxacin hcl tab 500 mg (base equiv)‡	2	
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‡	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml‡	4	
clarithromycin tab 250 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
clarithromycin tab 500 mg‡	3	
clindamycin hcl cap 75 mg‡	2	
clindamycin hcl cap 150 mg‡	2	
clindamycin hcl cap 300 mg‡	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)‡	4	
clindamycin phosphate gel 1% (once-daily)‡	3	
clindamycin phosphate gel 1% (twice-daily)‡	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml‡	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml‡	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml‡	4	
clindamycin phosphate 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‡	4	
clindamycin phosphate inj 600 mg/4ml‡	4	
clindamycin phosphate inj 900 mg/6ml‡	4	
clindamycin phosphate soln 1%‡	3	
clindamycin phosphate vaginal cream 2%‡	3	
colistimethate sod for inj 150 mg (colistin base activity)‡	4	
daptomycin for iv soln 500 mg‡	4	
dicloxacillin sodium cap 250 mg‡	2	
dicloxacillin sodium cap 500 mg‡	3	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
doxycycline hyclate cap 50 mg‡	3	
doxycycline hyclate cap 100 mg‡	3	
doxycycline hyclate for inj 100 mg‡	4	
doxycycline hyclate tab 20 mg‡	2	
doxycycline hyclate tab 100 mg‡	3	
doxycycline monohydrate cap 50 mg‡	2	
doxycycline monohydrate cap 100 mg‡	2	
doxycycline monohydrate tab 50 mg‡	3	
doxycycline monohydrate tab 75 mg‡	3	
doxycycline monohydrate tab 100 mg‡	3	
doxy 100 - doxycycline hyclate for inj 100 mg‡	4	
ertapenem sodium for inj 1 gm (base equivalent)‡	4	
erythrocin lactobionate - erythromycin lactobionate for inj 500 mg‡	4	
erythromycin soln 2%‡	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
erythromycin tab delayed release 250 mg‡	4	
erythromycin tab delayed release 333 mg‡	4	
erythromycin tab delayed release 500 mg‡	4	
erythromycin tab 250 mg‡	4	
erythromycin tab 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)‡	3	
gentamicin sulfate inj 40 mg/ml‡	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
imipenem-cilastatin intravenous for soln 500 mg‡	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg‡	3	
IMPAVIDO - miltefosine cap 50 mg	5	
levofloxacin in d5w iv soln 250 mg/50ml‡	4	
levofloxacin in d5w iv soln 500 mg/100ml‡	4	
levofloxacin in d5w iv soln 750 mg/150ml‡	4	
levofloxacin oral soln 25 mg/ml‡	4	
levofloxacin tab 250 mg‡	2	
levofloxacin tab 500 mg‡	2	
levofloxacin tab 750 mg‡	2	
linezolid for susp 100 mg/5ml	5	PA
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	PA
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 iv soln 500 mg/100ml‡	4	
metronidazole tab 250 mg‡	2	
metronidazole tab 500 mg‡	2	
metronidazole vaginal gel 0.75%‡	3	
minocycline hcl cap 50 mg‡	2	
minocycline hcl cap 75 mg‡	2	
minocycline hcl cap 100 mg‡	2	
minocycline hcl tab 50 mg‡	4	
minocycline hcl tab 75 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
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‡	4	
nafcillin sodium for inj 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#‡	3	
nitrofurantoin macrocrystalline cap 100 mg#‡	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#‡	3	
penicillin g potassium for inj 5000000 unit‡	4	
penicillin g potassium for inj 20000000 unit‡	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose‡	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose‡	4	
penicillin v potassium for soln 125 mg/5ml‡	2	
penicillin v potassium for soln 250 mg/5ml‡	2	
penicillin v potassium tab 250 mg‡	2	
penicillin v potassium tab 500 mg‡	2	
pfizerpen - penicillin g potassium for inj 5000000 unit‡	4	
pfizerpen - penicillin g potassium for inj 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	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)‡	4	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL - piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml‡	4	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL - piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml‡	4	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL - 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‡	4	
sulfamethoxazole-trimethoprim tab 400-80 mg‡	2	
sulfamethoxazole-trimethoprim tab 800-160 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
tazicef - ceftazidime for inj 1 gm‡	4	
tazicef - ceftazidime for iv soln 1 gm‡	4	
tazicef - ceftazidime for iv soln 6 gm‡	4	
tazicef - ceftazidime for iv soln 2 gm‡	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
tetracycline hcl cap 250 mg‡	4	
tetracycline hcl cap 500 mg‡	4	
tigecycline for iv soln 50 mg‡	4	
tinidazole tab 250 mg‡	3	
tinidazole tab 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)‡	4	
tobramycin sulfate inj 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 100 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 1 gm (base equivalent)‡	4	
vancomycin hcl for iv soln 5 gm (base equivalent)‡	4	
vancomycin hcl for iv soln 10 gm (base equivalent)‡	4	
Anticonvulsants		
brivaracetam oral soln 10 mg/ml‡	4	QL (2 bottles/30 days)
brivaracetam tab 10 mg‡	4	QL (60 tablets/30 days)
brivaracetam tab 25 mg‡	4	QL (60 tablets/30 days)
brivaracetam tab 50 mg‡	4	QL (60 tablets/30 days)
brivaracetam tab 75 mg‡	4	QL (60 tablets/30 days)
brivaracetam tab 100 mg‡	4	QL (60 tablets/30 days)
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	QL (2 bottles/30 days)
BRIVIACT - brivaracetam tab 10 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 25 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 50 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 75 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 100 mg	5	QL (60 tablets/30 days)
carbamazepine cap er 12hr 100 mg‡	4	

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Drug Name	Drug Tier	Requirements/Limits
carbamazepine cap er 12hr 200 mg‡	4	
carbamazepine cap er 12hr 300 mg‡	4	
carbamazepine chew tab 100 mg‡	3	
carbamazepine susp 100 mg/5ml‡	4	
carbamazepine tab er 12hr 100 mg‡	4	
carbamazepine tab er 12hr 200 mg‡	4	
carbamazepine tab er 12hr 400 mg‡	4	
carbamazepine tab 200 mg‡	3	
clobazam suspension 2.5 mg/ml‡	4	PA (>=65 yr), QL (480 mls/30 days)
clobazam tab 10 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
clobazam tab 20 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	
DIACOMIT - stiripentol cap 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg*	5	
DIACOMIT - stiripentol packet 500 mg*	5	
diazepam rectal gel delivery system 2.5 mg‡	4	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 10 mg‡	4	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 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‡	2	
divalproex sodium tab delayed release 250 mg‡	2	
divalproex sodium tab delayed release 500 mg‡	2	
divalproex sodium tab er 24 hr 250 mg‡	3	
divalproex sodium tab er 24 hr 500 mg‡	3	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
eslicarbazepine acetate tab 200 mg	5	QL (30 tablets/30 days)
eslicarbazepine acetate tab 400 mg	5	QL (30 tablets/30 days)
eslicarbazepine acetate tab 600 mg	5	QL (60 tablets/30 days)
eslicarbazepine acetate tab 800 mg	5	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‡	4	
felbamate tab 600 mg‡	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 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
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	
lacosamide tab 50 mg‡	4	
lacosamide tab 100 mg‡	4	
lacosamide tab 150 mg‡	4	
lacosamide tab 200 mg‡	4	
lamotrigine tab chewable dispersible 5 mg‡	3	
lamotrigine tab chewable dispersible 25 mg‡	3	
lamotrigine tab 25 mg‡	2	
lamotrigine tab 100 mg‡	2	
lamotrigine tab 150 mg‡	2	
lamotrigine tab 200 mg‡	2	
levetiracetam oral soln 100 mg/ml‡	3	
levetiracetam tab er 24hr 500 mg‡	3	
levetiracetam tab er 24hr 750 mg‡	3	
levetiracetam tab 250 mg‡	2	
levetiracetam tab 500 mg‡	2	
levetiracetam tab 750 mg‡	2	
levetiracetam tab 1000 mg‡	2	
methsuximide cap 300 mg‡	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml‡	4	QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)‡	4	
oxcarbazepine tab 150 mg‡	3	
oxcarbazepine tab 300 mg‡	3	
oxcarbazepine tab 600 mg‡	3	
perampanel susp 0.5 mg/ml‡	4	QL (2 bottles/28 days)
perampanel tab 2 mg‡	4	QL (30 tablets/30 days)
perampanel tab 4 mg	5	QL (30 tablets/30 days)
perampanel tab 6 mg	5	QL (30 tablets/30 days)
perampanel tab 8 mg	5	QL (30 tablets/30 days)
perampanel tab 10 mg	5	QL (30 tablets/30 days)
perampanel tab 12 mg	5	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml#‡	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
phenobarbital tab 15 mg#‡	3	
phenobarbital tab 16.2 mg#‡	3	
phenobarbital tab 30 mg#‡	3	
phenobarbital tab 32.4 mg#‡	3	
phenobarbital tab 60 mg#‡	3	
phenobarbital tab 64.8 mg#‡	3	
phenobarbital tab 97.2 mg#‡	3	
phenobarbital tab 100 mg#‡	3	
phenytek - phenytoin sodium extended cap 200 mg‡	3	
phenytek - phenytoin sodium extended cap 300 mg‡	3	
phenytoin chew tab 50 mg‡	3	
phenytoin infatabs - phenytoin chew tab 50 mg‡	3	
phenytoin sodium extended cap 100 mg‡	2	
phenytoin sodium extended cap 200 mg‡	3	
phenytoin sodium extended cap 300 mg‡	3	
phenytoin susp 125 mg/5ml‡	3	
pregabalin cap 25 mg‡	3	QL (90 capsules/30 days)
pregabalin cap 50 mg‡	3	QL (90 capsules/30 days)
pregabalin cap 75 mg‡	3	QL (90 capsules/30 days)
pregabalin cap 100 mg‡	3	QL (90 capsules/30 days)
pregabalin cap 150 mg‡	3	QL (90 capsules/30 days)
pregabalin cap 200 mg‡	3	QL (90 capsules/30 days)
pregabalin cap 225 mg‡	3	QL (60 capsules/30 days)
pregabalin cap 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‡	2	
primidone tab 250 mg‡	2	
roweepra - levetiracetam tab 500 mg‡	2	
rufinamide susp 40 mg/ml‡	4	
rufinamide tab 200 mg‡	4	
rufinamide tab 400 mg	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg‡	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg‡	4	
SUBVENITE - lamotrigine oral susp 10 mg/ml	5	
subvenite - lamotrigine tab 25 mg‡	2	
subvenite - lamotrigine tab 100 mg‡	2	
subvenite - lamotrigine tab 150 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
subvenite - lamotrigine tab 200 mg‡	2	
SYMPAZAN - clobazam oral film 5 mg‡	4	PA (>=65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA (>=65 yr), QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA (>=65 yr), QL (60 films/30 days)
tiagabine hcl tab 2 mg‡	4	
tiagabine hcl tab 4 mg‡	4	
tiagabine hcl tab 12 mg‡	4	
tiagabine hcl tab 16 mg‡	4	
topiramate oral soln 25 mg/ml‡	4	
topiramate sprinkle cap 15 mg‡	3	
topiramate sprinkle cap 25 mg‡	3	
topiramate tab 25 mg‡	2	
topiramate tab 50 mg‡	2	
topiramate tab 100 mg‡	2	
topiramate tab 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	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	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml‡	4	QL (5 twin pack(s)/30 days)
*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)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg‡	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI - cenobamate tab 50 mg	5	
XCOPRI - cenobamate tab 100 mg	5	
XCOPRI - cenobamate tab 150 mg	5	
XCOPRI - cenobamate tab 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)‡	4	
zonisamide cap 25 mg‡	2	
zonisamide cap 50 mg‡	2	
zonisamide cap 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‡	2	
donepezil hydrochloride orally disintegrating tab 10 mg‡	2	
donepezil hydrochloride tab 5 mg‡	1	
donepezil hydrochloride tab 10 mg‡	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml‡	4	
galantamine hydrobromide cap er 24hr 8 mg‡	4	
galantamine hydrobromide cap er 24hr 16 mg‡	4	
galantamine hydrobromide cap er 24hr 24 mg‡	4	
galantamine hydrobromide tab 4 mg‡	4	
galantamine hydrobromide tab 8 mg‡	4	
galantamine hydrobromide tab 12 mg‡	4	
memantine hcl oral solution 2 mg/ml‡	4	PA (<=29 yr)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack‡	4	PA (<=29 yr)
memantine hcl tab 5 mg‡	2	PA (<=29 yr)
memantine hcl tab 10 mg‡	2	PA (<=29 yr)
rivastigmine tartrate cap 1.5 mg (base equivalent)‡	4	
rivastigmine tartrate cap 3 mg (base equivalent)‡	4	
rivastigmine tartrate cap 4.5 mg (base equivalent)‡	4	
rivastigmine tartrate cap 6 mg (base equivalent)‡	4	
rivastigmine td patch 24hr 4.6 mg/24hr‡	4	
rivastigmine td patch 24hr 9.5 mg/24hr‡	4	
rivastigmine td patch 24hr 13.3 mg/24hr‡	4	
Antidepressants		
amitriptyline hcl tab 10 mg#‡	2	
amitriptyline hcl tab 25 mg#‡	2	
amitriptyline hcl tab 50 mg#‡	2	
amitriptyline hcl tab 75 mg#‡	2	
amitriptyline hcl tab 100 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
amitriptyline hcl tab 150 mg#‡	2	
amoxapine tab 25 mg#‡	4	
amoxapine tab 50 mg#‡	4	
amoxapine tab 100 mg#‡	4	
amoxapine tab 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‡	2	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 200 mg‡	2	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg‡	3	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg‡	3	QL (30 tablets/30 days)
bupropion hcl tab 75 mg‡	3	QL (60 tablets/30 days)
bupropion hcl tab 100 mg‡	3	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)‡	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 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#‡	4	
clomipramine hcl cap 50 mg#‡	4	
clomipramine hcl cap 75 mg#‡	4	
desipramine hcl tab 10 mg#‡	4	
desipramine hcl tab 25 mg#‡	4	
desipramine hcl tab 50 mg#‡	4	
desipramine hcl tab 75 mg#‡	4	
desipramine hcl tab 100 mg#‡	4	
desipramine hcl tab 150 mg#‡	4	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)‡	4	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)‡	4	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)‡	4	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#‡	4	
doxepin hcl cap 25 mg#‡	4	
doxepin hcl cap 50 mg#‡	4	
doxepin hcl cap 75 mg#‡	4	
doxepin hcl cap 100 mg#‡	4	
doxepin hcl cap 150 mg#‡	4	
doxepin hcl conc 10 mg/ml#‡	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
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 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)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg (base eq)‡	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg (base eq)‡	4	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 20 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)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)‡	2	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 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)
escitalopram oxalate tab 5 mg (base equiv)‡	1	QL (45 tablets/30 days)
escitalopram oxalate tab 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	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 36.3 mg	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 54.5 mg	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 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)‡	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)‡	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)‡	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 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 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‡	3	QL (30 tablets/30 days)
fluvoxamine maleate tab 50 mg‡	3	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg‡	3	QL (90 tablets/30 days)
imipramine hcl tab 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
imipramine hcl tab 25 mg#‡	4	
imipramine hcl tab 50 mg#‡	4	
MARPLAN - isocarboxazid tab 10 mg‡	4	
mirtazapine orally disintegrating tab 15 mg‡	4	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg‡	4	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 45 mg‡	4	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg‡	2	QL (30 tablets/30 days)
mirtazapine tab 15 mg‡	2	QL (45 tablets/30 days)
mirtazapine tab 30 mg‡	2	QL (30 tablets/30 days)
mirtazapine tab 45 mg‡	2	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg‡	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg‡	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg‡	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg‡	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg‡	4	
nortriptyline hcl cap 10 mg#‡	2	
nortriptyline hcl cap 25 mg#‡	2	
nortriptyline hcl cap 50 mg#‡	2	
nortriptyline hcl cap 75 mg#‡	2	
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 10 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)
paroxetine hcl tab 40 mg#‡	2	QL (45 tablets/30 days)
phenelzine sulfate tab 15 mg‡	3	
protriptyline hcl tab 5 mg#‡	4	
protriptyline hcl tab 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‡	1	QL (45 tablets/30 days)
sertraline hcl tab 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‡	1	
trazodone hcl tab 100 mg‡	1	
trazodone hcl tab 150 mg‡	1	
trazodone hcl tab 300 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
trimipramine maleate cap 25 mg#‡	4	
trimipramine maleate cap 50 mg#‡	4	
trimipramine maleate cap 100 mg#‡	4	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)‡	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)‡	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)‡	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg‡	4	QL (60 tablets/30 days)
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)‡	2	QL (90 tablets/30 days)
venlafaxine hcl tab 37.5 mg (base equivalent)‡	2	QL (90 tablets/30 days)
venlafaxine hcl tab 50 mg (base equivalent)‡	2	QL (90 tablets/30 days)
venlafaxine hcl tab 75 mg (base equivalent)‡	2	QL (90 tablets/30 days)
venlafaxine hcl tab 100 mg (base equivalent)‡	2	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg‡	4	QL (30 tablets/30 days)
vilazodone hcl tab 20 mg‡	4	QL (30 tablets/30 days)
vilazodone hcl tab 40 mg‡	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 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‡	4	BD
aprepitant capsule 80 mg‡	4	BD
aprepitant capsule 125 mg‡	4	BD
chlorpromazine hcl conc 30 mg/ml‡	4	PA (>=65 yr)
chlorpromazine hcl conc 100 mg/ml‡	4	PA (>=65 yr)
chlorpromazine hcl tab 10 mg‡	4	PA (>=65 yr)
chlorpromazine hcl tab 25 mg‡	4	PA (>=65 yr)
chlorpromazine hcl tab 50 mg‡	4	PA (>=65 yr)
chlorpromazine hcl tab 100 mg‡	4	PA (>=65 yr)
chlorpromazine hcl tab 200 mg‡	4	PA (>=65 yr)
compro - prochlorperazine suppos 25 mg‡	4	
dronabinol cap 2.5 mg‡	4	BD
dronabinol cap 5 mg‡	4	BD
dronabinol cap 10 mg‡	4	BD
meclizine hcl tab 12.5 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
meclizine hcl tab 25 mg#‡	2	
ondansetron hcl tab 4 mg‡	2	
ondansetron hcl tab 8 mg‡	2	
ondansetron orally disintegrating tab 4 mg‡	3	
ondansetron orally disintegrating tab 8 mg‡	3	
perphenazine tab 2 mg‡	4	PA (>=65 yr)
perphenazine tab 4 mg‡	4	PA (>=65 yr)
perphenazine tab 8 mg‡	4	PA (>=65 yr)
perphenazine tab 16 mg‡	4	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent)‡	2	
prochlorperazine maleate tab 10 mg (base equivalent)‡	2	
prochlorperazine suppos 25 mg‡	4	
promethazine hcl tab 12.5 mg#‡	3	
promethazine hcl tab 25 mg#‡	3	
promethazine hcl tab 50 mg#‡	3	
scopolamine td patch 72hr 1 mg/3days#‡	4	PA (>=65 yr)
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	
ciclodan - ciclopirox solution 8%‡	2	QL (6.6 mls/30 days)
ciclopirox gel 0.77%‡	3	
ciclopirox olamine cream 0.77% (base equiv)‡	3	
ciclopirox olamine susp 0.77% (base equiv)‡	3	
ciclopirox solution 8%‡	2	QL (6.6 mls/30 days)
clotrimazole cream 1%‡	3	
clotrimazole troche 10 mg‡	3	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	PA
econazole nitrate cream 1%‡	4	
fluconazole for susp 10 mg/ml‡	3	
fluconazole for susp 40 mg/ml‡	3	
fluconazole in nacl 0.9% inj 200 mg/100ml‡	4	
fluconazole in nacl 0.9% inj 400 mg/200ml‡	4	
fluconazole tab 50 mg‡	2	
fluconazole tab 100 mg‡	2	
fluconazole tab 150 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
fluconazole tab 200 mg‡	2	
flucytosine cap 250 mg	5	PA
flucytosine cap 500 mg‡	4	PA
griseofulvin microsize susp 125 mg/5ml‡	4	
griseofulvin microsize tab 500 mg‡	4	
griseofulvin ultramicrosize tab 125 mg‡	4	
griseofulvin ultramicrosize tab 250 mg‡	4	
itraconazole cap 100 mg‡	4	QL (120 capsules/30 days)
ketoconazole cream 2%‡	2	
ketoconazole shampoo 2%‡	2	
ketoconazole tab 200 mg‡	2	
klayesta - nystatin topical powder 100000 unit/gm‡	4	
micafungin sodium for iv soln 50 mg‡	4	
micafungin sodium for iv soln 100 mg‡	4	
nyamyc - nystatin topical powder 100000 unit/gm‡	4	
nystatin cream 100000 unit/gm‡	2	
nystatin oint 100000 unit/gm‡	2	
nystatin susp 100000 unit/ml‡	2	
nystatin tab 500000 unit‡	3	
nystatin topical powder 100000 unit/gm‡	4	
nystop - nystatin topical powder 100000 unit/gm‡	4	
posaconazole iv soln 300 mg/16.7ml (18 mg/ml)‡	4	PA
posaconazole susp 40 mg/ml	5	PA
posaconazole tab delayed release 100 mg	5	PA
terbinafine hcl tab 250 mg‡	2	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%‡	3	
terconazole vaginal cream 0.8%‡	3	
terconazole vaginal suppos 80 mg‡	3	
voriconazole for inj 200 mg‡	4	PA
voriconazole for susp 40 mg/ml‡	4	PA
voriconazole tab 50 mg‡	4	PA
voriconazole tab 200 mg‡	4	PA
Antigout Agents		
allopurinol tab 100 mg‡	1	
allopurinol tab 300 mg‡	1	
colchicine tab 0.6 mg‡	3	
colchicine w/ probenecid tab 0.5-500 mg‡	3	
probenecid tab 500 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
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	5	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‡	3	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)‡	3	QL (18 tablets/30 days)
naratriptan hcl tab 2.5 mg (base equiv)‡	3	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg‡	3	PA, QL (16 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)‡	4	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)‡	4	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)‡	3	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent)‡	3	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act‡	4	QL (12 units (2 packages)/30 days)
sumatriptan nasal spray 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 solution cartridge 4 mg/0.5ml‡	4	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml‡	4	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg‡	2	QL (18 tablets/30 days)
sumatriptan succinate tab 50 mg‡	2	QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg‡	2	QL (18 tablets/30 days)
Antimyasthenic Agents		
pyridostigmine bromide tab 60 mg‡	3	
Antimycobacterials		
dapsone tab 25 mg‡	3	
dapsone tab 100 mg‡	3	
ethambutol hcl tab 100 mg‡	3	
ethambutol hcl tab 400 mg‡	3	
isoniazid syrup 50 mg/5ml‡	4	
isoniazid tab 100 mg‡	1	
isoniazid tab 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
PRETOMANID - pretomanid tab 200 mg‡	4	
PRIFTIN - rifapentine tab 150 mg‡	4	
pyrazinamide tab 500 mg‡	4	
rifabutin cap 150 mg‡	4	
rifampin cap 150 mg‡	3	
rifampin cap 300 mg‡	3	
rifampin for inj 600 mg‡	4	
rifapentine tab 150 mg‡	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)*	5	
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)*	5	
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†	5	PA, QL (60 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 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*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 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†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg†	5	PA, QL (30 tablets/30 days)
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)
BEQALZI - sonrotoclax tab 1 mg	5	PA, QL (11 tablets/28 days)
BEQALZI - sonrotoclax tab 5 mg	5	PA, QL (11 tablets/28 days)
BEQALZI - sonrotoclax tab 20 mg	5	PA, QL (14 tablets/28 days)
BEQALZI - sonrotoclax tab 80 mg	5	PA, QL (120 tablets/30 days)
BEQALZI STARTER PACK - sonrotoclax tab therapy starter pack 1 & 5 & 20 & 80 mg	5	PA, 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
bexarotene cap 75 mg†	5	PA
bexarotene gel 1%	5	PA
bicalutamide tab 50 mg‡	3	
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg†	5	PA, QL (30 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†	5	PA, QL (30 tablets/30 days)
bosutinib tab 500 mg†	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
BRUKINSA - zanubrutinib tab 160 mg	5	PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
CAVHANZA - nilotinib tab disint 60 mg	5	PA, QL (112 tablets/28 days)
CAVHANZA - nilotinib tab disint 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*	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 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‡	3	BD
cyclophosphamide cap 25 mg‡	4	BD
cyclophosphamide cap 50 mg‡	4	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent)†	5	PA, QL (112 tablets/28 days)
DANZITEN - nilotinib tartrate tab 95 mg (base equivalent)†	5	PA, QL (112 tablets/28 days)
dasatinib tab 20 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
dasatinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
dasatinib tab 70 mg†	5	PA, QL (30 tablets/30 days)
dasatinib tab 80 mg†	5	PA, QL (30 tablets/30 days)
dasatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
dasatinib tab 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)	5	PA, QL (60 capsules/30 days)
ENSACOVE - ensartinib hcl cap 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)†	5	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
erlotinib hcl tab 150 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
ETCAMAH - camizestrant tab 75 mg	5	PA, QL (28 tablets/28 days)
EULEXIN - flutamide cap 125 mg	5	
everolimus tab for oral susp 2 mg	5	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
everolimus tab for oral susp 5 mg	5	PA, QL (60 tablets/30 days)
everolimus tab 2.5 mg†	5	PA, QL (30 tablets/30 days)
everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
everolimus tab 7.5 mg†	5	PA, QL (30 tablets/30 days)
everolimus tab 10 mg†	5	PA, QL (30 tablets/30 days)
exemestane tab 25 mg‡	4	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FOTIVDA - tivozanib hcl cap 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)*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GOMEKLI - mirdametinib cap 1 mg	5	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	5	PA, QL (84 capsules/28 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	5	PA, QL (168 tablets/28 days)
HERNEXEOS - zongertinib tab 60 mg	5	PA, QL (180 tablets/60 days)

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
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*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 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)*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 30 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 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)†	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 140 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 280 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	5	PA, QL (2 bottles/28 days)
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)*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 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)
JIDEYTRO - zidesamtinib tab 25 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
JIDEYTRO - zidesamtinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KOMZIFTI - ziftomenib cap 200 mg†	5	PA, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	5	PA, QL (600 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	5	PA, QL (360 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
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‡	3	
lenalidomide caps 2.5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 10 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg	5	PA, QL (21 capsules/28 days)
lenalidomide cap 20 mg	5	PA, QL (21 capsules/28 days)
lenalidomide cap 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‡	3	
leucovorin calcium tab 10 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
leucovorin calcium tab 15 mg‡	4	
leucovorin calcium tab 25 mg‡	4	
LEUKERAN - chlorambucil tab 2 mg	5	
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)
lomustine cap 10 mg‡	4	
lomustine cap 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)
LYNPARZA - olaparib tab 100 mg*†	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 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	5	
MIMRYLO - rusfertide acetate for subcutaneous soln 9.5 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 19 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 28 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 41 mg	5	PA, QL (8 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 54 mg	5	PA, QL (8 vials/28 days)
MODEYSO - dordaviprone hcl cap 125 mg	5	PA, QL (20 capsules/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
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)	5	PA, QL (120 capsules/30 days)
nilotinib hcl cap 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)	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 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†	5	PA, QL (56 tablets/28 days)
OGSIVEO - nirogacestat hydrobromide tab 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	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 150 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 200 mg	5	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 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
pazopanib hcl tab 200 mg (base equiv)†	5	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)
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	5	PA, QL (21 capsules/28 days)
pomalidomide cap 2 mg	5	PA, QL (21 capsules/28 days)
pomalidomide cap 3 mg	5	PA, QL (21 capsules/28 days)
pomalidomide cap 4 mg	5	PA, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RASONQUE - daraxonrasib tab 100 mg	5	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RASONQUE - daraxonrasib tab 150 mg	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg†	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 120 mg†	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 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	5	PA, QL (8 capsules/28 days)
ROMVIMZA - vimseltinib cap 20 mg	5	PA, QL (8 capsules/28 days)
ROMVIMZA - vimseltinib cap 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)*†	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 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)‡	4	
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)†	5	PA, QL (30 capsules/30 days)
sunitinib malate cap 37.5 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
sunitinib malate cap 50 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (120 tablets/30 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 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)*†	5	PA, QL (30 tablets/30 days)
TAGRISSO - osimertinib mesylate tab 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)†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.35 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.75 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent)‡	2	
tamoxifen citrate tab 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†	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
torpenz - everolimus tab 7.5 mg†	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 10 mg†	5	PA, QL (30 tablets/30 days)
tretinoin cap 10 mg	5	PA
TRUQAP - capivasertib tab therapy pack 160 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab therapy pack 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*	5	PA, QL (60 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 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	5	PA, QL (30 tablets/30 days)
VEPPANU - vepdegestrant tab 200 mg	5	PA, QL (30 tablets/30 days)
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*†	5	PA, QL (180 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 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*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 80 mg (80 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)
yulithira - everolimus tab 2.5 mg‡†	4	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 5 mg‡†	4	PA, QL (60 tablets/30 days)
yulithira - everolimus tab 7.5 mg‡†	4	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 10 mg‡†	4	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 200 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZENBEXUS - iberdomide hydrochloride cap 0.75 mg	5	PA, QL (21 capsules/28 days)
ZENBEXUS - iberdomide hydrochloride cap 1 mg	5	PA, QL (21 capsules/28 days)
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)

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
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‡	4	
atovaquone-proguanil hcl tab 250-100 mg‡	4	
chloroquine phosphate tab 250 mg‡	4	
chloroquine phosphate tab 500 mg‡	4	
COARTEM - artemether-lumefantrine tab 20-120 mg‡	4	
hydroxychloroquine sulfate tab 200 mg‡	3	
ivermectin tab 3 mg‡	3	PA
LAMPIT - nifurtimox tab 30 mg‡	4	
LAMPIT - nifurtimox tab 120 mg‡	4	
mefloquine hcl tab 250 mg‡	3	
nitazoxanide tab 500 mg‡	4	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg‡	4	
pentamidine isethionate for nebulization soln 300 mg‡	4	BD
praziquantel tab 600 mg‡	4	
primaquine phosphate tab 26.3 mg (15 mg base)‡	4	
pyrimethamine tab 25 mg	5	PA
quinine sulfate cap 324 mg‡	4	PA
Antiparkinson Agents		
amantadine hcl cap 100 mg‡	3	
amantadine hcl soln 50 mg/5ml‡	3	
benztropine mesylate tab 0.5 mg#‡	2	
benztropine mesylate tab 1 mg#‡	2	
benztropine mesylate tab 2 mg#‡	2	
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‡	4	
carbidopa & levodopa orally disintegrating tab 25-100 mg‡	4	
carbidopa & levodopa orally disintegrating tab 25-250 mg‡	4	
carbidopa & levodopa tab er 25-100 mg‡	3	
carbidopa & levodopa tab er 50-200 mg‡	3	
carbidopa & levodopa tab 10-100 mg‡	2	
carbidopa & levodopa tab 25-100 mg‡	2	
carbidopa & levodopa tab 25-250 mg‡	2	
entacapone tab 200 mg‡	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
pramipexole dihydrochloride tab 0.125 mg‡	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
pramipexole dihydrochloride tab 0.25 mg‡	2	
pramipexole dihydrochloride tab 0.5 mg‡	2	
pramipexole dihydrochloride tab 0.75 mg‡	2	
pramipexole dihydrochloride tab 1 mg‡	2	
pramipexole dihydrochloride tab 1.5 mg‡	2	
rasagiline mesylate tab 0.5 mg (base equiv)‡	4	
rasagiline mesylate tab 1 mg (base equiv)‡	4	
ropinirole hydrochloride tab 0.25 mg‡	2	
ropinirole hydrochloride tab 0.5 mg‡	2	
ropinirole hydrochloride tab 1 mg‡	2	
ropinirole hydrochloride tab 2 mg‡	2	
ropinirole hydrochloride tab 3 mg‡	2	
ropinirole hydrochloride tab 4 mg‡	2	
ropinirole hydrochloride tab 5 mg‡	2	
selegiline hcl cap 5 mg‡	3	
selegiline hcl tab 5 mg‡	3	
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml	5	QL (1 syringe/56 days)
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	QL (1 vial/28 days)
aripiprazole oral solution 1 mg/ml‡	4	PA (>=65 yr), QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole orally disintegrating tab 15 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole tab 2 mg‡	3	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 5 mg‡	3	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg‡	3	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
aripiprazole tab 15 mg‡	3	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 20 mg‡	3	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 30 mg‡	3	PA (>=65 yr), QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv)‡	4	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 5 mg (base equiv)‡	4	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 10 mg (base equiv)‡	4	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 1 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 2 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 4 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 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	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 21 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 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‡	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 100 mg‡	4	PA (>=65 yr), QL (270 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
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‡	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 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	5	PA, QL (60 capsules/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 100-20 mg	5	PA, QL (60 capsules/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 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	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak‡	4	PA (>=65 yr), QL (7 packs (56 tablets)/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)
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‡	4	PA (>=65 yr)
fluphenazine hcl tab 2.5 mg‡	4	PA (>=65 yr)
fluphenazine hcl tab 5 mg‡	4	PA (>=65 yr)

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Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl tab 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‡	4	PA (>=65 yr)
haloperidol decanoate im soln 100 mg/ml‡	4	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml‡	4	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml‡	3	PA (>=65 yr)
haloperidol tab 0.5 mg‡	2	PA (>=65 yr)
haloperidol tab 1 mg‡	2	PA (>=65 yr)
haloperidol tab 2 mg‡	2	PA (>=65 yr)
haloperidol tab 5 mg‡	2	PA (>=65 yr)
haloperidol tab 10 mg‡	2	PA (>=65 yr)
haloperidol tab 20 mg‡	3	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	5	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml‡	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	5	QL (1 kit/84 days)
loxapine succinate cap 5 mg‡	3	PA (>=65 yr)
loxapine succinate cap 10 mg‡	3	PA (>=65 yr)
loxapine succinate cap 25 mg‡	3	PA (>=65 yr)
loxapine succinate cap 50 mg‡	3	PA (>=65 yr)

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Drug Name	Drug Tier	Requirements/Limits
lurasidone hcl tab 20 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 40 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 60 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
lurasidone hcl tab 120 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg‡	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg‡	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg‡	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (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‡	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 10 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 15 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 20 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 2.5 mg‡	2	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 5 mg‡	2	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 7.5 mg‡	2	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 10 mg‡	2	PA (>=65 yr), QL (45 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
olanzapine tab 15 mg‡	2	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 20 mg‡	2	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	5	PA (>=65 yr), QL (90 films/30 days)
OPIPZA - aripiprazole oral film 10 mg	5	PA (>=65 yr), QL (90 films/30 days)
paliperidone tab er 24hr 1.5 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 3 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)
paliperidone tab er 24hr 9 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	QL (1 syringe/28 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	QL (1 syringe/28 days)
pimozide tab 1 mg‡	4	PA (>=65 yr)
pimozide tab 2 mg‡	4	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg‡	4	PA (>=65 yr), QL (150 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 200 mg‡	4	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 400 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 50 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 100 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab 200 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg‡	2	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 400 mg‡	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
risperidone microspheres for im extended rel susp 12.5 mg‡	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 25 mg‡	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 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‡	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 1 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 2 mg‡	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 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‡	2	QL (60 tablets/30 days)
risperidone tab 0.5 mg‡	2	QL (60 tablets/30 days)
risperidone tab 1 mg‡	2	QL (60 tablets/30 days)
risperidone tab 2 mg‡	2	QL (60 tablets/30 days)
risperidone tab 3 mg‡	2	QL (60 tablets/30 days)
risperidone tab 4 mg‡	2	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
thioridazine hcl tab 10 mg‡	3	PA (>=65 yr)
thioridazine hcl tab 25 mg‡	3	PA (>=65 yr)
thioridazine hcl tab 50 mg‡	3	PA (>=65 yr)
thioridazine hcl tab 100 mg‡	3	PA (>=65 yr)
thiothixene cap 1 mg‡	4	PA (>=65 yr)
thiothixene cap 2 mg‡	4	PA (>=65 yr)
thiothixene cap 5 mg‡	4	PA (>=65 yr)
thiothixene cap 10 mg‡	4	PA (>=65 yr)
trifluoperazine hcl tab 1 mg (base equivalent)‡	3	PA (>=65 yr)
trifluoperazine hcl tab 2 mg (base equivalent)‡	3	PA (>=65 yr)
trifluoperazine hcl tab 5 mg (base equivalent)‡	3	PA (>=65 yr)
trifluoperazine hcl tab 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)‡	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 0.75 mg (base equivalent)‡	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)‡	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)‡	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)‡	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)‡	4	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg‡	4	QL (90 capsules/30 days)
ziprasidone hcl cap 40 mg‡	4	QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg‡	4	QL (60 capsules/30 days)
ziprasidone hcl cap 80 mg‡	4	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 10 mg‡	2	
baclofen tab 20 mg‡	2	
dantrolene sodium cap 25 mg‡	4	
dantrolene sodium cap 50 mg‡	4	
dantrolene sodium cap 100 mg‡	4	
tizanidine hcl tab 2 mg (base equivalent)‡	2	
tizanidine hcl tab 4 mg (base equivalent)‡	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
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‡	2	
acyclovir tab 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)‡	4	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)‡	4	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv)‡	4	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml‡	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	5	QL (30 tablets/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
BIXLENVO - bictegravir sodium-lenacapavir sodium tab 75-50 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	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	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‡	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg‡	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg‡	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml‡	4	QL (850 mls/30 days)
entecavir tab 0.5 mg‡	4	
entecavir tab 1 mg‡	4	
etravirine tab 100 mg	5	QL (60 tablets/30 days)
etravirine tab 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‡	3	
famciclovir tab 250 mg‡	3	
famciclovir tab 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)	5	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)

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Drug Name	Drug Tier	Requirements/Limits
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‡	3	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg‡	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv)‡	3	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv)‡	3	QL (84 capsules/365 days)
oseltamivir phosphate cap 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‡	2	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak‡	2	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak‡	2	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg‡	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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‡	2	
valacyclovir hcl tab 1 gm‡	2	
valganciclovir hcl for soln 50 mg/ml (base equiv)	5	
valganciclovir hcl tab 450 mg (base equivalent)‡	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)‡	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)‡	4	QL (2 tablets/365 days)
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‡	2	QL (120 tablets/30 days)
alprazolam tab 0.5 mg‡	2	QL (120 tablets/30 days)
alprazolam tab 1 mg‡	2	QL (120 tablets/30 days)
alprazolam tab 2 mg‡	2	QL (150 tablets/30 days)
buspirone hcl tab 5 mg‡	2	
buspirone hcl tab 7.5 mg‡	2	
buspirone hcl tab 10 mg‡	2	
buspirone hcl tab 15 mg‡	2	
buspirone hcl tab 30 mg‡	2	
clonazepam orally disintegrating tab 0.125 mg‡	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg‡	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg‡	4	QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
clonazepam orally disintegrating tab 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‡	2	QL (120 tablets/30 days)
clonazepam tab 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 (>=65 yr), QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg‡	4	PA (>=65 yr), QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg‡	4	PA (>=65 yr), QL (180 tablets/30 days)
diazepam conc 5 mg/ml‡	4	PA (>=65 yr), QL (240 mls/30 days)
diazepam intensol - diazepam conc 5 mg/ml‡	4	PA (>=65 yr), QL (240 mls/30 days)
diazepam oral soln 1 mg/ml‡	4	PA (>=65 yr), QL (1200 mls/30 days)
diazepam tab 2 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)
diazepam tab 5 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)
diazepam tab 10 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)
hydroxyzine hcl tab 10 mg#‡	3	PA (>=65 yr)
hydroxyzine hcl tab 25 mg#‡	3	PA (>=65 yr)
hydroxyzine hcl tab 50 mg#‡	3	PA (>=65 yr)
lorazepam conc 2 mg/ml‡	2	PA (>=65 yr), QL (150 mls/30 days)
lorazepam intensol - lorazepam conc 2 mg/ml‡	2	PA (>=65 yr), QL (150 mls/30 days)
lorazepam tab 0.5 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)
lorazepam tab 1 mg‡	2	PA (>=65 yr), QL (120 tablets/30 days)
lorazepam tab 2 mg‡	2	PA (>=65 yr), QL (150 tablets/30 days)
Bipolar Agents		
lithium carbonate cap 600 mg‡	2	
lithium carbonate cap 150 mg‡	2	
lithium carbonate cap 300 mg‡	2	
lithium carbonate tab er 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 tab er 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
dapagliflozin tab 5 mg‡	6	QL (30 tablets/30 days)
dapagliflozin tab 10 mg‡	6	QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 5-500 mg‡	3	QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg‡	3	QL (60 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 10-500 mg‡	3	QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg‡	3	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml‡	4	
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml‡	3	QL (6 vials/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml‡	3	QL (20 pens/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml‡	3	QL (60 mls/30 days)
FIASP PUMPCART - insulin aspart (with niacinamide) soln cartridge 100 unit/ml‡	3	QL (60 mls/30 days)
GAUZE PADS 2" X 2"‡	3	PA
glimepiride tab 1 mg#‡	6	QL (240 tablets/30 days)
glimepiride tab 2 mg#‡	6	QL (120 tablets/30 days)
glimepiride tab 4 mg#‡	6	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg‡	6	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg‡	6	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg‡	6	QL (60 tablets/30 days)
glipizide tab 5 mg‡	6	QL (240 tablets/30 days)
glipizide tab 10 mg‡	6	QL (120 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg‡	6	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg‡	6	QL (120 tablets/30 days)
glipizide-metformin hcl tab 5-500 mg‡	6	QL (120 tablets/30 days)
glyburide tab 1.25 mg#‡	2	QL (480 tablets/30 days)
glyburide tab 2.5 mg#‡	2	QL (240 tablets/30 days)
glyburide tab 5 mg#‡	2	QL (120 tablets/30 days)
glyburide-metformin tab 1.25-250 mg#‡	6	QL (240 tablets/30 days)
glyburide-metformin tab 2.5-500 mg#‡	6	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
glyburide-metformin tab 5-500 mg#‡	6	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg‡	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg‡	4	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml‡	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml‡	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml‡	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml‡	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml‡	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml‡	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml‡	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml‡	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)‡	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)‡	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml‡	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 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 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml‡	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)‡	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)‡	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE‡	3	PA
JARDIANCE - empagliflozin tab 10 mg‡	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg‡	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg‡	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg‡	3	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg‡	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg‡	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg‡	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml‡	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml‡	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml‡	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml‡	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)‡	3	QL (20 pens/30 days)
metformin hcl tab er 24hr 500 mg‡	6	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg‡	6	QL (60 tablets/30 days)
metformin hcl tab 500 mg‡	6	QL (150 tablets/30 days)
metformin hcl tab 850 mg‡	6	QL (90 tablets/30 days)
metformin hcl tab 1000 mg‡	6	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 7.5 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 10 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 12.5 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 15 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
nateglinide tab 60 mg‡	6	QL (180 tablets/30 days)
nateglinide tab 120 mg‡	6	QL (90 tablets/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml‡	3	QL (60 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml‡	3	QL (20 pens/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml‡	3	QL (20 pens/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml‡	3	QL (60 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml‡	3	QL (60 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml‡	3	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml‡	3	QL (20 pens/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml‡	3	QL (60 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)‡	3	QL (60 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)‡	3	QL (20 pens/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)‡	3	QL (20 pens/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)‡	3	QL (60 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml‡	3	QL (6 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml‡	3	QL (20 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml‡	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)‡	3	QL (6 vials/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)‡	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)‡	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)‡	3	QL (6 vials/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml‡	3	QL (20 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml‡	3	QL (6 vials/30 days)
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)‡	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)‡	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)‡	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg‡	3	PA, QL (30 tablets/30 days)
OZEMPIC - semaglutide tab 4 mg‡	3	PA, QL (30 tablets/30 days)
OZEMPIC - semaglutide tab 9 mg‡	3	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv)‡	6	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg (base equiv)‡	6	QL (30 tablets/30 days)
pioglitazone hcl tab 45 mg (base equiv)‡	6	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-2 mg#‡	6	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-4 mg#‡	6	QL (30 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg‡	6	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
pioglitazone hcl-metformin hcl tab 15-850 mg‡	6	QL (90 tablets/30 days)
repaglinide tab 0.5 mg‡	6	QL (960 tablets/30 days)
repaglinide tab 1 mg‡	6	QL (480 tablets/30 days)
repaglinide tab 2 mg‡	6	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg‡	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 7 mg‡	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 14 mg‡	3	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv)‡	3	QL (30 tablets/30 days)
sitagliptin phosphate tab 50 mg (base equiv)‡	3	QL (30 tablets/30 days)
sitagliptin phosphate tab 100 mg (base equiv)‡	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg‡	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg‡	3	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg‡	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg‡	3	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 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‡	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg‡	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg‡	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)‡	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)‡	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg‡	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 1.5 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 3 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 4.5 mg/0.5ml‡	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg‡	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-1000 mg‡	3	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-1000 mg‡	3	QL (30 tablets/30 days)
Blood Products and Modifiers		
anagrelide hcl cap 0.5 mg‡	3	
anagrelide hcl cap 1 mg‡	3	
aspirin-dipyridamole cap er 12hr 25-200 mg‡	4	
cilostazol tab 50 mg‡	2	
cilostazol tab 100 mg‡	2	
clopidogrel bisulfate tab 75 mg (base equiv)‡	1	
dabigatran etexilate mesylate cap 75 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)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)‡	4	QL (60 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg‡	3	QL (74 capsules/30 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)‡	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp pack 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)	5	PA
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	5	PA
eltrombopag olamine tab 12.5 mg (base equiv)	5	PA
eltrombopag olamine tab 25 mg (base equiv)	5	PA
eltrombopag olamine tab 50 mg (base equiv)	5	PA
eltrombopag olamine tab 75 mg (base equiv)	5	PA
enoxaparin sodium inj soln pref syr 30 mg/0.3ml‡	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml‡	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml‡	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml‡	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 100 mg/ml‡	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 120 mg/0.8ml‡	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 150 mg/ml‡	4	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	PA
heparin sodium (porcine) inj 1000 unit/ml‡	3	
heparin sodium (porcine) inj 5000 unit/ml‡	3	
heparin sodium (porcine) inj 10000 unit/ml‡	3	
heparin sodium (porcine) inj 20000 unit/ml‡	3	

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Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) pf inj 5000 unit/ml‡	3	
heparin sodium (porcine) pf inj 1000 unit/ml‡	3	
jantoven - warfarin sodium tab 1 mg‡	1	
jantoven - warfarin sodium tab 2 mg‡	1	
jantoven - warfarin sodium tab 2.5 mg‡	1	
jantoven - warfarin sodium tab 3 mg‡	1	
jantoven - warfarin sodium tab 4 mg‡	1	
jantoven - warfarin sodium tab 5 mg‡	1	
jantoven - warfarin sodium tab 6 mg‡	1	
jantoven - warfarin sodium tab 7.5 mg‡	1	
jantoven - warfarin sodium tab 10 mg‡	1	
prasugrel hcl tab 5 mg (base equiv)‡	3	
prasugrel hcl tab 10 mg (base equiv)‡	3	
PROCRIT - epoetin alfa inj 2000 unit/ml‡	4	PA
PROCRIT - epoetin alfa inj 3000 unit/ml‡	4	PA
PROCRIT - epoetin alfa inj 4000 unit/ml‡	4	PA
PROCRIT - epoetin alfa inj 10000 unit/ml‡	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml‡	4	PA
rivaroxaban for susp 1 mg/ml‡	3	QL (4 bottles/30 days)
rivaroxaban tab 2.5 mg‡	3	QL (60 tablets/30 days)
ticagrelor tab 60 mg‡	4	
ticagrelor tab 90 mg‡	4	
tranexamic acid tab 650 mg‡	3	
warfarin sodium tab 1 mg‡	1	
warfarin sodium tab 2 mg‡	1	
warfarin sodium tab 2.5 mg‡	1	
warfarin sodium tab 3 mg‡	1	
warfarin sodium tab 4 mg‡	1	
warfarin sodium tab 5 mg‡	1	
warfarin sodium tab 6 mg‡	1	
warfarin sodium tab 7.5 mg‡	1	

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Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 10 mg‡	1	
XARELTO - rivaroxaban tab 2.5 mg‡	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg‡	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg‡	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg‡	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg‡	3	QL (51 tablets/30 days)
Cardiovascular Agents		
acebutolol hcl cap 200 mg‡	2	
acebutolol hcl cap 400 mg‡	2	
acetazolamide cap er 12hr 500 mg‡	4	
acetazolamide tab 125 mg‡	3	
acetazolamide tab 250 mg‡	3	
aliskiren fumarate tab 150 mg (base equivalent)‡	4	QL (30 tablets/30 days)
aliskiren fumarate tab 300 mg (base equivalent)‡	4	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg‡	2	
amiloride hcl tab 5 mg‡	2	
amiodarone hcl tab 100 mg‡	4	
amiodarone hcl tab 200 mg‡	2	
amlodipine besylate tab 2.5 mg (base equivalent)‡	1	
amlodipine besylate tab 5 mg (base equivalent)‡	1	
amlodipine besylate tab 10 mg (base equivalent)‡	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 5-10 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 5-20 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 5-40 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 5-80 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 10-10 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 10-20 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 10-40 mg‡	4	
amlodipine besylate-atorvastatin calcium tab 10-80 mg‡	4	
amlodipine besylate-benazepril hcl cap 2.5-10 mg‡	6	
amlodipine besylate-benazepril hcl cap 5-10 mg‡	6	
amlodipine besylate-benazepril hcl cap 5-20 mg‡	6	
amlodipine besylate-benazepril hcl cap 5-40 mg‡	6	
amlodipine besylate-benazepril hcl cap 10-20 mg‡	6	
amlodipine besylate-benazepril hcl cap 10-40 mg‡	6	

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-20 mg‡	6	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg‡	6	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg‡	6	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg‡	6	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg‡	6	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-320 mg‡	6	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-160 mg‡	6	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-320 mg‡	6	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg‡	6	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg‡	6	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg‡	6	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg‡	6	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg‡	6	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg‡	1	
atenolol & chlorthalidone tab 100-25 mg‡	1	
atenolol tab 25 mg‡	1	
atenolol tab 50 mg‡	1	
atenolol tab 100 mg‡	1	
atorvastatin calcium tab 10 mg (base equivalent)‡	6	QL (45 tablets/30 days)
atorvastatin calcium tab 20 mg (base equivalent)‡	6	QL (45 tablets/30 days)
atorvastatin calcium tab 40 mg (base equivalent)‡	6	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)‡	6	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg‡	6	
benazepril & hydrochlorothiazide tab 10-12.5 mg‡	6	
benazepril & hydrochlorothiazide tab 20-12.5 mg‡	6	
benazepril & hydrochlorothiazide tab 20-25 mg‡	6	
benazepril hcl tab 5 mg‡	6	
benazepril hcl tab 10 mg‡	6	
benazepril hcl tab 20 mg‡	6	
benazepril hcl tab 40 mg‡	6	
betaxolol hcl tab 10 mg‡	3	
betaxolol hcl tab 20 mg‡	3	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg‡	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg‡	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg‡	1	
bisoprolol fumarate tab 5 mg‡	2	
bisoprolol fumarate tab 10 mg‡	2	
bumetanide inj 0.25 mg/ml‡	4	

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
bumetanide tab 0.5 mg‡	2	
bumetanide tab 1 mg‡	2	
bumetanide tab 2 mg‡	3	
candesartan cilexetil tab 4 mg‡	6	QL (60 tablets/30 days)
candesartan cilexetil tab 8 mg‡	6	QL (60 tablets/30 days)
candesartan cilexetil tab 16 mg‡	6	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg‡	6	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg‡	6	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg‡	6	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg‡	6	QL (30 tablets/30 days)
captopril tab 12.5 mg‡	6	
captopril tab 25 mg‡	6	
captopril tab 50 mg‡	6	
captopril tab 100 mg‡	6	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg‡	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg‡	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg‡	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg‡	2	
carvedilol tab 3.125 mg‡	1	
carvedilol tab 6.25 mg‡	1	
carvedilol tab 12.5 mg‡	1	
carvedilol tab 25 mg‡	1	
chlorthalidone tab 25 mg‡	2	
chlorthalidone tab 50 mg‡	2	
cholestyramine light powder packets 4 gm‡	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‡	1	
clonidine hcl tab 0.2 mg‡	1	
clonidine hcl tab 0.3 mg‡	1	
clonidine td patch weekly 0.1 mg/24hr‡	4	
clonidine td patch weekly 0.2 mg/24hr‡	4	
clonidine td patch weekly 0.3 mg/24hr‡	4	
colestipol hcl granule packets 5 gm‡	4	
colestipol hcl granules 5 gm‡	4	

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Drug Name	Drug Tier	Requirements/Limits
colestipol hcl tab 1 gm‡	3	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)‡	4	PA, QL (600 mls/30 days)
digoxin oral soln 0.05 mg/ml#‡	4	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg)#‡	2	QL (30 tablets/30 days)
digoxin tab 250 mcg (0.25 mg)#‡	2	QL (30 tablets/30 days)
dilt-xr - diltiazem hcl cap er 24hr 120 mg‡	2	
dilt-xr - diltiazem hcl cap er 24hr 180 mg‡	2	
dilt-xr - diltiazem hcl cap er 24hr 240 mg‡	2	
diltiazem hcl cap er 24hr 120 mg‡	2	
diltiazem hcl cap er 24hr 180 mg‡	2	
diltiazem hcl cap er 24hr 240 mg‡	2	
diltiazem hcl coated beads cap er 24hr 120 mg‡	2	
diltiazem hcl coated beads cap er 24hr 180 mg‡	2	
diltiazem hcl coated beads cap er 24hr 240 mg‡	2	
diltiazem hcl coated beads cap er 24hr 300 mg‡	2	
diltiazem hcl coated beads cap er 24hr 360 mg‡	2	
diltiazem hcl extended release beads cap er 24hr 120 mg‡	2	
diltiazem hcl extended release beads cap er 24hr 180 mg‡	2	
diltiazem hcl extended release beads cap er 24hr 240 mg‡	2	
diltiazem hcl extended release beads cap er 24hr 300 mg‡	2	
diltiazem hcl extended release beads cap er 24hr 360 mg‡	2	
diltiazem hcl extended release beads cap er 24hr 420 mg‡	2	
diltiazem hcl tab er 24hr 120 mg‡	3	
diltiazem hcl tab 30 mg‡	2	
diltiazem hcl tab 60 mg‡	2	
diltiazem hcl tab 90 mg‡	2	
diltiazem hcl tab 120 mg‡	2	
dofetilide cap 125 mcg (0.125 mg)‡	4	
dofetilide cap 250 mcg (0.25 mg)‡	4	
dofetilide cap 500 mcg (0.5 mg)‡	4	
doxazosin mesylate tab 1 mg‡	2	QL (60 tablets/30 days)
doxazosin mesylate tab 2 mg‡	2	QL (60 tablets/30 days)
doxazosin mesylate tab 4 mg‡	2	QL (60 tablets/30 days)
doxazosin mesylate tab 8 mg‡	2	QL (60 tablets/30 days)
droxidopa cap 100 mg‡	4	PA
droxidopa cap 200 mg‡	4	PA
droxidopa cap 300 mg‡	4	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg‡	6	

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
enalapril maleate & hydrochlorothiazide tab 10-25 mg‡	6	
enalapril maleate tab 2.5 mg‡	6	
enalapril maleate tab 5 mg‡	6	
enalapril maleate tab 10 mg‡	6	
enalapril maleate tab 20 mg‡	6	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg‡	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 15-16 mg‡	3	QL (240 capsules/30 days)
ezetimibe tab 10 mg‡	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg‡	6	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-20 mg‡	6	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-40 mg‡	6	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-80 mg‡	6	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg‡	2	
felodipine tab er 24hr 5 mg‡	2	
felodipine tab er 24hr 10 mg‡	2	
fenofibrate micronized cap 67 mg‡	3	QL (30 capsules/30 days)
fenofibrate micronized cap 134 mg‡	3	QL (30 capsules/30 days)
fenofibrate micronized cap 200 mg‡	3	QL (30 capsules/30 days)
fenofibrate tab 48 mg‡	3	QL (60 tablets/30 days)
fenofibrate tab 54 mg‡	3	QL (60 tablets/30 days)
fenofibrate tab 145 mg‡	3	QL (30 tablets/30 days)
fenofibrate tab 160 mg‡	3	QL (30 tablets/30 days)
flecainide acetate tab 50 mg‡	2	
flecainide acetate tab 100 mg‡	2	
flecainide acetate tab 150 mg‡	2	
fluvastatin sodium cap 20 mg (base equivalent)‡	4	QL (60 capsules/30 days)
fluvastatin sodium cap 40 mg (base equivalent)‡	4	QL (60 capsules/30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg‡	6	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg‡	6	
fosinopril sodium tab 10 mg‡	6	
fosinopril sodium tab 20 mg‡	6	
fosinopril sodium tab 40 mg‡	6	
furosemide inj 10 mg/ml‡	4	
furosemide oral soln 8 mg/ml‡	2	
furosemide oral soln 10 mg/ml‡	2	
furosemide tab 20 mg‡	1	
furosemide tab 40 mg‡	1	
furosemide tab 80 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
gemfibrozil tab 600 mg‡	2	QL (60 tablets/30 days)
guanfacine hcl tab 1 mg#‡	3	
guanfacine hcl tab 2 mg#‡	3	
hydralazine hcl tab 10 mg‡	2	
hydralazine hcl tab 25 mg‡	2	
hydralazine hcl tab 50 mg‡	2	
hydralazine hcl tab 100 mg‡	2	
hydrochlorothiazide cap 12.5 mg‡	1	
hydrochlorothiazide tab 12.5 mg‡	1	
hydrochlorothiazide tab 25 mg‡	1	
hydrochlorothiazide tab 50 mg‡	1	
indapamide tab 1.25 mg‡	1	
indapamide tab 2.5 mg‡	1	
irbesartan tab 75 mg‡	6	QL (30 tablets/30 days)
irbesartan tab 150 mg‡	6	QL (30 tablets/30 days)
irbesartan tab 300 mg‡	6	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg‡	6	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg‡	6	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg‡	3	
isosorbide dinitrate tab 10 mg‡	3	
isosorbide dinitrate tab 20 mg‡	3	
isosorbide dinitrate tab 30 mg‡	3	
isosorbide mononitrate tab er 24hr 30 mg‡	2	
isosorbide mononitrate tab er 24hr 60 mg‡	2	
isosorbide mononitrate tab er 24hr 120 mg‡	2	
isosorbide mononitrate tab 10 mg‡	2	
isosorbide mononitrate tab 20 mg‡	2	
ivabradine hcl tab 5 mg (base equiv)‡	4	PA, QL (60 tablets/30 days)
ivabradine hcl tab 7.5 mg (base equiv)‡	4	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg‡	3	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 20 mg‡	3	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 40 mg‡	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg‡	2	
labetalol hcl tab 200 mg‡	2	
labetalol hcl tab 300 mg‡	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg‡	6	
lisinopril & hydrochlorothiazide tab 20-12.5 mg‡	6	
lisinopril & hydrochlorothiazide tab 20-25 mg‡	6	

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
lisinopril tab 2.5 mg‡	6	
lisinopril tab 5 mg‡	6	
lisinopril tab 10 mg‡	6	
lisinopril tab 20 mg‡	6	
lisinopril tab 30 mg‡	6	
lisinopril tab 40 mg‡	6	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg‡	6	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg‡	6	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg‡	6	QL (30 tablets/30 days)
losartan potassium tab 25 mg‡	6	QL (60 tablets/30 days)
losartan potassium tab 50 mg‡	6	QL (60 tablets/30 days)
losartan potassium tab 100 mg‡	6	QL (30 tablets/30 days)
lovastatin tab 10 mg‡	6	QL (60 tablets/30 days)
lovastatin tab 20 mg‡	6	QL (60 tablets/30 days)
lovastatin tab 40 mg‡	6	QL (60 tablets/30 days)
methazolamide tab 25 mg‡	4	
methazolamide tab 50 mg‡	4	
metolazone tab 2.5 mg‡	3	
metolazone tab 5 mg‡	3	
metolazone tab 10 mg‡	3	
metoprolol & hydrochlorothiazide tab 50-25 mg‡	2	
metoprolol & hydrochlorothiazide tab 100-25 mg‡	2	
metoprolol & hydrochlorothiazide tab 100-50 mg‡	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)‡	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)‡	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)‡	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)‡	1	
metoprolol tartrate tab 25 mg‡	1	
metoprolol tartrate tab 37.5 mg‡	1	
metoprolol tartrate tab 50 mg‡	1	
metoprolol tartrate tab 75 mg‡	1	
metoprolol tartrate tab 100 mg‡	1	
metyrosine cap 250 mg	5	
mexiletine hcl cap 150 mg‡	4	
mexiletine hcl cap 200 mg‡	4	
mexiletine hcl cap 250 mg‡	4	
midodrine hcl tab 2.5 mg‡	4	
midodrine hcl tab 5 mg‡	4	

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

Drug Name	Drug Tier	Requirements/Limits
midodrine hcl tab 10 mg‡	4	
minoxidil tab 2.5 mg‡	2	
minoxidil tab 10 mg‡	2	
moexipril hcl tab 7.5 mg‡	6	
moexipril hcl tab 15 mg‡	6	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)‡	4	
nebivolol hcl tab 2.5 mg (base equivalent)‡	4	
nebivolol hcl tab 5 mg (base equivalent)‡	4	
nebivolol hcl tab 10 mg (base equivalent)‡	4	
nebivolol hcl tab 20 mg (base equivalent)‡	4	
NEXLETOL - bempedoic acid tab 180 mg‡	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg‡	3	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic)‡	4	QL (30 tablets/30 days)
niacin tab er 750 mg (antihyperlipidemic)‡	4	QL (60 tablets/30 days)
niacin tab er 1000 mg (antihyperlipidemic)‡	4	QL (60 tablets/30 days)
nifedipine tab er 24hr 30 mg‡	3	
nifedipine tab er 24hr 60 mg‡	3	
nifedipine tab er 24hr 90 mg‡	3	
nifedipine tab er 24hr osmotic release 30 mg‡	3	
nifedipine tab er 24hr osmotic release 60 mg‡	3	
nifedipine tab er 24hr osmotic release 90 mg‡	3	
nimodipine cap 30 mg‡	4	
nitro-bid - nitroglycerin oint 2%‡	4	
nitroglycerin oint 0.4%‡	4	
nitroglycerin oint 2%‡	4	
nitroglycerin sl tab 0.3 mg‡	2	
nitroglycerin sl tab 0.4 mg‡	2	
nitroglycerin sl tab 0.6 mg‡	2	
nitroglycerin td patch 24hr 0.1 mg/hr‡	2	
nitroglycerin td patch 24hr 0.2 mg/hr‡	2	
nitroglycerin td patch 24hr 0.4 mg/hr‡	2	
nitroglycerin td patch 24hr 0.6 mg/hr‡	2	
olmesartan medoxomil tab 5 mg‡	6	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg‡	6	QL (30 tablets/30 days)
olmesartan medoxomil tab 40 mg‡	6	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg‡	6	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg‡	6	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg‡	6	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
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg‡	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg‡	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg‡	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg‡	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg‡	3	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm‡	3	
pacerone - amiodarone hcl tab 100 mg‡	4	
pacerone - amiodarone hcl tab 200 mg‡	2	
pentoxifylline tab er 400 mg‡	2	
perindopril erbumine tab 2 mg‡	6	
perindopril erbumine tab 8 mg‡	6	
perindopril erbumine tab 4 mg‡	6	
phenoxybenzamine hcl cap 10 mg	5	
pindolol tab 5 mg‡	3	
pindolol tab 10 mg‡	3	
pravastatin sodium tab 10 mg‡	6	QL (45 tablets/30 days)
pravastatin sodium tab 20 mg‡	6	QL (45 tablets/30 days)
pravastatin sodium tab 40 mg‡	6	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg‡	6	QL (30 tablets/30 days)
prazosin hcl cap 1 mg‡	2	
prazosin hcl cap 2 mg‡	2	
prazosin hcl cap 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‡	4	
propafenone hcl cap er 12hr 325 mg‡	4	
propafenone hcl cap er 12hr 425 mg‡	4	
propafenone hcl tab 150 mg‡	3	
propafenone hcl tab 225 mg‡	3	
propafenone hcl tab 300 mg‡	3	
propranolol hcl cap er 24hr 60 mg‡	4	
propranolol hcl cap er 24hr 80 mg‡	4	
propranolol hcl cap er 24hr 120 mg‡	4	
propranolol hcl cap er 24hr 160 mg‡	4	
propranolol hcl oral soln 20 mg/5ml‡	2	
propranolol hcl oral soln 40 mg/5ml‡	2	
propranolol hcl tab 10 mg‡	2	
propranolol hcl tab 20 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
propranolol hcl tab 40 mg‡	2	
propranolol hcl tab 60 mg‡	2	
propranolol hcl tab 80 mg‡	2	
quinapril hcl tab 5 mg‡	6	
quinapril hcl tab 10 mg‡	6	
quinapril hcl tab 20 mg‡	6	
quinapril hcl tab 40 mg‡	6	
quinapril-hydrochlorothiazide tab 10-12.5 mg‡	6	
quinapril-hydrochlorothiazide tab 20-12.5 mg‡	6	
quinapril-hydrochlorothiazide tab 20-25 mg‡	6	
quinidine sulfate tab 200 mg‡	2	
quinidine sulfate tab 300 mg‡	2	
ramipril cap 1.25 mg‡	6	
ramipril cap 2.5 mg‡	6	
ramipril cap 5 mg‡	6	
ramipril cap 10 mg‡	6	
ranolazine tab er 12hr 500 mg‡	4	QL (60 tablets/30 days)
ranolazine tab er 12hr 1000 mg‡	4	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml‡	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml‡	3	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg‡	6	QL (45 tablets/30 days)
rosuvastatin calcium tab 10 mg‡	6	QL (45 tablets/30 days)
rosuvastatin calcium tab 20 mg‡	6	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg‡	6	QL (30 tablets/30 days)
sacubitril-valsartan tab 24-26 mg‡	3	QL (180 tablets/30 days)
sacubitril-valsartan tab 49-51 mg‡	3	QL (60 tablets/30 days)
sacubitril-valsartan tab 97-103 mg‡	3	QL (60 tablets/30 days)
simvastatin tab 5 mg‡	6	QL (45 tablets/30 days)
simvastatin tab 10 mg‡	6	QL (45 tablets/30 days)
simvastatin tab 20 mg‡	6	QL (60 tablets/30 days)
simvastatin tab 40 mg‡	6	QL (45 tablets/30 days)
simvastatin tab 80 mg‡	6	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg‡	2	
sotalol hcl (afib/afl) tab 120 mg‡	2	
sotalol hcl (afib/afl) tab 160 mg‡	2	
sotalol hcl tab 80 mg‡	2	
sotalol hcl tab 120 mg‡	2	

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
sotalol hcl tab 160 mg‡	2	
sotalol hcl tab 240 mg‡	2	
spironolactone & hydrochlorothiazide tab 25-25 mg‡	2	
spironolactone tab 25 mg‡	1	
spironolactone tab 50 mg‡	1	
spironolactone tab 100 mg‡	1	
telmisartan tab 20 mg‡	6	QL (30 tablets/30 days)
telmisartan tab 40 mg‡	6	QL (30 tablets/30 days)
telmisartan tab 80 mg‡	6	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-10 mg‡	4	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg‡	4	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-10 mg‡	4	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-5 mg‡	4	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg‡	6	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg‡	6	QL (60 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg‡	6	QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent)‡	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg (base equivalent)‡	1	QL (60 capsules/30 days)
terazosin hcl cap 5 mg (base equivalent)‡	1	QL (60 capsules/30 days)
terazosin hcl cap 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‡	4	
timolol maleate tab 10 mg‡	4	
timolol maleate tab 20 mg‡	4	
torsemide tab 5 mg‡	2	
torsemide tab 10 mg‡	2	
torsemide tab 20 mg‡	2	
torsemide tab 100 mg‡	2	
trandolapril tab 1 mg‡	6	

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Drug Name	Drug Tier	Requirements/Limits
trandolapril tab 2 mg‡	6	
trandolapril tab 4 mg‡	6	
trandolapril-verapamil hcl tab er 1-240 mg‡	6	
trandolapril-verapamil hcl tab er 2-180 mg‡	6	
trandolapril-verapamil hcl tab er 2-240 mg‡	6	
trandolapril-verapamil hcl tab er 4-240 mg‡	6	
triamterene & hydrochlorothiazide cap 37.5-25 mg‡	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg‡	1	
triamterene & hydrochlorothiazide tab 75-50 mg‡	1	
valsartan tab 40 mg‡	6	QL (60 tablets/30 days)
valsartan tab 80 mg‡	6	QL (60 tablets/30 days)
valsartan tab 160 mg‡	6	QL (60 tablets/30 days)
valsartan tab 320 mg‡	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg‡	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg‡	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-25 mg‡	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg‡	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-25 mg‡	6	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 360 mg‡	4	
verapamil hcl cap er 24hr 120 mg‡	3	
verapamil hcl cap er 24hr 180 mg‡	3	
verapamil hcl cap er 24hr 240 mg‡	3	
verapamil hcl tab er 120 mg‡	2	
verapamil hcl tab er 180 mg‡	2	
verapamil hcl tab er 240 mg‡	2	
verapamil hcl tab 40 mg‡	1	
verapamil hcl tab 80 mg‡	1	
verapamil hcl tab 120 mg‡	1	
VERQUVO - vericiguat tab 2.5 mg‡	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 5 mg‡	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 10 mg‡	3	QL (30 tablets/30 days)
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg‡	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg‡	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg‡	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 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
amphetamine-dextroamphetamine cap er 24hr 25 mg‡	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg‡	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg‡	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg‡	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg‡	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg‡	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 15 mg‡	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg‡	3	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg‡	3	QL (60 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv)‡	4	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg (base equiv)‡	4	QL (60 capsules/30 days)
atomoxetine hcl cap 25 mg (base equiv)‡	4	QL (60 capsules/30 days)
atomoxetine hcl cap 40 mg (base equiv)‡	4	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv)‡	4	QL (30 capsules/30 days)
atomoxetine hcl cap 80 mg (base equiv)‡	4	QL (30 capsules/30 days)
atomoxetine hcl cap 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*	5	PA, QL (120 tablets/30 days)
AUSTEDO - deutetrabenazine tab 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 30 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 36 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 42 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 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‡	4	QL (120 tablets/30 days)
dalfampridine tab er 12hr 10 mg‡†	3	PA
dexmethylphenidate hcl tab 2.5 mg‡	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 5 mg‡	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 10 mg‡	3	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate tab 5 mg‡	4	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
dextroamphetamine sulfate tab 10 mg‡	4	QL (180 tablets/30 days)
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 120 mg‡	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 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)
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)#‡	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 2 mg (base equiv)#‡	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 3 mg (base equiv)#‡	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 4 mg (base equiv)#‡	3	QL (30 tablets/30 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	5	PA, QL (1 pack/28 days)
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv)	5	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 60 mg (base equiv)	5	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 80 mg (base equiv)	5	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	5	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate cap 60 mg (base equiv)	5	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate cap 80 mg (base equiv)	5	PA, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
methylphenidate hcl soln 5 mg/5ml‡	4	PA, QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml‡	4	PA, QL (900 mls/30 days)
methylphenidate hcl tab er 10 mg‡	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab er 20 mg‡	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg‡	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 10 mg‡	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 20 mg‡	3	PA, QL (90 tablets/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)

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
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	5	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		
chlorhexidine gluconate soln 0.12%‡	2	
kourzeq - triamcinolone acetonide dental paste 0.1%‡	3	
oralone dental paste - triamcinolone acetonide dental paste0.1%‡	3	
periogard - chlorhexidine gluconate soln 0.12%‡	2	
pilocarpine hcl tab 5 mg‡	4	
pilocarpine hcl tab 7.5 mg‡	4	
triamcinolone acetonide dental paste 0.1%‡	3	
Dermatological Agents		
accutane - isotretinoin cap 10 mg‡	4	PA
accutane - isotretinoin cap 20 mg‡	4	PA
accutane - isotretinoin cap 30 mg‡	4	PA
accutane - isotretinoin cap 40 mg‡	4	PA
acitretin cap 10 mg‡	4	
acitretin cap 17.5 mg‡	4	
acitretin cap 25 mg‡	4	
ala-cort - hydrocortisone cream 1%‡	2	
alclometasone dipropionate cream 0.05%‡	3	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%‡	3	QL (120 grams/30 days)
amnesteem - isotretinoin cap 10 mg‡	4	PA
amnesteem - isotretinoin cap 20 mg‡	4	PA
amnesteem - isotretinoin cap 30 mg‡	4	PA
amnesteem - isotretinoin cap 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%‡	3	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)

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
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)‡	3	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)‡	3	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‡	4	PA
claravis - isotretinoin cap 20 mg‡	4	PA
claravis - isotretinoin cap 30 mg‡	4	PA
claravis - isotretinoin cap 40 mg‡	4	PA
clobetasol propionate cream 0.05%‡	4	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 soln 0.05%‡	4	QL (200 mls/28 days)
clotrimazole w/ betamethasone cream 1-0.05%‡	3	
desonide oint 0.05%‡	4	QL (120 grams/30 days)
desoximetasone cream 0.25%‡	4	QL (120 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%‡	4	PA
EUCRISA - crisaborole oint 2%‡	4	PA
FINACEA - azelaic acid foam 15%‡	4	
fluocinolone acetonide cream 0.01%‡	4	QL (120 grams/30 days)
fluocinolone acetonide cream 0.025%‡	4	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil)‡	4	QL (118.28 mls/30 days)
fluocinolone acetonide 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)

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
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 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)
imiquimod cream 5%‡	3	PA
isotretinoin cap 10 mg‡	4	PA
isotretinoin cap 20 mg‡	4	PA
isotretinoin cap 25 mg‡	4	PA
isotretinoin cap 30 mg‡	4	PA
isotretinoin cap 35 mg‡	4	PA
isotretinoin cap 40 mg‡	4	PA
lactic acid (ammonium lactate) cream 12%‡	2	
lactic acid (ammonium lactate) lotion 12%‡	3	
malathion lotion 0.5%‡	4	
metronidazole cream 0.75%‡	4	
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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%‡	4	
SANTYL - collagenase oint 250 unit/gm‡	3	QL (180 grams/30 days)
selenium sulfide lotion 2.5%‡	2	
silver sulfadiazine cream 1%‡	2	
ssd - silver sulfadiazine cream 1%‡	2	
sulfacetamide sodium lotion 10% (acne)‡	4	
tacrolimus oint 0.03%‡	4	PA
tacrolimus oint 0.1%‡	4	PA
tazarotene cream 0.05%‡	4	PA, QL (60 grams/30 days)
tazarotene cream 0.1%‡	4	PA, QL (60 grams/30 days)
tretinoin cream 0.025%‡	4	PA, QL (45 grams/30 days)
tretinoin cream 0.05%‡	4	PA, QL (45 grams/30 days)
tretinoin cream 0.1%‡	4	PA, QL (45 grams/30 days)
tretinoin gel 0.01%‡	4	PA, QL (45 grams/30 days)
tretinoin gel 0.025%‡	4	PA, QL (45 grams/30 days)
triamcinolone acetonide cream 0.025%‡	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.1%‡	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.5%‡	2	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%‡	3	QL (120 mls/30 days)
triamcinolone acetonide lotion 0.1%‡	3	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%‡	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.1%‡	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%‡	2	QL (120 grams/30 days)
triderm - triamcinolone acetonide cream 0.5%‡	2	QL (454 grams/30 days)
zenatane - isotretinoin cap 10 mg‡	4	PA
zenatane - isotretinoin cap 20 mg‡	4	PA
zenatane - isotretinoin cap 30 mg‡	4	PA
zenatane - isotretinoin cap 40 mg‡	4	PA
Electrolytes/Minerals/Metals/Vitamins		
carglumic acid soluble tab 200 mg	5	PA
CHEMET - succimer cap 100 mg‡	4	
deferasirox granules packet 90 mg†	5	PA
deferasirox granules packet 180 mg†	5	PA
deferasirox granules packet 360 mg†	5	PA
deferasirox tab for oral susp 125 mg‡†	4	PA

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Drug Name	Drug Tier	Requirements/Limits
deferasirox tab for oral susp 250 mg†	5	PA
deferasirox tab for oral susp 500 mg†	5	PA
deferasirox tab 90 mg‡†	3	PA
deferasirox tab 180 mg‡†	4	PA
deferasirox tab 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 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 nacl 0.45% inj‡	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj‡	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj‡	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj‡	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj‡	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj‡	4	
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	
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm‡	3	
magnesium sulfate inj 50%‡	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%‡	4	BD
potassium chloride cap er 8 meq‡	2	
potassium chloride cap er 10 meq‡	2	
potassium chloride inj 2 meq/ml‡	4	
potassium chloride microencapsulated crys er tab 10 meq‡	2	
potassium chloride microencapsulated crys er tab 15 meq‡	2	
potassium chloride microencapsulated crys er tab 20 meq‡	2	

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral soln 10% (20 meq/15ml)‡	4	
potassium chloride oral soln 20% (40 meq/15ml)‡	4	
potassium chloride tab er 8 meq (600 mg)‡	2	
potassium chloride tab er 10 meq‡	2	
potassium chloride tab er 20 meq (1500 mg)‡	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj‡	4	
potassium citrate tab er 5 meq (540 mg)‡	4	
potassium citrate tab er 10 meq (1080 mg)‡	4	
potassium citrate tab er 15 meq (1620 mg)‡	4	
sodium chloride iv soln 0.45%‡	4	
sodium chloride iv soln 0.9%‡	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 therapy pack 15 mg	5	PA
tolvaptan tab therapy pack 30 & 15 mg	5	PA
tolvaptan tab therapy pack 45 & 15 mg	5	PA
tolvaptan tab therapy pack 60 & 30 mg	5	PA
tolvaptan tab therapy pack 90 & 30 mg	5	PA
tolvaptan tab 15 mg	5	PA
tolvaptan tab 30 mg	5	PA
TRAVASOL - amino acid infusion 10%‡	4	BD
trientine hcl cap 250 mg†	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%‡	4	BD
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg (base equiv)‡	4	PA, QL (60 tablets/30 days)
alosetron hcl tab 1 mg (base equiv)‡	4	PA, QL (60 tablets/30 days)
cimetidine tab 200 mg‡	3	
cimetidine tab 300 mg‡	3	
cimetidine tab 400 mg‡	3	
cimetidine tab 800 mg‡	3	
constulose - lactulose solution 10 gm/15ml‡	2	
dicyclomine hcl cap 10 mg#‡	2	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#‡	4	PA (>=65 yr)
dicyclomine hcl tab 20 mg#‡	2	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#‡	4	PA (>=65 yr)

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

Drug Name	Drug Tier	Requirements/Limits
enulose - lactulose (encephalopathy) solution 10 gm/15ml‡	2	
esomeprazole magnesium cap delayed release 20 mg (base eq)‡	3	QL (30 capsules/30 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)‡	3	QL (30 capsules/30 days)
famotidine for susp 40 mg/5ml‡	4	
famotidine tab 20 mg‡	2	
famotidine tab 40 mg‡	2	
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	
glycopyrrolate tab 1 mg‡	3	
glycopyrrolate tab 2 mg‡	3	
lactulose (encephalopathy) solution 10 gm/15ml‡	2	
lactulose solution 10 gm/15ml‡	2	
lansoprazole cap delayed release 15 mg‡	2	QL (30 capsules/30 days)
lansoprazole cap delayed release 30 mg‡	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg‡	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg‡	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg‡	3	QL (30 capsules/30 days)
loperamide hcl cap 2 mg‡	2	
lubiprostone cap 8 mcg‡	3	QL (120 capsules/30 days)
lubiprostone cap 24 mcg‡	3	QL (60 capsules/30 days)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)‡	3	
metoclopramide hcl tab 5 mg (base equivalent)‡	1	
metoclopramide hcl tab 10 mg (base equivalent)‡	1	
misoprostol tab 100 mcg‡	3	
misoprostol tab 200 mcg‡	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)‡	3	QL (30 tablets/30 days)
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)‡	3	QL (30 tablets/30 days)
nizatidine cap 150 mg‡	4	
nizatidine cap 300 mg‡	3	
omeprazole cap delayed release 10 mg‡	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg‡	1	QL (60 capsules/30 days)
omeprazole cap delayed release 40 mg‡	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv)‡	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg (base equiv)‡	1	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	

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
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 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‡	4	
ursodiol tab 500 mg‡	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	5	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	5	PA, QL (112 tablets/28 days)
betaine powder for oral solution	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit‡	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit‡	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit‡	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit‡	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit‡	3	
cromolyn sodium oral conc 100 mg/5ml‡	4	
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA
CYSTAGON - cysteamine bitartrate cap 50 mg‡*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg‡*	4	PA
ELELYSO - taliglucerase alfa for inj 200 unit*	5	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	
*miglustat cap 100 mg**	5	PA, QL (180 capsules/30 days)
nitisinone cap 2 mg	5	
nitisinone cap 5 mg	5	
nitisinone cap 10 mg	5	
nitisinone cap 20 mg	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	

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Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
PYRUKYND - mitapivat sulfate tab 5 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND - mitapivat sulfate tab 20 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND - mitapivat sulfate tab 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*	5	PA, QL (14 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 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
sapropterin dihydrochloride powder packet 500 mg†	5	PA
sapropterin dihydrochloride tab 100 mg†	5	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA
sodium phenylbutyrate tab 500 mg	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
*yargesa - miglustat cap 100 mg**	5	PA, QL (180 capsules/30 days)
zelvysia - sapropterin dihydrochloride powder packet 100 mg†	5	PA
zelvysia - sapropterin dihydrochloride powder packet 500 mg†	5	PA
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit‡	3	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit‡	3	
ZOKINVY - lonafarnib cap 50 mg	5	PA, QL (120 capsules/30 days)
ZOKINVY - lonafarnib cap 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‡	3	
bethanechol chloride tab 10 mg‡	3	
bethanechol chloride tab 25 mg‡	3	
bethanechol chloride tab 50 mg‡	3	
dutasteride cap 0.5 mg‡	2	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‡	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg‡	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg‡	3	
oxybutynin chloride solution 5 mg/5ml‡	3	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg‡	3	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg‡	3	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg‡	3	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg‡	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)‡	4	
solifenacin succinate tab 5 mg‡	2	QL (30 tablets/30 days)
solifenacin succinate tab 10 mg‡	2	QL (30 tablets/30 days)
tadalafil tab 2.5 mg‡	4	PA, QL (30 tablets/30 days)
tadalafil tab 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	QL (30 capsules/30 days)
tolterodine tartrate cap er 24hr 4 mg‡	4	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg‡	4	QL (60 tablets/30 days)
tolterodine tartrate tab 2 mg‡	4	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‡	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
dexamethasone tab 0.75 mg‡	2	
dexamethasone tab 1 mg‡	2	
dexamethasone tab 2 mg‡	2	
dexamethasone tab 4 mg‡	2	
dexamethasone tab 6 mg‡	2	
fludrocortisone acetate tab 0.1 mg‡	2	
hydrocortisone tab 5 mg‡	2	
hydrocortisone tab 10 mg‡	2	
hydrocortisone tab 20 mg‡	2	
methylprednisolone tab therapy pack 4 mg (21)‡	2	
methylprednisolone tab 4 mg‡	2	
methylprednisolone tab 8 mg‡	2	
methylprednisolone tab 16 mg‡	2	
methylprednisolone tab 32 mg‡	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)‡	2	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)‡	2	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)‡	2	
prednisolone soln 15 mg/5ml‡	2	
prednisone oral soln 5 mg/5ml‡	4	
prednisone tab therapy pack 5 mg (21)‡	2	
prednisone tab therapy pack 5 mg (48)‡	2	
prednisone tab therapy pack 10 mg (21)‡	2	
prednisone tab therapy pack 10 mg (48)‡	2	
prednisone tab 1 mg‡	1	
prednisone tab 2.5 mg‡	2	
prednisone tab 5 mg‡	2	
prednisone tab 10 mg‡	2	
prednisone tab 20 mg‡	2	
prednisone tab 50 mg‡	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit‡	4	PA
desmopressin acetate inj 4 mcg/ml‡	4	
desmopressin acetate nasal spray soln 0.01%‡	4	
desmopressin acetate nasal spray soln 0.01% (refrigerated)‡	4	
desmopressin acetate preservative free (pf) inj 4 mcg/ml‡	4	
desmopressin acetate tab 0.1 mg‡	3	
desmopressin acetate tab 0.2 mg‡	3	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	5	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL - chorionic gonadotropin for im inj 10000 unit‡	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
abigale - estradiol & norethindrone acetate tab 1-0.5 mg#‡	4	
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡	4	
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#‡	4	
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg‡	4	
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg‡	4	
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg‡	4	
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg‡	4	
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg‡	4	
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg‡	4	
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg‡	4	
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)‡	4	
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡	4	
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)‡	4	
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‡	4	
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg‡	4	
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 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‡	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
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#‡	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#‡	4	
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg‡	4	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg‡	4	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
danazol cap 50 mg‡	4	PA
danazol cap 100 mg‡	4	PA
danazol cap 200 mg‡	4	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#‡	4	
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg‡	4	
deblitane - norethindrone tab 0.35 mg‡	3	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡	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
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml‡	3	PA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
dotti - estradiol td patch twice weekly 0.025 mg/24hr#‡	3	
dotti - estradiol td patch twice weekly 0.0375 mg/24hr#‡	3	
dotti - estradiol td patch twice weekly 0.05 mg/24hr#‡	3	
dotti - estradiol td patch twice weekly 0.075 mg/24hr#‡	3	
dotti - estradiol td patch twice weekly 0.1 mg/24hr#‡	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg‡	4	
drospirenone-ethinyl estradiol tab 3-0.03 mg#‡	4	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#‡	4	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg‡	4	
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	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
errin - norethindrone tab 0.35 mg‡	3	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg‡	4	
estradiol & norethindrone acetate tab 1-0.5 mg#‡	4	
estradiol tab 0.5 mg#‡	1	
estradiol tab 1 mg#‡	1	
estradiol tab 2 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
estradiol td gel 0.25 mg/0.25gm (0.1%)#‡	4	
estradiol td gel 0.5 mg/0.5gm (0.1%)#‡	4	
estradiol td gel 0.75 mg/0.75gm (0.1%)#‡	4	
estradiol td gel 1 mg/gm (0.1%)#‡	4	
estradiol td gel 1.25 mg/1.25gm (0.1%)#‡	4	
estradiol td patch twice weekly 0.025 mg/24hr#‡	3	
estradiol td patch twice weekly 0.0375 mg/24hr#‡	3	
estradiol td patch twice weekly 0.05 mg/24hr#‡	3	
estradiol td patch twice weekly 0.075 mg/24hr#‡	3	
estradiol td patch twice weekly 0.1 mg/24hr#‡	3	
estradiol td patch weekly 0.025 mg/24hr#‡	3	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#‡	3	
estradiol td patch weekly 0.05 mg/24hr#‡	3	
estradiol td patch weekly 0.06 mg/24hr#‡	3	
estradiol td patch weekly 0.075 mg/24hr#‡	3	
estradiol td patch weekly 0.1 mg/24hr#‡	3	
estradiol vaginal cream 0.01%‡	3	
estradiol vaginal tab 10 mcg‡	4	
estradiol valerate im in oil 10 mg/ml‡	3	
estradiol valerate im in oil 20 mg/ml‡	3	
estradiol valerate im in oil 40 mg/ml‡	4	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr‡	3	
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡	4	
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg‡	4	
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg‡	4	
gallifrey - norethindrone acetate tab 5 mg‡	3	
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg‡	4	
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg‡	4	
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg‡	4	
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)‡	4	
heather - norethindrone tab 0.35 mg‡	3	
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg‡	4	
incassia - norethindrone tab 0.35 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
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg‡	4	
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg‡	4	
jencycla - norethindrone tab 0.35 mg‡	3	
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg‡	4	
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg‡	4	
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‡	4	
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg‡	4	
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg‡	4	
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)‡	4	
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg‡	4	
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg‡	4	
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg‡	4	
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg‡	4	
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg‡	4	
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg‡	4	
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)‡	4	
leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg‡	4	
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡	4	
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg‡	4	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)‡	4	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg‡	4	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡	4	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg‡	4	
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 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
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg‡	4	
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg‡	4	
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg‡	4	
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg‡	4	
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‡	4	
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg‡	4	
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg‡	4	
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg‡	4	
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡	4	
lyleq - norethindrone tab 0.35 mg‡	3	
lyllana - estradiol td patch twice weekly 0.025 mg/24hr#‡	3	
lyllana - estradiol td patch twice weekly 0.0375 mg/24hr#‡	3	
lyllana - estradiol td patch twice weekly 0.05 mg/24hr#‡	3	
lyllana - estradiol td patch twice weekly 0.075 mg/24hr#‡	3	
lyllana - estradiol td patch twice weekly 0.1 mg/24hr#‡	3	
lyza - norethindrone tab 0.35 mg‡	3	
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml‡	3	
medroxyprogesterone acetate im susp 150 mg/ml‡	3	
medroxyprogesterone acetate tab 2.5 mg‡	2	
medroxyprogesterone acetate tab 5 mg‡	2	
medroxyprogesterone acetate tab 10 mg‡	2	
megestrol acetate susp 40 mg/ml#‡	4	
megestrol acetate tab 20 mg#‡	3	
megestrol acetate tab 40 mg#‡	3	
meleya - norethindrone tab 0.35 mg‡	3	
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg‡	4	
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg‡	4	
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg‡	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
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg‡	4	
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg‡	4	
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#‡	4	
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg‡	4	
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg‡	4	
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg‡	4	
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‡	4	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#‡	4	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg‡	4	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)‡	4	
norethindrone acetate tab 5 mg‡	3	
norethindrone tab 0.35 mg‡	3	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg‡	4	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg‡	4	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg‡	4	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg‡	4	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg‡	4	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg‡	4	
norlyroc - norethindrone tab 0.35 mg‡	3	
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg‡	4	
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#‡	4	
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg‡	4	
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#‡	4	
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg‡	4	
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)‡	4	
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm‡	3	
progesterone cap 100 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
progesterone cap 200 mg‡	2	
raloxifene hcl tab 60 mg‡	3	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	4	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg‡	4	
sharobel - norethindrone tab 0.35 mg‡	3	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)‡	4	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg‡	4	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#‡	4	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg‡	4	
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
testosterone cypionate im inj in oil 200 mg/ml‡	3	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml‡	3	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)‡	4	PA, QL (30 packets/30 days)
testosterone td gel 25 mg/2.5gm (1%)‡	4	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)‡	4	PA, QL (60 units/30 days)
testosterone td gel 12.5 mg/act (1%)‡	4	PA, QL (4 pump bottles/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‡	4	
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‡	4	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg‡	4	
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg‡	4	
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg‡	4	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg‡	4	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg‡	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
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg‡	4	
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg‡	4	
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg‡	4	
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg‡	4	
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‡	4	
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‡	4	
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡	4	
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)‡	4	
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)‡	4	
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg‡	4	
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg‡	4	
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg‡	4	
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	
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg‡	4	
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#‡	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tab 25 mcg‡	1	
levothyroxine sodium tab 50 mcg‡	1	
levothyroxine sodium tab 75 mcg‡	1	
levothyroxine sodium tab 88 mcg‡	1	
levothyroxine sodium tab 100 mcg‡	1	
levothyroxine sodium tab 112 mcg‡	1	
levothyroxine sodium tab 125 mcg‡	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
levothyroxine sodium tab 137 mcg‡	1	
levothyroxine sodium tab 150 mcg‡	1	
levothyroxine sodium tab 175 mcg‡	1	
levothyroxine sodium tab 200 mcg‡	1	
levothyroxine sodium tab 300 mcg‡	1	
levoxyl - levothyroxine sodium tab 25 mcg‡	3	
levoxyl - levothyroxine sodium tab 50 mcg‡	3	
levoxyl - levothyroxine sodium tab 75 mcg‡	3	
levoxyl - levothyroxine sodium tab 88 mcg‡	3	
levoxyl - levothyroxine sodium tab 100 mcg‡	3	
levoxyl - levothyroxine sodium tab 112 mcg‡	3	
levoxyl - levothyroxine sodium tab 125 mcg‡	3	
levoxyl - levothyroxine sodium tab 137 mcg‡	3	
levoxyl - levothyroxine sodium tab 150 mcg‡	3	
levoxyl - levothyroxine sodium tab 175 mcg‡	3	
levoxyl - levothyroxine sodium tab 200 mcg‡	3	
liomny - liothyronine sodium tab 5 mcg‡	2	
liomny - liothyronine sodium tab 25 mcg‡	2	
liomny - liothyronine sodium tab 50 mcg‡	2	
liothyronine sodium tab 5 mcg‡	2	
liothyronine sodium tab 25 mcg‡	2	
liothyronine sodium tab 50 mcg‡	2	
SYNTHROID - levothyroxine sodium tab 25 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 50 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 75 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 88 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 100 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 112 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 125 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 137 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 150 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 175 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 200 mcg‡	4	
SYNTHROID - levothyroxine sodium tab 300 mcg‡	4	
unithroid - levothyroxine sodium tab 25 mcg‡	3	
unithroid - levothyroxine sodium tab 50 mcg‡	3	
unithroid - levothyroxine sodium tab 75 mcg‡	3	
unithroid - levothyroxine sodium tab 88 mcg‡	3	

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Drug Name	Drug Tier	Requirements/Limits
unithroid - levothyroxine sodium tab 100 mcg‡	3	
unithroid - levothyroxine sodium tab 112 mcg‡	3	
unithroid - levothyroxine sodium tab 125 mcg‡	3	
unithroid - levothyroxine sodium tab 137 mcg‡	3	
unithroid - levothyroxine sodium tab 150 mcg‡	3	
unithroid - levothyroxine sodium tab 175 mcg‡	3	
unithroid - levothyroxine sodium tab 200 mcg‡	3	
unithroid - levothyroxine sodium tab 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)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA, QL (1 kit/84 days)
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA, QL (1 kit/168 days)
mifepristone tab 300 mg	5	PA, QL (120 tablets/30 days)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)‡	4	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)‡	4	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)‡	4	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)‡	4	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)‡	4	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml‡	4	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml‡	4	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml‡	4	PA
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv)*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml (base equiv)*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml (base equiv)*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg (as protein)*	5	PA
SOMAVERT - pegvisomant for inj 15 mg (as protein)*	5	PA
SOMAVERT - pegvisomant for inj 20 mg (as protein)*	5	PA
SOMAVERT - pegvisomant for inj 25 mg (as protein)*	5	PA
SOMAVERT - pegvisomant for inj 30 mg (as protein)*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg‡	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg‡	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg‡	4	PA
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg‡	1	
methimazole tab 10 mg‡	1	
propylthiouracil tab 50 mg‡	2	
Immunological Agents		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml‡	6	QL (1 vaccine/lifetime)
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	5	PA, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	5	PA, QL (4 pens/28 days)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj‡	6	
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‡	6	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml‡	6	
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‡	6	QL (1 vaccine/lifetime; >=18 yr)
azathioprine tab 50 mg‡	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg‡	6	
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)

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Drug Name	Drug Tier	Requirements/Limits
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	5	PA, QL (2 pens/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe‡	6	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml‡	6	
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‡	4	BD
cyclosporine cap 100 mg‡	4	BD
cyclosporine modified cap 25 mg‡	4	BD
cyclosporine modified cap 50 mg‡	4	BD
cyclosporine modified cap 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‡	6	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp‡	6	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	5	PA, QL (3 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	5	PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA, QL (3 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA, QL (8 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA, QL (8 cartridges/28 days)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA, QL (8 pens/28 days)
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml‡	6	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml‡	6	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml‡	6	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	PA, QL (2 pens/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg‡	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 1 mg‡	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp‡	6	
everolimus tab 0.25 mg‡	4	BD
everolimus tab 0.5 mg‡	4	BD
everolimus tab 0.75 mg	5	BD
everolimus tab 1 mg	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD LIQUID ERC - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID ERC - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA

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
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp‡	6	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr‡	6	
gengraf - cyclosporine modified cap 25 mg‡	4	BD
gengraf - cyclosporine modified cap 100 mg‡	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	5	PA, QL (6 syringes/28 days)
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	5	PA, QL (6 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml	5	PA, QL (6 pens/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.8ml	5	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‡	6	
HAVRIX - hepatitis a vaccine susp prefilled syr 1440 el unit/ml‡	6	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml‡	6	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg‡	6	
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‡	6	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml‡	6	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp‡	6	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj‡	6	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml‡	6	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml‡	6	
leflunomide tab 10 mg‡	3	
leflunomide tab 20 mg‡	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln‡	6	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine‡	6	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj‡	6	

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
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln‡	6	
methotrexate sodium for inj 1 gm‡	3	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)‡	2	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)‡	2	
methotrexate sodium inj pf 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‡	6	QL (1 vaccine/lifetime; >=18 yr)
mycophenolate mofetil cap 250 mg‡	3	BD
mycophenolate mofetil for oral susp 200 mg/ml	5	BD
mycophenolate mofetil tab 500 mg‡	3	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)‡	4	BD
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)‡	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA, QL (4 syringes/28 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA, QL (4 syringes/28 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA, QL (4 pens/28 days)
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr‡	6	
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml‡	6	
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‡	6	
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj‡	6	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp‡	6	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp‡	6	
PROGRAF - tacrolimus packet for susp 0.2 mg‡	4	BD
PROGRAF - tacrolimus packet for susp 1 mg‡	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp‡	6	

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Drug Name	Drug Tier	Requirements/Limits
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‡	4	PA, QL (3 vials/84 days)
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj‡	6	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml‡	6	
RABAVERT - rabies vaccine, pcec for inj‡	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml‡	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml‡	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml‡	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml‡	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml‡	6	BD
RIDAURA - auranofin cap 3 mg‡	3	
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 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‡	6	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln‡	6	
sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml‡	6	QL (2 vaccines/lifetime; >=18 yr)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml‡	6	QL (2 vaccines/lifetime; >=18 yr)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml	5	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‡	4	BD

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Drug Name	Drug Tier	Requirements/Limits
sirolimus tab 1 mg‡	4	BD
sirolimus tab 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	5	PA, QL (6 syringes/365 days)
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA, QL (6 syringes/365 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	PA, QL (7 cartridges/365 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 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)
STEQEYMA - ustekinumab-stba iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml‡	4	PA, QL (3 syringes/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
STEQEYMA - ustekinumab-stba subcutaneous soln 45 mg/0.5ml‡	4	PA, QL (3 vials/84 days)
tacrolimus cap 0.5 mg‡	4	BD
tacrolimus cap 1 mg‡	4	BD
tacrolimus cap 5 mg‡	4	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml‡	6	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml‡	6	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml‡	6	
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	5	PA, QL (1 pen/28 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA, QL (3 pens/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA, QL (3 syringes/56 days)
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‡	6	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml‡	6	
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)

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
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml‡	6	
USTEKINUMAB-AEKN - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml‡	4	PA, QL (3 syringes/84 days)
USTEKINUMAB-AEKN - ustekinumab-aekn soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml‡	6	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml‡	6	
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml‡	6	
VAQTA - hepatitis a vaccine susp prefilled syr 50 unit/ml‡	6	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml‡	6	
VAXCHORA - cholera vaccine live attenuated for oral susp‡	6	
VIMKUNYA - chikungunya virus vac rcmb vlp im susp pref syr 40 mcg/0.8ml‡	6	
VIVOTIF - typhoid vaccine cap delayed release‡	6	
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*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 300 mg/2ml*	5	PA
YF-VAX - yellow fever vaccine for subcutaneous suspension‡	6	
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	5	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 er 24hr 0.375 gm‡	4	QL (120 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 1.2 gm‡	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
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‡	3	
sulfasalazine tab 500 mg‡	2	
Metabolic Bone Disease Agents		
alendronate sodium tab 10 mg‡	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg‡	1	QL (4 tablets/28 days)
alendronate sodium tab 70 mg‡	1	QL (4 tablets/28 days)
BONSITY - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
calcitonin (salmon) nasal soln 200 unit/act‡	3	
calcitriol cap 0.25 mcg‡	2	
calcitriol cap 0.5 mcg‡	2	
calcitriol oral soln 1 mcg/ml‡	4	
cinacalcet hcl tab 30 mg (base equiv)‡	4	PA
cinacalcet hcl tab 60 mg (base equiv)‡	4	PA
cinacalcet hcl tab 90 mg (base equiv)‡	4	PA
ibandronate sodium tab 150 mg (base equivalent)‡	2	QL (1 tablet/28 days)
JUBBONTI - denosumab-bbdz inj soln prefilled syringe 60 mg/ml‡	4	PA
OSENVELT - denosumab-bmwo inj 120 mg/1.7ml	5	PA
paricalcitol cap 1 mcg‡	4	
paricalcitol cap 2 mcg‡	4	
paricalcitol cap 4 mcg‡	4	
risedronate sodium tab delayed release 35 mg‡	4	QL (4 tablets/28 days)
risedronate sodium tab 5 mg‡	3	QL (30 tablets/30 days)
risedronate sodium tab 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)
STOBOCLO - denosumab-bmwo inj soln prefilled syringe 60 mg/ml‡	4	PA
TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml (Alvogen)	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
WYOST - denosumab-bbdz inj 120 mg/1.7ml	5	PA
Ophthalmic Agents		
atropine sulfate ophth soln 1%‡	3	
azelastine hcl ophth soln 0.05%‡	3	
bacitracin-polymyxin b ophth oint‡	2	

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Drug Name	Drug Tier	Requirements/Limits
bacitracin-polymyxin-neomycin-hc ophth oint 1%‡	3	
betaxolol hcl ophth soln 0.5%‡	3	
bimatoprost ophth soln 0.03%‡	3	QL (15 mls/75 days)
brimonidine tartrate ophth soln 0.15%‡	4	
brimonidine tartrate ophth soln 0.2%‡	2	
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%‡	3	
diclofenac sodium ophth soln 0.1%‡	2	
dorzolamide hcl ophth soln 2%‡	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%‡	1	
epinastine hcl ophth soln 0.05%‡	3	
erythromycin ophth oint 5 mg/gm‡	2	
fluorometholone ophth susp 0.1%‡	3	
flurbiprofen sodium ophth soln 0.03%‡	3	
gentamicin sulfate ophth soln 0.3%‡	2	
ketorolac tromethamine ophth soln 0.4%‡	3	
ketorolac tromethamine ophth soln 0.5%‡	2	
latanoprost ophth soln 0.005%‡	1	QL (15 mls/75 days)
levobunolol hcl ophth soln 0.5%‡	2	
LUMIGAN - bimatoprost ophth soln 0.01%‡	3	QL (15 mls/75 days)
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)(generic for Moxeza)‡	4	
moxifloxacin hcl ophth soln 0.5% (base equiv)(generic for Vigamox)‡	4	
NATACYN - natamycin ophth susp 5%‡	4	
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%‡	3	
pilocarpine hcl ophth soln 2%‡	3	
pilocarpine hcl ophth soln 4%‡	3	

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Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%‡	2	
prednisolone acetate ophth susp 1%‡	3	
prednisolone sodium phosphate ophth soln 1%‡	3	
RESTASIS - cyclosporine (ophth) emulsion 0.05% (pf)‡	3	QL (60 vials/30 days)
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%‡	4	
timolol maleate ophth gel forming soln 0.5%‡	4	
timolol maleate ophth soln 0.25%‡	1	
timolol maleate ophth soln 0.5%‡	1	
tobramycin ophth soln 0.3%‡	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%‡	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)‡	4	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	
fluocinolone acetonide (otic) oil 0.01%‡	4	
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%‡	3	BD
acetylcysteine inhal soln 20%‡	3	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act‡	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act‡	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act‡	3	QL (1 inhaler/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)‡	2	BD
albuterol sulfate soln nebu 0.5% (5 mg/ml)‡	3	BD

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Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)‡	3	BD
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)‡	3	BD
albuterol sulfate syrup 2 mg/5ml‡	2	
albuterol sulfate tab 2 mg‡	4	
albuterol sulfate tab 4 mg‡	4	
*ambrisentan tab 5 mg‡**	4	PA, QL (30 tablets/30 days)
*ambrisentan tab 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‡	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act‡	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act‡	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act‡	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act‡	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 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)‡	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 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)
bosentan tab for oral susp 32 mg	5	PA, QL (120 tablets/30 days)
*bosentan tab 62.5 mg**	5	PA, QL (60 tablets/30 days)
*bosentan tab 125 mg**	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act‡	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act‡	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act‡	3	QL (1 package/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act‡	4	QL (3 inhalers/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
budesonide inhalation susp 0.25 mg/2ml‡	4	BD
budesonide inhalation susp 0.5 mg/2ml‡	4	BD
budesonide inhalation susp 1 mg/2ml‡	4	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act‡	4	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act‡	4	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA
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
cyproheptadine hcl tab 4 mg#‡	4	PA (>=65 yr)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act‡	3	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act‡	3	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act‡	3	QL (3 inhalers/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)‡	3	
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(authorized generic for Adrenaclick 0.3 mg/0.3 mL)‡	3	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)‡	3	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)‡	3	
flunisolide nasal soln 25 mcg/act (0.025%)‡	3	QL (3 bottles/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‡	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act‡	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act‡	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act‡	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act‡	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 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)

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Drug Name	Drug Tier	Requirements/Limits
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*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 13.4 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 25 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
levocetirizine dihydrochloride tab 5 mg‡	2	
montelukast sodium chew tab 4 mg (base equiv)‡	2	
montelukast sodium chew tab 5 mg (base equiv)‡	2	
montelukast sodium oral granules packet 4 mg (base equiv)‡	4	
montelukast sodium tab 10 mg (base equiv)‡	2	
nintedanib esylate cap 100 mg (base equivalent)†	5	PA, QL (60 capsules/30 days)
nintedanib esylate cap 150 mg (base equivalent)†	5	PA, QL (60 capsules/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)‡	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 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
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
pirfenidone cap 267 mg	5	PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg‡	4	PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg	5	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
roflumilast tab 250 mcg‡	4	PA, QL (30 tablets/30 days)
roflumilast tab 500 mcg‡	4	PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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‡	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 2.5 mcg/act‡	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act‡	3	QL (1 canister/30 days)
tadalafil tab 20 mg (pah)‡	4	PA, QL (60 tablets/30 days)
theophylline tab er 12hr 300 mg‡	4	
theophylline tab er 12hr 450 mg‡	4	
theophylline tab er 24hr 400 mg‡	3	
theophylline tab er 24hr 600 mg‡	3	
tobramycin nebu soln 300 mg/5ml	5	BD, PA
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act‡	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act‡	3	QL (60 blisters/30 days)
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	5	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 60 mg	5	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 45 mg	5	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 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‡	4	
zafirlukast tab 20 mg‡	4	
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tab 5 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
cyclobenzaprine hcl tab 10 mg#‡	2	
methocarbamol tab 500 mg#‡	2	
methocarbamol tab 750 mg#‡	2	
Sleep Disorder Agents		
armodafinil tab 50 mg‡	4	PA, QL (30 tablets/30 days)
armodafinil tab 150 mg‡	4	PA, QL (30 tablets/30 days)
armodafinil tab 200 mg‡	4	PA, QL (30 tablets/30 days)
armodafinil tab 250 mg‡	4	PA, QL (30 tablets/30 days)
modafinil tab 100 mg‡	3	PA, QL (30 tablets/30 days)
modafinil tab 200 mg‡	3	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg‡	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)
temazepam cap 15 mg‡	2	QL (30 capsules/30 days)
temazepam cap 30 mg‡	2	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#‡	2	QL (30 tablets/30 days)
zolpidem tartrate tab 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....42
abacavir sulfate soln 20 mg/ml (base equiv)....42
abacavir sulfate tab 300 mg (base equiv)....42
abigale - estradiol & norethindrone acetate tab 1-0.5 mg....79
ABILIFY ASIMTUFII....34
ABILIFY ASIMTUFII....34
ABILIFY MAINTENA....34
ABILIFY MAINTENA....34
ABILIFY MAINTENA....34
ABILIFY MAINTENA....34
abiraterone acetate tab 250 mg....23
abirtega - abiraterone acetate tab 250 mg....23
ABRYSVO....89
acamprosate calcium tab delayed release 333 mg....3
acarbose tab 100 mg....47
acarbose tab 25 mg....47
acarbose tab 50 mg....47
accutane - isotretinoin cap 10 mg....68
accutane - isotretinoin cap 20 mg....68
accutane - isotretinoin cap 30 mg....68
accutane - isotretinoin cap 40 mg....68
acebutolol hcl cap 200 mg....54
acebutolol hcl cap 400 mg....54
acetaminophen w/ codeine soln 120-12 mg/5ml....1
acetaminophen w/ codeine tab 300-15 mg....1
acetaminophen w/ codeine tab 300-30 mg....1
acetaminophen w/ codeine tab 300-60 mg....1
acetazolamide cap er 12hr 500 mg....54
acetazolamide tab 125 mg....54
acetazolamide tab 250 mg....54
acetic acid otic soln 2%....99
acetylcysteine inhal soln 10%....99
acetylcysteine inhal soln 20%....99
acitretin cap 10 mg....68
acitretin cap 17.5 mg....68
acitretin cap 25 mg....68
ACTEMRA....89
ACTEMRA ACTPEN....89
ACTHIB....89
ACTIMMUNE....89
acyclovir cap 200 mg....42
acyclovir oint 5%....42
acyclovir sodium iv soln 50 mg/ml....42
acyclovir susp 200 mg/5ml....42
acyclovir tab 400 mg....42
acyclovir tab 800 mg....42
ADACEL....89
ADACEL....89
adefovir dipivoxil tab 10 mg....42
ADEMPAS....99
ADEMPAS....99
ADEMPAS....99
ADEMPAS....99
ADEMPAS....99
ADVAIR HFA....99
ADVAIR HFA....99
ADVAIR HFA....99
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....79
AIMOVIG....22
AIMOVIG....22
AKEEGA....23
AKEEGA....23
ala-cort - hydrocortisone cream 1%....68
albendazole tab 200 mg....33
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)....99
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)....99
albuterol sulfate soln nebu 0.5% (5 mg/ml)....99
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)....100
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)....100
albuterol sulfate syrup 2 mg/5ml....100
albuterol sulfate tab 2 mg....100
albuterol sulfate tab 4 mg....100
alclometasone dipropionate cream 0.05%....68
alclometasone dipropionate oint 0.05%....68
ALCOHOL SWABS....47
ALECENSA....23
alendronate sodium tab 10 mg....97
alendronate sodium tab 35 mg....97
alendronate sodium tab 70 mg....97
alfuzosin hcl tab er 24hr 10 mg....77
aliskiren fumarate tab 150 mg (base equivalent)....54

aliskiren fumarate tab 300 mg (base equivalent)....54
allopurinol tab 100 mg....21
allopurinol tab 300 mg....21
alosetron hcl tab 0.5 mg (base equiv)....73
alosetron hcl tab 1 mg (base equiv)....73
alprazolam tab 0.25 mg....45
alprazolam tab 0.5 mg....45
alprazolam tab 1 mg....45
alprazolam tab 2 mg....45
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....79
ALUNBRIG....23
ALUNBRIG....23
ALUNBRIG....23
ALUNBRIG....23
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg....79
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg....79
amantadine hcl cap 100 mg....33
amantadine hcl soln 50 mg/5ml....33
ambrisentan tab 10 mg....100
ambrisentan tab 5 mg....100
amikacin sulfate inj 1 gm/4ml (250 mg/ml)....4
amikacin sulfate inj 500 mg/2ml (250 mg/ml)....4
amiloride & hydrochlorothiazide tab 5-50 mg....54
amiloride hcl tab 5 mg....54
amiodarone hcl tab 100 mg....54
amiodarone hcl tab 200 mg....54
amitriptyline hcl tab 100 mg....15
amitriptyline hcl tab 10 mg....15
amitriptyline hcl tab 150 mg....16
amitriptyline hcl tab 25 mg....15
amitriptyline hcl tab 50 mg....15
amitriptyline hcl tab 75 mg....15
amlodipine besylate-atorvastatin calcium tab 10-10 mg....54
amlodipine besylate-atorvastatin calcium tab 10-20 mg....54
amlodipine besylate-atorvastatin calcium tab 10-40 mg....54
amlodipine besylate-atorvastatin calcium tab 10-80 mg....54
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg....54
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg....54
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg....54
amlodipine besylate-atorvastatin calcium tab 5-10 mg....54
amlodipine besylate-atorvastatin calcium tab 5-20 mg....54
amlodipine besylate-atorvastatin calcium tab 5-40 mg....54
amlodipine besylate-atorvastatin calcium tab 5-80 mg....54
amlodipine besylate-benazepril hcl cap 10-20 mg....54
amlodipine besylate-benazepril hcl cap 10-40 mg....54
amlodipine besylate-benazepril hcl cap 2.5-10 mg....54
amlodipine besylate-benazepril hcl cap 5-10 mg....54
amlodipine besylate-benazepril hcl cap 5-20 mg....54
amlodipine besylate-benazepril hcl cap 5-40 mg....54
amlodipine besylate-olmesartan medoxomil tab 10-20 mg....55
amlodipine besylate-olmesartan medoxomil tab 10-40 mg....55
amlodipine besylate-olmesartan medoxomil tab 5-20 mg....55
amlodipine besylate-olmesartan medoxomil tab 5-40 mg....55
amlodipine besylate tab 10 mg (base equivalent)....54
amlodipine besylate tab 2.5 mg (base equivalent)....54
amlodipine besylate tab 5 mg (base equivalent)....54
amlodipine besylate-valsartan tab 10-160 mg....55
amlodipine besylate-valsartan tab 10-320 mg....55
amlodipine besylate-valsartan tab 5-160 mg....55
amlodipine besylate-valsartan tab 5-320 mg....55
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg....55
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg....55
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg....55
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg....55

amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg.....55
amnesteem - isotretinoin cap 10 mg.....68
amnesteem - isotretinoin cap 20 mg.....68
amnesteem - isotretinoin cap 30 mg.....68
amnesteem - isotretinoin cap 40 mg.....68
amoxapine tab 100 mg.....16
amoxapine tab 150 mg.....16
amoxapine tab 25 mg.....16
amoxapine tab 50 mg.....16
amoxicillin (trihydrate) cap 250 mg.....4
amoxicillin (trihydrate) cap 500 mg.....4
amoxicillin (trihydrate) chew tab 125 mg.....4
amoxicillin (trihydrate) chew tab 250 mg.....4
amoxicillin (trihydrate) for susp 125 mg/5ml.....4
amoxicillin (trihydrate) for susp 200 mg/5ml.....4
amoxicillin (trihydrate) for susp 250 mg/5ml.....4
amoxicillin (trihydrate) for susp 400 mg/5ml.....4
amoxicillin (trihydrate) tab 500 mg.....4
amoxicillin (trihydrate) tab 875 mg.....4
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....4
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....4
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....4
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....4
amoxicillin & k clavulanate tab 250-125 mg.....4
amoxicillin & k clavulanate tab 500-125 mg.....4
amoxicillin & k clavulanate tab 875-125 mg.....4
amphetamine-dextroamphetamine cap er 24hr 10 mg.....65
amphetamine-dextroamphetamine cap er 24hr 15 mg.....65
amphetamine-dextroamphetamine cap er 24hr 20 mg.....65
amphetamine-dextroamphetamine cap er 24hr 25 mg.....66
amphetamine-dextroamphetamine cap er 24hr 30 mg.....66
amphetamine-dextroamphetamine cap er 24hr 5 mg.....65
amphetamine-dextroamphetamine tab 10 mg.....66
amphetamine-dextroamphetamine tab 12.5 mg.....66
amphetamine-dextroamphetamine tab 15 mg.....66
amphetamine-dextroamphetamine tab 20 mg.....66
amphetamine-dextroamphetamine tab 30 mg.....66
amphetamine-dextroamphetamine tab 5 mg.....66
amphetamine-dextroamphetamine tab 7.5 mg.....66
AMPHOTERICIN B.....20
amphotericin b liposome iv for susp 50 mg.....20
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 1 gm.....4
anagrelide hcl cap 0.5 mg.....52
anagrelide hcl cap 1 mg.....52
anastrozole tab 1 mg.....23
ANORO ELLIPTA.....100
aprepitant capsule 125 mg.....19
aprepitant capsule 40 mg.....19
aprepitant capsule 80 mg.....19
aprepitant capsule therapy pack 80 & 125 mg.....19
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....79
APTIVUS.....42
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....79
ARCALYST.....89
AREXVY.....89
ARIKAYCE.....4
aripiprazole orally disintegrating tab 10 mg.....34
aripiprazole orally disintegrating tab 15 mg.....34
aripiprazole oral solution 1 mg/ml.....34
aripiprazole tab 10 mg.....34
aripiprazole tab 15 mg.....35
aripiprazole tab 20 mg.....35
aripiprazole tab 2 mg.....34
aripiprazole tab 30 mg.....35
aripiprazole tab 5 mg.....34
armodafinil tab 150 mg.....104
armodafinil tab 200 mg.....104

armodafinil tab 250 mg.....104
armodafinil tab 50 mg.....104
ARNUITY ELLIPTA.....100
ARNUITY ELLIPTA.....100
ARNUITY ELLIPTA.....100
asenapine maleate sl tab 10 mg (base equiv).....35
asenapine maleate sl tab 2.5 mg (base equiv).....35
asenapine maleate sl tab 5 mg (base equiv).....35
ASMANEX HFA.....100
ASMANEX HFA.....100
ASMANEX HFA.....100
ASMANEX TWISTHALER 120 METERED DOSES.....100
ASMANEX TWISTHALER 14 METERED DOSES.....100
ASMANEX TWISTHALER 30 METERED DOSES.....100
ASMANEX TWISTHALER 30 METERED DOSES.....100
ASMANEX TWISTHALER 60 METERED DOSES.....100
aspirin-dipyridamole cap er 12hr 25-200 mg.....52
atazanavir sulfate cap 150 mg (base equiv).....42
atazanavir sulfate cap 200 mg (base equiv).....42
atazanavir sulfate cap 300 mg (base equiv).....42
atenolol & chlorthalidone tab 100-25 mg.....55
atenolol & chlorthalidone tab 50-25 mg.....55
atenolol tab 100 mg.....55
atenolol tab 25 mg.....55
atenolol tab 50 mg.....55
atomoxetine hcl cap 100 mg (base equiv).....66
atomoxetine hcl cap 10 mg (base equiv).....66
atomoxetine hcl cap 18 mg (base equiv).....66
atomoxetine hcl cap 25 mg (base equiv).....66
atomoxetine hcl cap 40 mg (base equiv).....66
atomoxetine hcl cap 60 mg (base equiv).....66
atomoxetine hcl cap 80 mg (base equiv).....66
atorvastatin calcium tab 10 mg (base equivalent).....55
atorvastatin calcium tab 20 mg (base equivalent).....55
atorvastatin calcium tab 40 mg (base equivalent).....55
atorvastatin calcium tab 80 mg (base equivalent).....55
atovaquone-proguanil hcl tab 250-100 mg.....33
atovaquone-proguanil hcl tab 62.5-25 mg.....33
atovaquone susp 750 mg/5ml.....33
atropine sulfate ophth soln 1%.....97
ATTRUBY.....75
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg.....79
AUGTYRO.....23
AUGTYRO.....23
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg.....79
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg.....79
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24).....79
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg.....79
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....79
AUSTEDO.....66
AUSTEDO.....66
AUSTEDO.....66
AUSTEDO XR.....66
AUSTEDO XR.....66
AUSTEDO XR.....66
AUSTEDO XR.....66
AUSTEDO XR.....66
AUSTEDO XR.....66
AUSTEDO XR.....66
AUSTEDO XR.....66
AUSTEDO XR PATIENT TITRATION KIT.....66
AUVELITY.....16
AUVELITY TITRATION PACK.....16
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....79
avidoxy - doxycycline monohydrate tab 100 mg.....4
AVMAPKI FAKZYNJA CO-PACK.....23
AVONEX.....66
AVONEX PEN.....66

ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....79
AYVAKIT....23
AYVAKIT....23
AYVAKIT....23
AYVAKIT....23
AYVAKIT....23
azathioprine tab 50 mg....89
azelaic acid gel 15%....68
azelastine hcl nasal spray 0.1% (137 mcg/ spray)....100
azelastine hcl ophth soln 0.05%....97
azithromycin for susp 100 mg/5ml....5
azithromycin for susp 200 mg/5ml....5
azithromycin iv for soln 500 mg....5
azithromycin tab 250 mg....5
azithromycin tab 500 mg....5
azithromycin tab 600 mg....5
aztreonam for inj 1 gm....5
aztreonam for inj 2 gm....5
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....79

B

bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg....1
bacitracin-polymyxin b ophth oint....97
bacitracin-polymyxin-neomycin-hc ophth oint 1%....98
baclofen tab 10 mg....41
baclofen tab 20 mg....41
balsalazide disodium cap 750 mg....96
BALVERSA....23
BALVERSA....23
BALVERSA....23
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....79
BARACLUDE....42
BCG VACCINE....89
benazepril & hydrochlorothiazide tab 10-12.5 mg....55
benazepril & hydrochlorothiazide tab 20-12.5 mg....55
benazepril & hydrochlorothiazide tab 20-25 mg....55
benazepril & hydrochlorothiazide tab 5-6.25 mg....55
benazepril hcl tab 10 mg....55
benazepril hcl tab 20 mg....55
benazepril hcl tab 40 mg....55
benazepril hcl tab 5 mg....55
BENLYSTA....89
BENLYSTA....89
benzoyl peroxide-erythromycin gel 5-3%....68
benztropine mesylate tab 0.5 mg....33
benztropine mesylate tab 1 mg....33
benztropine mesylate tab 2 mg....33
BEQALZI....23
BEQALZI....23
BEQALZI....23
BEQALZI....23
BEQALZI STARTER PACK....23
BESREMI....90
BESREMI PEN....90
betaine powder for oral solution....75
BETAMETHASONE DIPROPIONATE AUGMENTED....68
betamethasone dipropionate augmented cream 0.05%....68
betamethasone dipropionate augmented lotion 0.05%....68
betamethasone dipropionate augmented oint 0.05%....68
betamethasone dipropionate cream 0.05%....69
betamethasone dipropionate lotion 0.05%....69
betamethasone dipropionate oint 0.05%....69
betamethasone valerate cream 0.1% (base equivalent)....69
betamethasone valerate lotion 0.1% (base equivalent)....69
betamethasone valerate oint 0.1% (base equivalent)....69
BETASERON....66
betaxolol hcl ophth soln 0.5%....98
betaxolol hcl tab 10 mg....55
betaxolol hcl tab 20 mg....55
bethanechol chloride tab 10 mg....77
bethanechol chloride tab 25 mg....77
bethanechol chloride tab 50 mg....77
bethanechol chloride tab 5 mg....77
bexarotene cap 75 mg....24
bexarotene gel 1%....24
BEXSERO....90
bicalutamide tab 50 mg....24
BICILLIN L-A....5
BICILLIN L-A....5
BICILLIN L-A....5
BIKTARVY....42
BIKTARVY....42
bimatoprost ophth soln 0.03%....98

bisoprolol & hydrochlorothiazide tab 10-6.25 mg....55
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg....55
bisoprolol & hydrochlorothiazide tab 5-6.25 mg....55
bisoprolol fumarate tab 10 mg....55
bisoprolol fumarate tab 5 mg....55
BIXLENVO....42
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)....79
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....79
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....79
BONSITY....97
BOOSTRIX....90
bosentan tab 125 mg....100
bosentan tab 62.5 mg....100
bosentan tab for oral susp 32 mg....100
BOSULIF....24
BOSULIF....24
BOSULIF....24
BOSULIF....24
BOSULIF....24
bosutinib tab 100 mg....24
bosutinib tab 400 mg....24
bosutinib tab 500 mg....24
BRAFTOVI....24
BREO ELLIPTA....100
BREO ELLIPTA....100
BREO ELLIPTA....100
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act....101
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act....100
BREZTRI AEROSPHERE....101
BREZTRI AEROSPHERE....101
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....79
brimonidine tartrate ophth soln 0.15%....98
brimonidine tartrate ophth soln 0.2%....98
brivaracetam oral soln 10 mg/ml....10
brivaracetam tab 100 mg....10
brivaracetam tab 10 mg....10
brivaracetam tab 25 mg....10
brivaracetam tab 50 mg....10
brivaracetam tab 75 mg....10
BRIVIACT....10
BRIVIACT....10
BRIVIACT....10
BRIVIACT....10
BRIVIACT....10
BRIVIACT....10
bromocriptine mesylate cap 5 mg (base equivalent)....33
bromocriptine mesylate tab 2.5 mg (base equivalent)....33
BRUKINSA....24
BRUKINSA....24
budesonide delayed release particles cap 3 mg....96
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act....101
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act....101
budesonide inhalation susp 0.25 mg/2ml....101
budesonide inhalation susp 0.5 mg/2ml....101
budesonide inhalation susp 1 mg/2ml....101
budesonide tab er 24hr 9 mg....96
bumetanide inj 0.25 mg/ml....55
bumetanide tab 0.5 mg....56
bumetanide tab 1 mg....56
bumetanide tab 2 mg....56
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
bupropion hcl (smoking deterrent) tab er 12hr 150 mg....3
bupropion hcl tab 100 mg....16
bupropion hcl tab 75 mg....16
bupropion hcl tab er 12hr 100 mg....16
bupropion hcl tab er 12hr 150 mg....16
bupropion hcl tab er 12hr 200 mg....16
bupropion hcl tab er 24hr 150 mg....16
bupropion hcl tab er 24hr 300 mg....16
buspirone hcl tab 10 mg....45
buspirone hcl tab 15 mg....45
buspirone hcl tab 30 mg....45

buspirone hcl tab 5 mg..... 45
buspirone hcl tab 7.5 mg..... 45
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....1
butalbital-aspirin-caffeine cap 50-325-40 mg.....1
BYSANTI..... 35
BYSANTI..... 35
BYSANTI..... 35
BYSANTI..... 35
BYSANTI..... 35
BYSANTI..... 35
BYSANTI..... 35
BYSANTI TITRATION PACK A.....35
BYSANTI TITRATION PACK B.....35
BYSANTI TITRATION PACK C.....35

C

cabergoline tab 0.5 mg..... 88
CABOMETYX..... 24
CABOMETYX..... 24
CABOMETYX..... 24
calcipotriene cream 0.005%.....69
calcipotriene oint 0.005%.....69
calcipotriene soln 0.005% (50 mcg/ml).....69
calcitonin (salmon) nasal soln 200 unit/ act.....97
calcitrene - calcipotriene oint 0.005%..... 69
calcitriol cap 0.25 mcg..... 97
calcitriol cap 0.5 mcg.....97
calcitriol oral soln 1 mcg/ml.....97
CALQUENCE.....24
camila - norethindrone tab 0.35 mg..... 79
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....79
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....56
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg.....56
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg.....56
candesartan cilexetil tab 16 mg..... 56
candesartan cilexetil tab 32 mg..... 56
candesartan cilexetil tab 4 mg..... 56
candesartan cilexetil tab 8 mg..... 56
CAPLYTA.....35
CAPLYTA.....35
CAPLYTA.....35
CAPRELSA..... 24
CAPRELSA..... 24
captopril tab 100 mg.....56
captopril tab 12.5 mg.....56
captopril tab 25 mg.....56
captopril tab 50 mg.....56
carbamazepine cap er 12hr 100 mg..... 10
carbamazepine cap er 12hr 200 mg..... 11
carbamazepine cap er 12hr 300 mg..... 11
carbamazepine chew tab 100 mg.....11
carbamazepine susp 100 mg/5ml.....11
carbamazepine tab 200 mg.....11
carbamazepine tab er 12hr 100 mg..... 11
carbamazepine tab er 12hr 200 mg..... 11
carbamazepine tab er 12hr 400 mg..... 11
carbidopa & levodopa orally disintegrating tab 10-100 mg.....33
carbidopa & levodopa orally disintegrating tab 25-100 mg.....33
carbidopa & levodopa orally disintegrating tab 25-250 mg.....33
carbidopa & levodopa tab 10-100 mg..... 33
carbidopa & levodopa tab 25-100 mg..... 33
carbidopa & levodopa tab 25-250 mg..... 33
carbidopa & levodopa tab er 25-100 mg.....33
carbidopa & levodopa tab er 50-200 mg.....33
carglumic acid soluble tab 200 mg..... 71
carteolol hcl ophth soln 1%..... 98
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg.....56
cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg.....56
cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg.....56
cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg.....56
carvedilol tab 12.5 mg.....56
carvedilol tab 25 mg.....56
carvedilol tab 3.125 mg.....56
carvedilol tab 6.25 mg.....56
caspofungin acetate for iv soln 50 mg..... 20
caspofungin acetate for iv soln 70 mg..... 20
CAVHANZA.....24
CAVHANZA.....24
CAYSTON..... 101
cefaclor cap 250 mg.....5
cefaclor cap 500 mg.....5
cefadroxil cap 500 mg.....5
cefadroxil for susp 250 mg/5ml.....5
cefadroxil for susp 500 mg/5ml.....5
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....5
cefazolin sodium for inj 1 gm..... 5
cefazolin sodium for inj 500 mg..... 5

cefazolin sodium for iv soln 1 gm 5
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml) 5
cefdinir cap 300 mg 5
cefdinir for susp 125 mg/5ml 5
cefdinir for susp 250 mg/5ml 5
cefepime hcl for inj 1 gm 5
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml) 5
cefepime hcl for iv soln 2 gm 5
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml) 5
cefepime hcl iv soln 1 gm/50ml 5
cefepime hcl iv soln 2 gm/100ml 5
cefixime cap 400 mg 5
cefoxitin sodium for iv soln 1 gm 5
cefoxitin sodium for iv soln 2 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 6
cefpodoxime proxetil tab 100 mg 6
cefpodoxime proxetil tab 200 mg 6
cefprozil tab 250 mg 6
cefprozil tab 500 mg 6
ceftaroline fosamil for iv soln 400 mg 6
ceftaroline fosamil for iv soln 600 mg 6
ceftazidime for inj 1 gm 6
ceftazidime for inj 6 gm 6
ceftazidime for iv soln 2 gm 6
ceftriaxone sodium (bulk) for inj 100 gm 6
ceftriaxone sodium for inj 10 gm 6
ceftriaxone sodium for inj 1 gm 6
ceftriaxone sodium for inj 250 mg 6
ceftriaxone sodium for inj 2 gm 6
ceftriaxone sodium for inj 500 mg 6
ceftriaxone sodium for iv soln 1 gm 6
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml 6
ceftriaxone sodium for iv soln 2 gm 6
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml 6
ceftriaxone sodium in dextrose inj 20 mg/ml 6
ceftriaxone sodium in dextrose inj 40 mg/ml 6
cefuroxime axetil tab 250 mg 6
cefuroxime axetil tab 500 mg 6
cefuroxime sodium for inj 750 mg 6
cefuroxime sodium for iv soln 1.5 gm 6
celecoxib cap 100 mg 1
celecoxib cap 200 mg 1
celecoxib cap 400 mg 1
celecoxib cap 50 mg 1
cephalexin cap 250 mg 6
cephalexin cap 500 mg 6
cephalexin for susp 125 mg/5ml 6
cephalexin for susp 250 mg/5ml 6
CEREZYME 75
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 79
CHEMET 71
chlorhexidine gluconate soln 0.12% 68
chloroquine phosphate tab 250 mg 33
chloroquine phosphate tab 500 mg 33
chlorpromazine hcl conc 100 mg/ml 19
chlorpromazine hcl conc 30 mg/ml 19
chlorpromazine hcl tab 100 mg 19
chlorpromazine hcl tab 10 mg 19
chlorpromazine hcl tab 200 mg 19
chlorpromazine hcl tab 25 mg 19
chlorpromazine hcl tab 50 mg 19
chlorthalidone tab 25 mg 56
chlorthalidone tab 50 mg 56
cholestyramine light powder 4 gm/dose 56
cholestyramine light powder packets 4 gm 56
cholestyramine powder 4 gm/dose 56
cholestyramine powder packets 4 gm 56
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 56
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 56
CHORIONIC GONADOTROPIN 78
ciclodan - ciclopirox solution 8% 20
ciclopirox gel 0.77% 20
ciclopirox olamine cream 0.77% (base equiv) 20
ciclopirox olamine susp 0.77% (base equiv) 20
ciclopirox solution 8% 20
cilostazol tab 100 mg 52
cilostazol tab 50 mg 52
CIMDUO 42
cimetidine tab 200 mg 73
cimetidine tab 300 mg 73
cimetidine tab 400 mg 73
cimetidine tab 800 mg 73
cinacalcet hcl tab 30 mg (base equiv) 97

cinacalcet hcl tab 60 mg (base equiv).....97
cinacalcet hcl tab 90 mg (base equiv).....97
ciprofloxacin 200 mg/100ml in d5w..... 6
ciprofloxacin 400 mg/200ml in d5w..... 6
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....98
ciprofloxacin hcl tab 250 mg (base equiv)..... 6
ciprofloxacin hcl tab 500 mg (base equiv)..... 6
ciprofloxacin hcl tab 750 mg (base equiv)..... 6
citalopram hydrobromide oral soln 10 mg/5ml..... 16
citalopram hydrobromide tab 10 mg (base equiv)..... 16
citalopram hydrobromide tab 20 mg (base equiv)..... 16
citalopram hydrobromide tab 40 mg (base equiv)..... 16
claravis - isotretinoin cap 10 mg.....69
claravis - isotretinoin cap 20 mg.....69
claravis - isotretinoin cap 30 mg.....69
claravis - isotretinoin cap 40 mg.....69
CLARITHROMYCIN.....6
CLARITHROMYCIN.....6
clarithromycin tab 250 mg..... 6
clarithromycin tab 500 mg..... 7
clindamycin hcl cap 150 mg.....7
clindamycin hcl cap 300 mg.....7
clindamycin hcl cap 75 mg.....7
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)..... 7
clindamycin phosphate gel 1% (once-daily).....7
clindamycin phosphate gel 1% (twice-daily).....7
clindamycin phosphate in d5w iv soln 300 mg/50ml.....7
clindamycin phosphate in d5w iv soln 600 mg/50ml.....7
clindamycin phosphate in d5w iv soln 900 mg/50ml.....7
clindamycin phosphate inj 300 mg/2ml.....7
clindamycin phosphate inj 600 mg/4ml.....7
clindamycin phosphate inj 900 mg/6ml.....7
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml.....7
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml.....7
clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml.....7
clindamycin phosphate soln 1%.....7
clindamycin phosphate vaginal cream 2%.....7
clobazam suspension 2.5 mg/ml..... 11
clobazam tab 10 mg.....11
clobazam tab 20 mg.....11
clobetasol propionate cream 0.05%.....69
clobetasol propionate e - clobetasol propionate emollient base cream 0.05%.....69
clobetasol propionate emollient base cream 0.05%.....69
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%.....69
clobetasol propionate gel 0.05%.....69
clobetasol propionate oint 0.05%..... 69
clobetasol propionate soln 0.05%.....69
clomipramine hcl cap 25 mg..... 16
clomipramine hcl cap 50 mg..... 16
clomipramine hcl cap 75 mg..... 16
clonazepam orally disintegrating tab 0.125 mg.....45
clonazepam orally disintegrating tab 0.25 mg.....45
clonazepam orally disintegrating tab 0.5 mg.....45
clonazepam orally disintegrating tab 1 mg.....46
clonazepam orally disintegrating tab 2 mg.....46
clonazepam tab 0.5 mg..... 46
clonazepam tab 1 mg.....46
clonazepam tab 2 mg.....46
clonidine hcl tab 0.1 mg.....56
clonidine hcl tab 0.2 mg.....56
clonidine hcl tab 0.3 mg.....56
clonidine hcl tab er 12hr 0.1 mg..... 66
clonidine td patch weekly 0.1 mg/24hr.....56
clonidine td patch weekly 0.2 mg/24hr.....56
clonidine td patch weekly 0.3 mg/24hr.....56
clopidogrel bisulfate tab 75 mg (base equiv)..... 52
clorazepate dipotassium tab 15 mg.....46
clorazepate dipotassium tab 3.75 mg..... 46
clorazepate dipotassium tab 7.5 mg..... 46
clotrimazole cream 1%.....20
clotrimazole troche 10 mg..... 20
clotrimazole w/ betamethasone cream 1-0.05%..... 69
clozapine orally disintegrating tab 100 mg.....35

clozapine orally disintegrating tab 12.5 mg....35
clozapine orally disintegrating tab 150 mg....36
clozapine orally disintegrating tab 200 mg....36
clozapine orally disintegrating tab 25 mg....35
clozapine tab 100 mg....36
clozapine tab 200 mg....36
clozapine tab 25 mg....36
clozapine tab 50 mg....36
COARTEM....33
COBENFY....36
COBENFY....36
COBENFY....36
COBENFY STARTER PACK....36
colchicine tab 0.6 mg....21
colchicine w/ probenecid tab 0.5-500 mg....21
colestipol hcl granule packets 5 gm....56
colestipol hcl granules 5 gm....56
colestipol hcl tab 1 gm....57
colistimethate sod for inj 150 mg (colistin base activity)....7
COMBIPATCH....80
COMBIPATCH....80
COMBIVENT RESPIMAT....101
COMETRIQ....24
COMETRIQ....24
COMETRIQ....24
compro - prochlorperazine suppos 25 mg....19
constulose - lactulose solution 10 gm/15ml....73
COPIKTRA....24
COPIKTRA....24
CORLANOR....57
COSENTYX....90
COSENTYX....90
COSENTYX....90
COSENTYX SENSOREADY PEN....90
COSENTYX SENSOREADY PEN....90
COSENTYX UNOREADY....90
COTELLIC....24
CREON....75
CREON....75
CREON....75
CREON....75
CREON....75
CRESEMBA....20
CRESEMBA....20
cromolyn sodium ophth soln 4%....98
cromolyn sodium oral conc 100 mg/5ml....75
cromolyn sodium soln nebu 20 mg/2ml....101
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg....80
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg....80
CRYSVITA....75
CRYSVITA....75
CRYSVITA....75
cyclobenzaprine hcl tab 10 mg....104
cyclobenzaprine hcl tab 5 mg....103
CYCLOPHOSPHAMIDE....24
cyclophosphamide cap 25 mg....24
cyclophosphamide cap 50 mg....24
cyclosporine (ophth) emulsion 0.05% (pf)....98
cyclosporine cap 100 mg....90
cyclosporine cap 25 mg....90
cyclosporine modified cap 100 mg....90
cyclosporine modified cap 25 mg....90
cyclosporine modified cap 50 mg....90
cyclosporine modified oral soln 100 mg/ml....90
cyproheptadine hcl tab 4 mg....101
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....80
CYSTAGON....75
CYSTAGON....75
CYSTARAN....98

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq)....52
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)....52
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)....52
dalfampridine tab er 12hr 10 mg....66
danazol cap 100 mg....80
danazol cap 200 mg....80
danazol cap 50 mg....80
dantrolene sodium cap 100 mg....41
dantrolene sodium cap 25 mg....41
dantrolene sodium cap 50 mg....41
DANZITEN....24
DANZITEN....24
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg....47

dapagliflozin-metformin hcl tab er 24hr 10-500 mg....47
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg....47
dapagliflozin-metformin hcl tab er 24hr 5-500 mg....47
dapagliflozin tab 10 mg....47
dapagliflozin tab 5 mg....47
dapsone tab 100 mg....22
dapsone tab 25 mg....22
DAPTACEL....90
daptomycin for iv soln 500 mg....7
darunavir tab 600 mg....42
darunavir tab 800 mg....42
dasatinib tab 100 mg....25
dasatinib tab 140 mg....25
dasatinib tab 20 mg....24
dasatinib tab 50 mg....25
dasatinib tab 70 mg....25
dasatinib tab 80 mg....25
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg....80
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg....80
DAURISMO....25
DAURISMO....25
deblitane - norethindrone tab 0.35 mg....80
deferasirox granules packet 180 mg....71
deferasirox granules packet 360 mg....71
deferasirox granules packet 90 mg....71
deferasirox tab 180 mg....72
deferasirox tab 360 mg....72
deferasirox tab 90 mg....72
deferasirox tab for oral susp 125 mg....71
deferasirox tab for oral susp 250 mg....72
deferasirox tab for oral susp 500 mg....72
DELSTRIGO....42
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....80
DENGVAXIA....90
DEPO-SUBQ PROVERA 104....80
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml....80
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml....80
DESCOVY....42
DESCOVY....42
desipramine hcl tab 100 mg....16
desipramine hcl tab 10 mg....16
desipramine hcl tab 150 mg....16
desipramine hcl tab 25 mg....16
desipramine hcl tab 50 mg....16
desipramine hcl tab 75 mg....16
desmopressin acetate inj 4 mcg/ml....78
desmopressin acetate nasal spray soln 0.01%....78
desmopressin acetate nasal spray soln 0.01% (refrigerated)....78
desmopressin acetate preservative free (pf) inj 4 mcg/ml....78
desmopressin acetate tab 0.1 mg....78
desmopressin acetate tab 0.2 mg....78
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....80
desonide oint 0.05%....69
desoximetasone cream 0.25%....69
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)....16
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)....16
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)....16
dexamethasone elixir 0.5 mg/5ml....77
dexamethasone sodium phosphate ophth soln 0.1%....98
dexamethasone soln 0.5 mg/5ml....77
dexamethasone tab 0.5 mg....77
dexamethasone tab 0.75 mg....78
dexamethasone tab 1 mg....78
dexamethasone tab 2 mg....78
dexamethasone tab 4 mg....78
dexamethasone tab 6 mg....78
dexmethylphenidate hcl tab 10 mg....66
dexmethylphenidate hcl tab 2.5 mg....66
dexmethylphenidate hcl tab 5 mg....66
dextroamphetamine sulfate tab 10 mg....67
dextroamphetamine sulfate tab 5 mg....66
dextromethorphan hbr-quinidine sulfate cap 20-10 mg....67
dextrose 2.5% w/ sodium chloride 0.45%....72
dextrose 5% w/ sodium chloride 0.2%....72
dextrose 5% w/ sodium chloride 0.45%....72
dextrose 5% w/ sodium chloride 0.9%....72
dextrose inj 10%....72
dextrose inj 5%....72
DIACOMIT....11
DIACOMIT....11
DIACOMIT....11
DIACOMIT....11
diazepam conc 5 mg/ml....46
diazepam intensol - diazepam conc 5 mg/ml....46

diazepam oral soln 1 mg/ml.....46
diazepam rectal gel delivery system 10 mg.....11
diazepam rectal gel delivery system 2.5 mg.....11
diazepam rectal gel delivery system 20 mg.....11
diazepam tab 10 mg.....46
diazepam tab 2 mg.....46
diazepam tab 5 mg.....46
diazoxide susp 50 mg/ml.....47
diclofenac potassium tab 50 mg.....1
diclofenac sodium (actinic keratoses) gel 3%.....69
diclofenac sodium ophth soln 0.1%.....98
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
dicloxacillin sodium cap 250 mg.....7
dicloxacillin sodium cap 500 mg.....7
dicyclomine hcl cap 10 mg.....73
dicyclomine hcl oral soln 10 mg/5ml.....73
dicyclomine hcl tab 20 mg.....73
DIFICID.....7
DIFICID.....7
digoxin oral soln 0.05 mg/ml.....57
digoxin tab 125 mcg (0.125 mg).....57
digoxin tab 250 mcg (0.25 mg).....57
dihydroergotamine mesylate nasal spray 4 mg/ml.....22
DILANTIN.....11
diltiazem hcl cap er 24hr 120 mg.....57
diltiazem hcl cap er 24hr 180 mg.....57
diltiazem hcl cap er 24hr 240 mg.....57
diltiazem hcl coated beads cap er 24hr 120 mg.....57
diltiazem hcl coated beads cap er 24hr 180 mg.....57
diltiazem hcl coated beads cap er 24hr 240 mg.....57
diltiazem hcl coated beads cap er 24hr 300 mg.....57
diltiazem hcl coated beads cap er 24hr 360 mg.....57
diltiazem hcl extended release beads cap er 24hr 120 mg.....57
diltiazem hcl extended release beads cap er 24hr 180 mg.....57
diltiazem hcl extended release beads cap er 24hr 240 mg.....57
diltiazem hcl extended release beads cap er 24hr 300 mg.....57
diltiazem hcl extended release beads cap er 24hr 360 mg.....57
diltiazem hcl extended release beads cap er 24hr 420 mg.....57
diltiazem hcl tab 120 mg.....57
diltiazem hcl tab 30 mg.....57
diltiazem hcl tab 60 mg.....57
diltiazem hcl tab 90 mg.....57
diltiazem hcl tab er 24hr 120 mg.....57
dilt-xr - diltiazem hcl cap er 24hr 120 mg.....57
dilt-xr - diltiazem hcl cap er 24hr 180 mg.....57
dilt-xr - diltiazem hcl cap er 24hr 240 mg.....57
dimethyl fumarate capsule delayed release 120 mg.....67
dimethyl fumarate capsule delayed release 240 mg.....67
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....67
diphenoxylate w/ atropine tab 2.5-0.025 mg.....73
disulfiram tab 250 mg.....3
disulfiram tab 500 mg.....3
divalproex sodium cap delayed release sprinkle 125 mg.....11
divalproex sodium tab delayed release 125 mg.....11
divalproex sodium tab delayed release 250 mg.....11
divalproex sodium tab delayed release 500 mg.....11
divalproex sodium tab er 24 hr 250 mg.....11
divalproex sodium tab er 24 hr 500 mg.....11
dofetilide cap 125 mcg (0.125 mg).....57
dofetilide cap 250 mcg (0.25 mg).....57
dofetilide cap 500 mcg (0.5 mg).....57
donepezil hydrochloride orally disintegrating tab 10 mg.....15
donepezil hydrochloride orally disintegrating tab 5 mg.....15
donepezil hydrochloride tab 10 mg.....15
donepezil hydrochloride tab 5 mg.....15
dorzolamide hcl ophth soln 2%.....98

dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....98
dotti - estradiol td patch twice weekly 0.025 mg/24hr.....80
dotti - estradiol td patch twice weekly 0.0375 mg/24hr.....80
dotti - estradiol td patch twice weekly 0.05 mg/24hr.....80
dotti - estradiol td patch twice weekly 0.075 mg/24hr.....80
dotti - estradiol td patch twice weekly 0.1 mg/24hr.....80
DOVATO.....42
doxazosin mesylate tab 1 mg.....57
doxazosin mesylate tab 2 mg.....57
doxazosin mesylate tab 4 mg.....57
doxazosin mesylate tab 8 mg.....57
doxepin hcl cap 100 mg.....16
doxepin hcl cap 10 mg.....16
doxepin hcl cap 150 mg.....16
doxepin hcl cap 25 mg.....16
doxepin hcl cap 50 mg.....16
doxepin hcl cap 75 mg.....16
doxepin hcl conc 10 mg/ml.....16
doxy 100 - doxycycline hyclate for inj 100 mg.....7
doxycycline hyclate cap 100 mg.....7
doxycycline hyclate cap 50 mg.....7
doxycycline hyclate for inj 100 mg.....7
doxycycline hyclate tab 100 mg.....7
doxycycline hyclate tab 20 mg.....7
doxycycline monohydrate cap 100 mg.....7
doxycycline monohydrate cap 50 mg.....7
doxycycline monohydrate tab 100 mg.....7
doxycycline monohydrate tab 50 mg.....7
doxycycline monohydrate tab 75 mg.....7
DRIZALMA SPRINKLE.....17
DRIZALMA SPRINKLE.....17
DRIZALMA SPRINKLE.....17
DRIZALMA SPRINKLE.....17
dronabinol cap 10 mg.....19
dronabinol cap 2.5 mg.....19
dronabinol cap 5 mg.....19
drospirenone-ethinyl estradiol tab 3-0.02 mg.....80
drospirenone-ethinyl estradiol tab 3-0.03 mg.....80
droxidopa cap 100 mg.....57
droxidopa cap 200 mg.....57
droxidopa cap 300 mg.....57
DUAVEE.....80
DULERA.....101
DULERA.....101
DULERA.....101
duloxetine hcl enteric coated pellets cap 20 mg (base eq).....17
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....17
duloxetine hcl enteric coated pellets cap 60 mg (base eq).....17
DUPIXENT.....90
DUPIXENT.....90
DUPIXENT.....90
DUPIXENT.....90
dutasteride cap 0.5 mg.....77

E

econazole nitrate cream 1%.....20
EDURANT.....42
EDURANT PED.....42
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE.....42
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....42
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....42
efavirenz tab 600 mg.....42
ELELYSO.....75
ELIGARD.....88
ELIGARD.....88
ELIGARD.....88
ELIGARD.....88
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....80
ELIQUIS.....52
ELIQUIS.....52
ELIQUIS.....52
ELIQUIS.....52
ELIQUIS.....52
ELIQUIS.....52
ELIQUIS STARTER PACK.....52
eltrombopag olamine powder pack for susp 12.5 mg (base eq).....52
eltrombopag olamine powder pack for susp 25 mg (base equiv).....52
eltrombopag olamine tab 12.5 mg (base equiv).....52
eltrombopag olamine tab 25 mg (base equiv).....52
eltrombopag olamine tab 50 mg (base equiv).....52
eltrombopag olamine tab 75 mg (base equiv).....52
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr.....80

EMGALITY..... 22
EMGALITY..... 22
EMGALITY..... 22
EMSAM..... 17
EMSAM..... 17
EMSAM..... 17
emtricitabine caps 200 mg..... 42
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg..... 43
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg..... 43
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg..... 43
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg..... 43
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg..... 43
EMTRIVA..... 43
emzahh - norethindrone tab 0.35 mg..... 80
enalapril maleate & hydrochlorothiazide tab 10-25 mg..... 58
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg..... 57
enalapril maleate tab 10 mg..... 58
enalapril maleate tab 2.5 mg..... 58
enalapril maleate tab 20 mg..... 58
enalapril maleate tab 5 mg..... 58
ENBREL..... 90
ENBREL..... 90
ENBREL..... 90
ENBREL MINI..... 90
ENBREL SURECLICK..... 91
endocet - oxycodone w/ acetaminophen tab 10-325 mg..... 1
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg..... 1
endocet - oxycodone w/ acetaminophen tab 5-325 mg..... 1
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg..... 1
ENGERIX-B..... 91
ENGERIX-B..... 91
ENGERIX-B..... 91
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr..... 80
enoxaparin sodium inj soln pref syr 100 mg/ml..... 52
enoxaparin sodium inj soln pref syr 120 mg/0.8ml..... 52
enoxaparin sodium inj soln pref syr 150 mg/ml..... 52
enoxaparin sodium inj soln pref syr 30 mg/0.3ml..... 52
enoxaparin sodium inj soln pref syr 40 mg/0.4ml..... 52
enoxaparin sodium inj soln pref syr 60 mg/0.6ml..... 52
enoxaparin sodium inj soln pref syr 80 mg/0.8ml..... 52
ENSACOVE..... 25
ENSACOVE..... 25
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... 80
entacapone tab 200 mg..... 33
entecavir tab 0.5 mg..... 43
entecavir tab 1 mg..... 43
ENTRESTO..... 58
ENTRESTO..... 58
ENTYVIO PEN..... 91
enulose - lactulose (encephalopathy) solution 10 gm/15ml..... 74
ENVARSUS XR..... 91
ENVARSUS XR..... 91
ENVARSUS XR..... 91
EPIDIOLEX..... 11
epinastine hcl ophth soln 0.05%..... 98
EPINEPHRINE..... 101
EPINEPHRINE..... 101
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)..... 101
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)..... 101
ergotamine w/ caffeine tab 1-100 mg..... 22
ERIVEDGE..... 25
ERLEADA..... 25
ERLEADA..... 25
erlotinib hcl tab 100 mg (base equivalent)..... 25
erlotinib hcl tab 150 mg (base equivalent)..... 25
erlotinib hcl tab 25 mg (base equivalent)..... 25
errin - norethindrone tab 0.35 mg..... 80
ertapenem sodium for inj 1 gm (base equivalent)..... 7
ERVEBO..... 91
erythrocin lactobionate - erythromycin lactobionate for inj 500 mg..... 7
erythromycin ophth oint 5 mg/gm..... 98
erythromycin soln 2%..... 7
erythromycin tab 250 mg..... 8
erythromycin tab 500 mg..... 8

erythromycin tab delayed release 250 mg.....8
erythromycin tab delayed release 333 mg.....8
erythromycin tab delayed release 500 mg.....8
erythromycin w/ delayed release particles cap 250 mg.....8
escitalopram oxalate soln 5 mg/5ml (base equiv).....17
escitalopram oxalate tab 10 mg (base equiv).....17
escitalopram oxalate tab 20 mg (base equiv).....17
escitalopram oxalate tab 5 mg (base equiv).....17
eslicarbazepine acetate tab 200 mg.....11
eslicarbazepine acetate tab 400 mg.....11
eslicarbazepine acetate tab 600 mg.....11
eslicarbazepine acetate tab 800 mg.....11
esomeprazole magnesium cap delayed release 20 mg (base eq).....74
esomeprazole magnesium cap delayed release 40 mg (base eq).....74
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg.....80
estradiol & norethindrone acetate tab 1-0.5 mg.....80
estradiol tab 0.5 mg.....80
estradiol tab 1 mg.....80
estradiol tab 2 mg.....80
estradiol td gel 0.25 mg/0.25gm (0.1%).....81
estradiol td gel 0.5 mg/0.5gm (0.1%).....81
estradiol td gel 0.75 mg/0.75gm (0.1%).....81
estradiol td gel 1.25 mg/1.25gm (0.1%).....81
estradiol td gel 1 mg/gm (0.1%).....81
estradiol td patch twice weekly 0.025 mg/24hr.....81
estradiol td patch twice weekly 0.0375 mg/24hr.....81
estradiol td patch twice weekly 0.05 mg/24hr.....81
estradiol td patch twice weekly 0.075 mg/24hr.....81
estradiol td patch twice weekly 0.1 mg/24hr.....81
estradiol td patch weekly 0.025 mg/24hr.....81
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....81
estradiol td patch weekly 0.05 mg/24hr.....81
estradiol td patch weekly 0.06 mg/24hr.....81
estradiol td patch weekly 0.075 mg/24hr.....81
estradiol td patch weekly 0.1 mg/24hr.....81
estradiol vaginal cream 0.01%.....81
estradiol vaginal tab 10 mcg.....81
estradiol valerate im in oil 10 mg/ml.....81
estradiol valerate im in oil 20 mg/ml.....81
estradiol valerate im in oil 40 mg/ml.....81
ETCAMAH.....25
ethambutol hcl tab 100 mg.....22
ethambutol hcl tab 400 mg.....22
ethosuximide cap 250 mg.....11
ethosuximide soln 250 mg/5ml.....11
etodolac cap 200 mg.....1
etodolac cap 300 mg.....1
etodolac tab 400 mg.....1
etodolac tab 500 mg.....1
etodolac tab er 24hr 400 mg.....1
etodolac tab er 24hr 500 mg.....1
etodolac tab er 24hr 600 mg.....1
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....81
etravirine tab 100 mg.....43
etravirine tab 200 mg.....43
EUCRISA.....69
EULEXIN.....25
everolimus tab 0.25 mg.....91
everolimus tab 0.5 mg.....91
everolimus tab 0.75 mg.....91
everolimus tab 10 mg.....25
everolimus tab 1 mg.....91
everolimus tab 2.5 mg.....25
everolimus tab 5 mg.....25
everolimus tab 7.5 mg.....25
everolimus tab for oral susp 2 mg.....25
everolimus tab for oral susp 3 mg.....25
everolimus tab for oral susp 5 mg.....25
EVOTAZ.....43
exemestane tab 25 mg.....25
EXXUA.....17
EXXUA.....17
EXXUA.....17
EXXUA.....17
EXXUA TITRATION PACK.....17
ezetimibe-simvastatin tab 10-10 mg.....58
ezetimibe-simvastatin tab 10-20 mg.....58
ezetimibe-simvastatin tab 10-40 mg.....58
ezetimibe-simvastatin tab 10-80 mg.....58

ezetimibe tab 10 mg....58

F

falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....81
famciclovir tab 125 mg....43
famciclovir tab 250 mg....43
famciclovir tab 500 mg....43
famotidine for susp 40 mg/5ml....74
famotidine tab 20 mg....74
famotidine tab 40 mg....74
FANAPT....36
FANAPT....36
FANAPT....36
FANAPT....36
FANAPT....36
FANAPT....36
FANAPT....36
FANAPT TITRATION PACK A....36
FANAPT TITRATION PACK B....36
FANAPT TITRATION PACK C....36
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....81
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....81
felbamate susp 600 mg/5ml....11
felbamate tab 400 mg....11
felbamate tab 600 mg....11
felodipine tab er 24hr 10 mg....58
felodipine tab er 24hr 2.5 mg....58
felodipine tab er 24hr 5 mg....58
fenofibrate micronized cap 134 mg....58
fenofibrate micronized cap 200 mg....58
fenofibrate micronized cap 67 mg....58
fenofibrate tab 145 mg....58
fenofibrate tab 160 mg....58
fenofibrate tab 48 mg....58
fenofibrate tab 54 mg....58
fentanyl td patch 72hr 100 mcg/hr....1
fentanyl td patch 72hr 12 mcg/hr....1
fentanyl td patch 72hr 25 mcg/hr....1
fentanyl td patch 72hr 37.5 mcg/hr....1
fentanyl td patch 72hr 50 mcg/hr....1
fentanyl td patch 72hr 62.5 mcg/hr....1
fentanyl td patch 72hr 75 mcg/hr....1
fentanyl td patch 72hr 87.5 mcg/hr....1
FETZIMA....17
FETZIMA....17
FETZIMA....17
FETZIMA....17
FETZIMA TITRATION PACK....17
FIASP....47
FIASP FLEXTOUCH....47
FIASP PENFILL....47
FIASP PUMPCART....47
fidaxomicin tab 200 mg....8
FINACEA....69
finasteride tab 5 mg....77
fingolimod hcl cap 0.5 mg (base equiv)....67
FINTEPLA....11
FIRMAGON....88
FIRMAGON....88
flecainide acetate tab 100 mg....58
flecainide acetate tab 150 mg....58
flecainide acetate tab 50 mg....58
fluconazole for susp 10 mg/ml....20
fluconazole for susp 40 mg/ml....20
fluconazole in nacl 0.9% inj 200 mg/100ml....20
fluconazole in nacl 0.9% inj 400 mg/200ml....20
fluconazole tab 100 mg....20
fluconazole tab 150 mg....20
fluconazole tab 200 mg....21
fluconazole tab 50 mg....20
flucytosine cap 250 mg....21
flucytosine cap 500 mg....21
fludrocortisone acetate tab 0.1 mg....78
flunisolide nasal soln 25 mcg/act (0.025%)....101
fluocinolone acetonide (otic) oil 0.01%....99
fluocinolone acetonide cream 0.01%....69
fluocinolone acetonide cream 0.025%....69
fluocinolone acetonide oil 0.01% (body oil)....69
fluocinolone acetonide oil 0.01% (scalp oil)....69
fluocinolone acetonide oint 0.025%....69
fluocinolone acetonide soln 0.01%....69
fluocinonide cream 0.05%....69
fluocinonide emulsified base cream 0.05%....69
fluocinonide gel 0.05%....69
fluocinonide oint 0.05%....69
fluocinonide soln 0.05%....70
fluorometholone ophth susp 0.1%....98
FLUOROURACIL....70
fluorouracil cream 5%....70
fluorouracil soln 5%....70
fluoxetine hcl cap 10 mg....17
fluoxetine hcl cap 20 mg....17
fluoxetine hcl cap 40 mg....17
fluoxetine hcl solution 20 mg/5ml....17
fluphenazine decanoate inj 25 mg/ml....36

FLUPHENAZINE HCL....36
fluphenazine hcl tab 10 mg....37
fluphenazine hcl tab 1 mg....36
fluphenazine hcl tab 2.5 mg....36
fluphenazine hcl tab 5 mg....36
FLUPHENAZINE HYDROCHLORIDE....37
FLUPHENAZINE HYDROCHLORIDE....37
flurbiprofen sodium ophth soln 0.03%....98
flurbiprofen tab 100 mg....1
FLUTICASONE PROPIONATE/ SALMETEROL....101
FLUTICASONE PROPIONATE/ SALMETEROL....101
FLUTICASONE PROPIONATE/ SALMETEROL....101
fluticasone propionate cream 0.05%....70
fluticasone propionate nasal susp 50 mcg/ act....101
fluticasone propionate oint 0.005%....70
fluticasone-salmeterol aer powder ba 100-50 mcg/ act....101
fluticasone-salmeterol aer powder ba 250-50 mcg/ act....101
fluticasone-salmeterol aer powder ba 500-50 mcg/ act....101
fluvastatin sodium cap 20 mg (base equivalent)....58
fluvastatin sodium cap 40 mg (base equivalent)....58
fluvoxamine maleate tab 100 mg....17
fluvoxamine maleate tab 25 mg....17
fluvoxamine maleate tab 50 mg....17
fosamprenavir calcium tab 700 mg (base equiv)....43
fosfomycin tromethamine powd pack 3 gm (base equivalent)....8
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg....58
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg....58
fosinopril sodium tab 10 mg....58
fosinopril sodium tab 20 mg....58
fosinopril sodium tab 40 mg....58
FOTIVDA....25
FOTIVDA....25
FRUZAQLA....25
FRUZAQLA....25
furosemide inj 10 mg/ml....58
furosemide oral soln 10 mg/ml....58
furosemide oral soln 8 mg/ml....58
furosemide tab 20 mg....58
furosemide tab 40 mg....58
furosemide tab 80 mg....58

G

gabapentin cap 100 mg....12
gabapentin cap 300 mg....12
gabapentin cap 400 mg....12
gabapentin oral soln 250 mg/5ml....12
gabapentin tab 600 mg....12
gabapentin tab 800 mg....12
GALANTAMINE HYDROBROMIDE....15
galantamine hydrobromide cap er 24hr 16 mg....15
galantamine hydrobromide cap er 24hr 24 mg....15
galantamine hydrobromide cap er 24hr 8 mg....15
galantamine hydrobromide tab 12 mg....15
galantamine hydrobromide tab 4 mg....15
galantamine hydrobromide tab 8 mg....15
gallifrey - norethindrone acetate tab 5 mg....81
GAMMAGARD LIQUID....91
GAMMAGARD LIQUID....91
GAMMAGARD LIQUID....91
GAMMAGARD LIQUID....91
GAMMAGARD LIQUID....91
GAMMAGARD LIQUID....91
GAMMAGARD LIQUID ERC....91
GAMMAGARD LIQUID ERC....91
GAMUNEX-C....91
GAMUNEX-C....91
GAMUNEX-C....91
GAMUNEX-C....91
GAMUNEX-C....91
GAMUNEX-C....92
GARDASIL 9....92
GARDASIL 9....92
GAUZE PADS 2" X 2"....47
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm....74
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm....74
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm....74
GAVRETO....25
gefitinib tab 250 mg....25
gemfibrozil tab 600 mg....59
generlac - lactulose (encephalopathy) solution 10 gm/15ml....74
gengraf - cyclosporine modified cap 100 mg....92

gengraf - cyclosporine modified cap 25 mg....92
gentamicin sulfate cream 0.1%....70
gentamicin sulfate inj 40 mg/ml....8
gentamicin sulfate oint 0.1%....70
gentamicin sulfate ophth soln 0.3%....98
GENVOYA....43
GILOTRIF....25
GILOTRIF....25
GILOTRIF....25
glatiramer acetate soln prefilled syringe 20 mg/ml....67
glatiramer acetate soln prefilled syringe 40 mg/ml....67
glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml....67
glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml....67
glimepiride tab 1 mg....47
glimepiride tab 2 mg....47
glimepiride tab 4 mg....47
glipizide-metformin hcl tab 2.5-250 mg....47
glipizide-metformin hcl tab 2.5-500 mg....47
glipizide-metformin hcl tab 5-500 mg....47
glipizide tab 10 mg....47
glipizide tab 5 mg....47
glipizide tab er 24hr 10 mg....47
glipizide tab er 24hr 2.5 mg....47
glipizide tab er 24hr 5 mg....47
glutamine (sickle cell) powd pack 5 gm....75
glyburide-metformin tab 1.25-250 mg....47
glyburide-metformin tab 2.5-500 mg....47
glyburide-metformin tab 5-500 mg....48
glyburide tab 1.25 mg....47
glyburide tab 2.5 mg....47
glyburide tab 5 mg....47
glycopyrrolate tab 1 mg....74
glycopyrrolate tab 2 mg....74
GLYXAMBI....48
GLYXAMBI....48
GOMEKLI....25
GOMEKLI....25
GOMEKLI....25
GRANIX....52
GRANIX....52
GRANIX....52
griseofulvin microsize susp 125 mg/5ml....21
griseofulvin microsize tab 500 mg....21
griseofulvin ultramicrosize tab 125 mg....21
griseofulvin ultramicrosize tab 250 mg....21
guanfacine hcl tab 1 mg....59
guanfacine hcl tab 2 mg....59
guanfacine hcl tab er 24hr 1 mg (base equiv)....67
guanfacine hcl tab er 24hr 2 mg (base equiv)....67
guanfacine hcl tab er 24hr 3 mg (base equiv)....67
guanfacine hcl tab er 24hr 4 mg (base equiv)....67
GVOKE HYPOPEN 1-PACK....48
GVOKE HYPOPEN 1-PACK....48
GVOKE HYPOPEN 2-PACK....48
GVOKE HYPOPEN 2-PACK....48
GVOKE KIT....48
GVOKE PFS....48

H

HADLIMA....92
HADLIMA....92
HADLIMA PUSHTOUCH....92
HADLIMA PUSHTOUCH....92
HAEGARDA....92
HAEGARDA....92
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....81
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)....81
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....81
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg....81
halobetasol propionate cream 0.05%....70
halobetasol propionate oint 0.05%....70
haloperidol decanoate im soln 100 mg/ml....37
haloperidol decanoate im soln 50 mg/ml....37
haloperidol lactate inj 5 mg/ml....37
haloperidol lactate oral conc 2 mg/ml....37
haloperidol tab 0.5 mg....37
haloperidol tab 10 mg....37
haloperidol tab 1 mg....37
haloperidol tab 20 mg....37
haloperidol tab 2 mg....37
haloperidol tab 5 mg....37
HAVRIX....92
HAVRIX....92
heather - norethindrone tab 0.35 mg....81
heparin sodium (porcine) inj 10000 unit/ml....52
heparin sodium (porcine) inj 1000 unit/ml....52

heparin sodium (porcine) inj 20000 unit/ml....52
heparin sodium (porcine) inj 5000 unit/ml....52
heparin sodium (porcine) pf inj 1000 unit/ml....53
heparin sodium (porcine) pf inj 5000 unit/ml....53
HEPLISAV-B....92
HERNEXEOS....25
HIBERIX....92
HUMALOG....48
HUMALOG....48
HUMALOG JUNIOR KWIKPEN....48
HUMALOG KWIKPEN....48
HUMALOG KWIKPEN....48
HUMALOG MIX 50/50 KWIKPEN....48
HUMALOG MIX 75/25....48
HUMALOG MIX 75/25 KWIKPEN....48
HUMATIN....8
HUMULIN 70/30....48
HUMULIN 70/30 KWIKPEN....48
HUMULIN N....48
HUMULIN N KWIKPEN....48
HUMULIN R....48
HUMULIN R U-500 KWIKPEN....48
hydralazine hcl tab 100 mg....59
hydralazine hcl tab 10 mg....59
hydralazine hcl tab 25 mg....59
hydralazine hcl tab 50 mg....59
hydrochlorothiazide cap 12.5 mg....59
hydrochlorothiazide tab 12.5 mg....59
hydrochlorothiazide tab 25 mg....59
hydrochlorothiazide tab 50 mg....59
hydrocodone-acetaminophen soln 7.5-325 mg/15ml....2
hydrocodone-acetaminophen tab 10-325 mg....2
hydrocodone-acetaminophen tab 5-325 mg....2
hydrocodone-acetaminophen tab 7.5-325 mg....2
hydrocortisone cream 1%....70
hydrocortisone cream 2.5%....70
hydrocortisone enema 100 mg/60ml....96
hydrocortisone lotion 2.5%....70
hydrocortisone oint 1%....70
hydrocortisone oint 2.5%....70
hydrocortisone perianal cream 1%....96
hydrocortisone perianal cream 2.5%....96
hydrocortisone tab 10 mg....78
hydrocortisone tab 20 mg....78
hydrocortisone tab 5 mg....78
hydrocortisone w/ acetic acid otic soln 1-2%....99
hydromorphone hcl liqd 1 mg/ml....2
hydromorphone hcl preservative free (pf) inj 10 mg/ml....2
hydromorphone hcl tab 2 mg....2
hydromorphone hcl tab 4 mg....2
hydromorphone hcl tab 8 mg....2
hydroxychloroquine sulfate tab 200 mg....33
hydroxyurea cap 500 mg....26
hydroxyzine hcl tab 10 mg....46
hydroxyzine hcl tab 25 mg....46
hydroxyzine hcl tab 50 mg....46
HYRNUO....26

I

ibandronate sodium tab 150 mg (base equivalent)....97
IBRANCE....26
IBRANCE....26
IBRANCE....26
IBRANCE....26
IBTROZI....26
ibu - ibuprofen tab 400 mg....2
ibu - ibuprofen tab 600 mg....2
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....92
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....81
ICLUSIG....26
ICLUSIG....26
ICLUSIG....26
ICLUSIG....26
IDHIFA....26
IDHIFA....26
IDVYNSO....43
imatinib mesylate tab 100 mg (base equivalent)....26
imatinib mesylate tab 400 mg (base equivalent)....26
IMBRUVICA....26
IMBRUVICA....26
IMBRUVICA....26
IMBRUVICA....26
IMBRUVICA....26
IMBRUVICA....26

IMIPENEM/CILASTATIN..... 8
imipenem-cilastatin intravenous for soln 500 mg.....8
imipramine hcl tab 10 mg..... 17
imipramine hcl tab 25 mg..... 18
imipramine hcl tab 50 mg..... 18
imiquimod cream 5%.....70
IMKELDI..... 26
IMOVAX RABIES (H.D.C.V.)..... 92
IMPAVIDO.....8
INBRIJA..... 33
incassia - norethindrone tab 0.35 mg.....81
INCRELEX..... 78
INCRUSE ELLIPTA..... 101
indapamide tab 1.25 mg..... 59
indapamide tab 2.5 mg..... 59
indomethacin cap 25 mg.....2
indomethacin cap 50 mg.....2
INFANRIX.....92
INGREZZA..... 67
INGREZZA..... 67
INGREZZA..... 67
INGREZZA..... 67
INGREZZA..... 67
INGREZZA..... 67
INGREZZA..... 67
INLURIYO.....26
INLYTA.....26
INLYTA.....26
INQOVI..... 26
INREBIC.....26
INSULIN SYRINGE/NEEDLE.....48
INTELENCE.....43
INTRALIPID..... 72
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg.....82
INVEGA HAFYERA.....37
INVEGA HAFYERA.....37
INVEGA SUSTENNA..... 37
INVEGA SUSTENNA..... 37
INVEGA SUSTENNA..... 37
INVEGA SUSTENNA..... 37
INVEGA SUSTENNA..... 37
INVEGA SUSTENNA..... 37
INVEGA TRINZA.....37
INVEGA TRINZA.....37
INVEGA TRINZA.....37
INVEGA TRINZA.....37
IPOL INACTIVATED IPV.....92
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....102
ipratropium bromide inhal soln 0.02%.....102
ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....102
ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....102
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....59
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....59
irbesartan tab 150 mg..... 59
irbesartan tab 300 mg..... 59
irbesartan tab 75 mg..... 59
ISENTRESS.....43
ISENTRESS.....43
ISENTRESS.....43
ISENTRESS.....43
ISENTRESS HD.....43
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....82
isoniazid syrup 50 mg/5ml..... 22
isoniazid tab 100 mg..... 22
isoniazid tab 300 mg..... 22
isosorbide dinitrate tab 10 mg.....59
isosorbide dinitrate tab 20 mg.....59
isosorbide dinitrate tab 30 mg.....59
isosorbide dinitrate tab 5 mg.....59
isosorbide mononitrate tab 10 mg..... 59
isosorbide mononitrate tab 20 mg..... 59
isosorbide mononitrate tab er 24hr 120 mg.....59
isosorbide mononitrate tab er 24hr 30 mg.....59
isosorbide mononitrate tab er 24hr 60 mg.....59
isotretinoin cap 10 mg.....70
isotretinoin cap 20 mg.....70
isotretinoin cap 25 mg.....70
isotretinoin cap 30 mg.....70
isotretinoin cap 35 mg.....70
isotretinoin cap 40 mg.....70
ITOVEBI.....26
ITOVEBI.....26
itraconazole cap 100 mg..... 21
ivabradine hcl tab 5 mg (base equiv)..... 59
ivabradine hcl tab 7.5 mg (base equiv)..... 59
ivermectin tab 3 mg..... 33
IWILFIN.....26
IXIARO.....92

J

JAKAFI.....26
JAKAFI.....26
JAKAFI.....26

JAKAFI....26
JAKAFI....26
jantoven - warfarin sodium tab 10 mg....53
jantoven - warfarin sodium tab 1 mg....53
jantoven - warfarin sodium tab 2.5 mg....53
jantoven - warfarin sodium tab 2 mg....53
jantoven - warfarin sodium tab 3 mg....53
jantoven - warfarin sodium tab 4 mg....53
jantoven - warfarin sodium tab 5 mg....53
jantoven - warfarin sodium tab 6 mg....53
jantoven - warfarin sodium tab 7.5 mg....53
JARDIANCE....48
JARDIANCE....48
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg....82
JAYPIRCA....26
JAYPIRCA....26
jencycla - norethindrone tab 0.35 mg....82
JENTADUETO....48
JENTADUETO....48
JENTADUETO....49
JENTADUETO XR....49
JENTADUETO XR....49
JIDEYTRO....26
JIDEYTRO....27
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....82
JOURNAVX....2
JUBBONTI....97
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....82
JULUCA....43
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....82
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....82
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....82
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....82
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)....82
JYNNEOS....92

K

KALETRA....43
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....82
KALYDECO....102
KALYDECO....102
KALYDECO....102
KALYDECO....102
KALYDECO....102
KALYDECO....102
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....82
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj....72
kcl 20 meq/l (0.149%) in nacl 0.45% inj....72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj....72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj....72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj....72
kcl 20 meq/l (0.15%) in nacl 0.45% inj....72
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj....72
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj....72
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg....82
KERENDIA....59
KERENDIA....59
KERENDIA....59
KESIMPTA....67
ketoconazole cream 2%....21
ketoconazole shampoo 2%....21
ketoconazole tab 200 mg....21
ketorolac tromethamine ophth soln 0.4%....98
ketorolac tromethamine ophth soln 0.5%....98
KINRIX....92
kionex - sodium polystyrene sulfonate susp 15 gm/60ml....72
KISQALI....27
KISQALI....27
KISQALI....27
klayesta - nystatin topical powder 100000 unit/gm....21
klor-con 10 - potassium chloride tab er 10 meq....72
klor-con 8 - potassium chloride tab er 8 meq (600 mg)....72
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq....72
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq....72

klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq..... 72
KLOXXADO.....3
KOMZIFTI.....27
KOSELUGO.....27
KOSELUGO.....27
KOSELUGO.....27
KOSELUGO.....27
kourzeq - triamcinolone acetonide dental paste 0.1%..... 68
KRAZATI.....27
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg..... 82

L

labetalol hcl tab 100 mg.....59
labetalol hcl tab 200 mg.....59
labetalol hcl tab 300 mg.....59
lacosamide oral solution 10 mg/ml..... 12
lacosamide tab 100 mg.....12
lacosamide tab 150 mg.....12
lacosamide tab 200 mg.....12
lacosamide tab 50 mg.....12
lactic acid (ammonium lactate) cream 12%..... 70
lactic acid (ammonium lactate) lotion 12%..... 70
lactulose (encephalopathy) solution 10 gm/15ml.....74
lactulose solution 10 gm/15ml.....74
lamivudine oral soln 10 mg/ml..... 43
lamivudine tab 100 mg (hbv).....43
lamivudine tab 150 mg.....43
lamivudine tab 300 mg.....43
lamivudine-zidovudine tab 150-300 mg..... 43
lamotrigine tab 100 mg..... 12
lamotrigine tab 150 mg..... 12
lamotrigine tab 200 mg..... 12
lamotrigine tab 25 mg..... 12
lamotrigine tab chewable dispersible 25 mg.....12
lamotrigine tab chewable dispersible 5 mg.....12
LAMPIT.....33
LAMPIT.....33
lansoprazole cap delayed release 15 mg.....74
lansoprazole cap delayed release 30 mg.....74
LANTUS.....49
LANTUS SOLOSTAR.....49
lapatinib ditosylate tab 250 mg (base equiv)..... 27
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg..... 82
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg..... 82
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)..... 82
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg..... 82
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg..... 82
latanoprost ophth soln 0.005%..... 98
LAZCLUZE.....27
LAZCLUZE.....27
LEDERLE LEUCOVORIN.....27
leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg..... 82
leflunomide tab 10 mg.....92
leflunomide tab 20 mg.....92
lenalidomide cap 10 mg.....27
lenalidomide cap 15 mg.....27
lenalidomide cap 20 mg.....27
lenalidomide cap 25 mg.....27
lenalidomide cap 5 mg.....27
lenalidomide caps 2.5 mg.....27
LENVIMA 10 MG DAILY DOSE.....27
LENVIMA 12MG DAILY DOSE.....27
LENVIMA 14 MG DAILY DOSE.....27
LENVIMA 18 MG DAILY DOSE.....27
LENVIMA 20 MG DAILY DOSE.....27
LENVIMA 24 MG DAILY DOSE.....27
LENVIMA 4 MG DAILY DOSE.....27
LENVIMA 8 MG DAILY DOSE.....27
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....82
letrozole tab 2.5 mg.....27
leucovorin calcium tab 10 mg..... 27
leucovorin calcium tab 15 mg..... 28
leucovorin calcium tab 25 mg..... 28
leucovorin calcium tab 5 mg.....27
LEUKERAN.....28
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....88
levetiracetam oral soln 100 mg/ml.....12
levetiracetam tab 1000 mg..... 12
levetiracetam tab 250 mg..... 12
levetiracetam tab 500 mg..... 12
levetiracetam tab 750 mg..... 12
levetiracetam tab er 24hr 500 mg.....12
levetiracetam tab er 24hr 750 mg.....12
levobunolol hcl ophth soln 0.5%..... 98

levocarnitine oral soln 1 gm/10ml (10%) 75
levocarnitine tab 330 mg 75
levocetirizine dihydrochloride tab 5 mg 102
levofloxacin in d5w iv soln 250 mg/50ml 8
levofloxacin in d5w iv soln 500 mg/100ml 8
levofloxacin in d5w iv soln 750 mg/150ml 8
levofloxacin oral soln 25 mg/ml 8
levofloxacin tab 250 mg 8
levofloxacin tab 500 mg 8
levofloxacin tab 750 mg 8
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 82
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 82
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 82
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 82
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 82
levothyroxine sodium tab 100 mcg 86
levothyroxine sodium tab 112 mcg 86
levothyroxine sodium tab 125 mcg 86
levothyroxine sodium tab 137 mcg 87
levothyroxine sodium tab 150 mcg 87
levothyroxine sodium tab 175 mcg 87
levothyroxine sodium tab 200 mcg 87
levothyroxine sodium tab 25 mcg 86
levothyroxine sodium tab 300 mcg 87
levothyroxine sodium tab 50 mcg 86
levothyroxine sodium tab 75 mcg 86
levothyroxine sodium tab 88 mcg 86
levoxyl - levothyroxine sodium tab 100 mcg 87
levoxyl - levothyroxine sodium tab 112 mcg 87
levoxyl - levothyroxine sodium tab 125 mcg 87
levoxyl - levothyroxine sodium tab 137 mcg 87
levoxyl - levothyroxine sodium tab 150 mcg 87
levoxyl - levothyroxine sodium tab 175 mcg 87
levoxyl - levothyroxine sodium tab 200 mcg 87
levoxyl - levothyroxine sodium tab 25 mcg 87
levoxyl - levothyroxine sodium tab 50 mcg 87
levoxyl - levothyroxine sodium tab 75 mcg 87
levoxyl - levothyroxine sodium tab 88 mcg 87
lidocaine hcl viscous soln 2% 3
lidocaine patch 5% 3
lidocaine-prilocaine cream 2.5-2.5% 3
lidocan - lidocaine patch 5% 3
LIFYORLI 28
LIFYORLI 28
LILETTA 77
linezolid for susp 100 mg/5ml 8
linezolid in sodium chloride iv soln 600 mg/300ml-0.9% 8
linezolid iv soln 600 mg/300ml (2 mg/ml) 8
linezolid tab 600 mg 8
LINZESS 74
LINZESS 74
LINZESS 74
liomny - liothyronine sodium tab 25 mcg 87
liomny - liothyronine sodium tab 50 mcg 87
liomny - liothyronine sodium tab 5 mcg 87
liothyronine sodium tab 25 mcg 87
liothyronine sodium tab 50 mcg 87
liothyronine sodium tab 5 mcg 87
lisinopril & hydrochlorothiazide tab 10-12.5 mg 59
lisinopril & hydrochlorothiazide tab 20-12.5 mg 59
lisinopril & hydrochlorothiazide tab 20-25 mg 59
lisinopril tab 10 mg 60
lisinopril tab 2.5 mg 60
lisinopril tab 20 mg 60
lisinopril tab 30 mg 60
lisinopril tab 40 mg 60
lisinopril tab 5 mg 60
lithium carbonate cap 150 mg 46
lithium carbonate cap 300 mg 46
lithium carbonate cap 600 mg 46
lithium carbonate tab 300 mg 47
lithium carbonate tab er 300 mg 46
lithium carbonate tab er 450 mg 47
lithium oral solution 8 meq/5ml 47
LIVTENCITY 43
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 83

loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 83
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg 83
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 83
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 83
LOKELMA 72
LOKELMA 72
lomustine cap 100 mg 28
lomustine cap 10 mg 28
lomustine cap 40 mg 28
LONSURF 28
LONSURF 28
loperamide hcl cap 2 mg 74
lopinavir-ritonavir tab 100-25 mg 43
lopinavir-ritonavir tab 200-50 mg 43
lorazepam conc 2 mg/ml 46
lorazepam intensol - lorazepam conc 2 mg/ml 46
lorazepam tab 0.5 mg 46
lorazepam tab 1 mg 46
lorazepam tab 2 mg 46
LORBRENA 28
LORBRENA 28
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg 83
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 60
losartan potassium & hydrochlorothiazide tab 100-25 mg 60
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 60
losartan potassium tab 100 mg 60
losartan potassium tab 25 mg 60
losartan potassium tab 50 mg 60
lovastatin tab 10 mg 60
lovastatin tab 20 mg 60
lovastatin tab 40 mg 60
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg 83
loxapine succinate cap 10 mg 37
loxapine succinate cap 25 mg 37
loxapine succinate cap 50 mg 37
loxapine succinate cap 5 mg 37
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg 82
lubiprostone cap 24 mcg 74
lubiprostone cap 8 mcg 74
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 83
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 83
LUMAKRAS 28
LUMAKRAS 28
LUMAKRAS 28
LUMIGAN 98
LUPRON DEPOT (1-MONTH) 88
LUPRON DEPOT (1-MONTH) 88
LUPRON DEPOT-PED (1-MONTH) 88
LUPRON DEPOT-PED (3-MONTH) 88
LUPRON DEPOT-PED (6-MONTH) 88
lurasidone hcl tab 120 mg 38
lurasidone hcl tab 20 mg 38
lurasidone hcl tab 40 mg 38
lurasidone hcl tab 60 mg 38
lurasidone hcl tab 80 mg 38
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 83
LYBALVI 38
LYBALVI 38
LYBALVI 38
LYBALVI 38
lyleq - norethindrone tab 0.35 mg 83
lyllana - estradiol td patch twice weekly 0.025 mg/24hr 83
lyllana - estradiol td patch twice weekly 0.0375 mg/24hr 83
lyllana - estradiol td patch twice weekly 0.05 mg/24hr 83
lyllana - estradiol td patch twice weekly 0.075 mg/24hr 83
lyllana - estradiol td patch twice weekly 0.1 mg/24hr 83
LYNPARZA 28
LYNPARZA 28
LYSODREN 28
LYTGOBI 28
LYTGOBI 28
LYTGOBI 28
LYUMJEV 49
LYUMJEV KWIKPEN 49
LYUMJEV KWIKPEN 49
lyza - norethindrone tab 0.35 mg 83

M

magnesium sulfate inj 50% 72
malathion lotion 0.5% 70
maraviroc tab 150 mg 43
maraviroc tab 300 mg 43
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 83
MARPLAN 18

MATULANE....28
MAVYRET....44
MAVYRET....44
meclizine hcl tab 12.5 mg....19
meclizine hcl tab 25 mg....20
medroxyprogesterone acetate im susp 150 mg/ml....83
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....83
medroxyprogesterone acetate tab 10 mg....83
medroxyprogesterone acetate tab 2.5 mg....83
medroxyprogesterone acetate tab 5 mg....83
mefloquine hcl tab 250 mg....33
megestrol acetate susp 40 mg/ml....83
megestrol acetate tab 20 mg....83
megestrol acetate tab 40 mg....83
MEKINIST....28
MEKINIST....28
MEKINIST....28
MEKTOVI....28
meleya - norethindrone tab 0.35 mg....83
meloxicam tab 15 mg....2
meloxicam tab 7.5 mg....2
memantine hcl oral solution 2 mg/ml....15
memantine hcl tab 10 mg....15
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack....15
memantine hcl tab 5 mg....15
MENQUADFI....92
MENVEO....92
MENVEO....93
mercaptopurine susp 2000 mg/100ml (20 mg/ml)....28
mercaptopurine tab 50 mg....28
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml....8
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml....8
meropenem iv for soln 1 gm....8
meropenem iv for soln 500 mg....8
mesalamine cap er 24hr 0.375 gm....96
mesalamine enema 4 gm....96
mesalamine rectal enema 4 gm & cleanser wipe kit....96
mesalamine suppos 1000 mg....96
mesalamine tab delayed release 1.2 gm....96
mesna tab 400 mg....28
metformin hcl tab 1000 mg....49
metformin hcl tab 500 mg....49
metformin hcl tab 850 mg....49
metformin hcl tab er 24hr 500 mg....49
metformin hcl tab er 24hr 750 mg....49
methadone hcl tab 10 mg....2
methadone hcl tab 5 mg....2
methazolamide tab 25 mg....60
methazolamide tab 50 mg....60
methenamine hippurate tab 1 gm....8
methimazole tab 10 mg....89
methimazole tab 5 mg....89
methocarbamol tab 500 mg....104
methocarbamol tab 750 mg....104
methotrexate sodium for inj 1 gm....93
methotrexate sodium inj 250 mg/10ml (25 mg/ml)....93
methotrexate sodium inj 50 mg/2ml (25 mg/ml)....93
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)....93
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)....93
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)....93
methotrexate sodium tab 2.5 mg (base equiv)....93
methsuximide cap 300 mg....12
methylphenidate hcl soln 10 mg/5ml....67
methylphenidate hcl soln 5 mg/5ml....67
methylphenidate hcl tab 10 mg....67
methylphenidate hcl tab 20 mg....67
methylphenidate hcl tab 5 mg....67
methylphenidate hcl tab er 10 mg....67
methylphenidate hcl tab er 20 mg....67
methylprednisolone tab 16 mg....78
methylprednisolone tab 32 mg....78
methylprednisolone tab 4 mg....78
methylprednisolone tab 8 mg....78
methylprednisolone tab therapy pack 4 mg (21)....78
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)....74
metoclopramide hcl tab 10 mg (base equivalent)....74
metoclopramide hcl tab 5 mg (base equivalent)....74
metolazone tab 10 mg....60
metolazone tab 2.5 mg....60
metolazone tab 5 mg....60
metoprolol & hydrochlorothiazide tab 100-25 mg....60

metoprolol & hydrochlorothiazide tab 100-50 mg....60
metoprolol & hydrochlorothiazide tab 50-25 mg....60
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)....60
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)....60
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)....60
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)....60
metoprolol tartrate tab 100 mg....60
metoprolol tartrate tab 25 mg....60
metoprolol tartrate tab 37.5 mg....60
metoprolol tartrate tab 50 mg....60
metoprolol tartrate tab 75 mg....60
metronidazole cream 0.75%....70
metronidazole gel 0.75%....70
metronidazole gel 1%....70
metronidazole iv soln 500 mg/100ml....8
metronidazole lotion 0.75%....70
metronidazole tab 250 mg....8
metronidazole tab 500 mg....8
metronidazole vaginal gel 0.75%....8
metyrosine cap 250 mg....60
mexiletine hcl cap 150 mg....60
mexiletine hcl cap 200 mg....60
mexiletine hcl cap 250 mg....60
micafungin sodium for iv soln 100 mg....21
micafungin sodium for iv soln 50 mg....21
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....83
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....84
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....83
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....83
midodrine hcl tab 10 mg....61
midodrine hcl tab 2.5 mg....60
midodrine hcl tab 5 mg....60
MIEBO....98
mifepristone tab 300 mg....88
miglustat cap 100 mg....75
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....84
MIMRYLO....28
MIMRYLO....28
MIMRYLO....28
MIMRYLO....28
MIMRYLO....28
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg....84
minocycline hcl cap 100 mg....8
minocycline hcl cap 50 mg....8
minocycline hcl cap 75 mg....8
minocycline hcl tab 50 mg....8
minocycline hcl tab 75 mg....8
minoxidil tab 10 mg....61
minoxidil tab 2.5 mg....61
mirtazapine orally disintegrating tab 15 mg....18
mirtazapine orally disintegrating tab 30 mg....18
mirtazapine orally disintegrating tab 45 mg....18
mirtazapine tab 15 mg....18
mirtazapine tab 30 mg....18
mirtazapine tab 45 mg....18
mirtazapine tab 7.5 mg....18
misoprostol tab 100 mcg....74
misoprostol tab 200 mcg....74
M-M-R II....92
modafinil tab 100 mg....104
modafinil tab 200 mg....104
MODEYSO....28
moexipril hcl tab 15 mg....61
moexipril hcl tab 7.5 mg....61
MOLINDONE HYDROCHLORIDE....38
MOLINDONE HYDROCHLORIDE....38
MOLINDONE HYDROCHLORIDE....38
mometasone furoate cream 0.1%....70
mometasone furoate oint 0.1%....70
mometasone furoate solution 0.1% (lotion)....70
mondoxyne nl - doxycycline monohydrate cap 100 mg....9
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....84
montelukast sodium chew tab 4 mg (base equiv)....102
montelukast sodium chew tab 5 mg (base equiv)....102
montelukast sodium oral granules packet 4 mg (base equiv)....102
montelukast sodium tab 10 mg (base equiv)....102
morphine sulfate tab 15 mg....2
morphine sulfate tab 30 mg....2
morphine sulfate tab er 100 mg....2
morphine sulfate tab er 15 mg....2
morphine sulfate tab er 200 mg....2
morphine sulfate tab er 30 mg....2

morphine sulfate tab er 60 mg.....2
MOUNJARO.....49
MOUNJARO.....49
MOUNJARO.....49
MOUNJARO.....49
MOUNJARO.....49
MOUNJARO.....49
MOVANTIK.....74
MOVANTIK.....74
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....9
moxifloxacin hcl iv solution 400 mg/250ml (base equiv).....9
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)(generic for Moxeza).....98
moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox).....98
moxifloxacin hcl tab 400 mg (base equiv).....9
MRESVIA.....93
MULTAQ.....61
mupirocin oint 2%.....70
mycophenolate mofetil cap 250 mg.....93
mycophenolate mofetil for oral susp 200 mg/ml.....93
mycophenolate mofetil tab 500 mg.....93
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv).....93
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv).....93
MYHIBBIN.....93
MYRBETRIQ.....77
MYRBETRIQ.....77
MYRBETRIQ.....77

N

nabumetone tab 500 mg.....2
nabumetone tab 750 mg.....2
nafcillin sodium for inj 1 gm.....9
nafcillin sodium for inj 2 gm.....9
nafcillin sodium for iv soln 10 gm.....9
nafcillin sodium in dextrose inj 2 gm/100ml.....9
naloxone hcl inj 0.4 mg/ml.....4
naloxone hcl inj 4 mg/10ml.....4
naloxone hcl soln cartridge 0.4 mg/ml.....4
naloxone hcl soln prefilled syringe 2 mg/2ml.....4
naltrexone hcl tab 50 mg.....4
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.....3
naproxen tab ec 375 mg.....2
naproxen tab ec 500 mg.....2
naratriptan hcl tab 1 mg (base equiv).....22
naratriptan hcl tab 2.5 mg (base equiv).....22
NATACYN.....98
nateglinide tab 120 mg.....49
nateglinide tab 60 mg.....49
NAYZILAM.....12
nebivolol hcl tab 10 mg (base equivalent).....61
nebivolol hcl tab 2.5 mg (base equivalent).....61
nebivolol hcl tab 20 mg (base equivalent).....61
nebivolol hcl tab 5 mg (base equivalent).....61
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg.....84
NEFAZODONE HYDROCHLORIDE.....18
NEFAZODONE HYDROCHLORIDE.....18
NEFAZODONE HYDROCHLORIDE.....18
NEFAZODONE HYDROCHLORIDE.....18
NEFAZODONE HYDROCHLORIDE.....18
NEOMYCIN/POLYMYXIN/GRAMICIDIN.....98
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....98
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....98
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....98
neomycin-polymyxin-hc otic soln 1%.....99
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....99
neomycin sulfate tab 500 mg.....9
NERLYNX.....29
nevirapine susp 50 mg/5ml.....44
nevirapine tab 200 mg.....44
nevirapine tab er 24hr 400 mg.....44
NEXLETOL.....61
NEXLIZET.....61
NEXPLANON.....77
niacin tab er 1000 mg (antihyperlipidemic).....61
niacin tab er 500 mg (antihyperlipidemic).....61
niacin tab er 750 mg (antihyperlipidemic).....61
NICOTROL NS.....4
nifedipine tab er 24hr 30 mg.....61

nifedipine tab er 24hr 60 mg.....61
nifedipine tab er 24hr 90 mg.....61
nifedipine tab er 24hr osmotic release 30 mg.....61
nifedipine tab er 24hr osmotic release 60 mg.....61
nifedipine tab er 24hr osmotic release 90 mg.....61
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg.....84
nilotinib hcl cap 150 mg (base equivalent).....29
nilotinib hcl cap 200 mg (base equivalent).....29
nilotinib hcl cap 50 mg (base equivalent).....29
nilutamide tab 150 mg.....29
nimodipine cap 30 mg.....61
NINLARO.....29
NINLARO.....29
NINLARO.....29
nintedanib esylate cap 100 mg (base equivalent).....102
nintedanib esylate cap 150 mg (base equivalent).....102
nitazoxanide tab 500 mg.....33
nitisinone cap 10 mg.....75
nitisinone cap 20 mg.....75
nitisinone cap 2 mg.....75
nitisinone cap 5 mg.....75
nitro-bid - nitroglycerin oint 2%.....61
nitrofurantoin macrocrystalline cap 100 mg.....9
nitrofurantoin macrocrystalline cap 50 mg.....9
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....9
nitroglycerin oint 0.4%.....61
nitroglycerin oint 2%.....61
nitroglycerin sl tab 0.3 mg.....61
nitroglycerin sl tab 0.4 mg.....61
nitroglycerin sl tab 0.6 mg.....61
nitroglycerin td patch 24hr 0.1 mg/hr.....61
nitroglycerin td patch 24hr 0.2 mg/hr.....61
nitroglycerin td patch 24hr 0.4 mg/hr.....61
nitroglycerin td patch 24hr 0.6 mg/hr.....61
nizatidine cap 150 mg.....74
nizatidine cap 300 mg.....74
nora-be - norethindrone tab 0.35 mg.....84
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....84
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....84
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....84
norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....84
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....84
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....84
norethindrone acetate tab 5 mg.....84
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....84
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....84
norethindrone tab 0.35 mg.....84
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....84
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....84
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....84
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....84
norlyroc - norethindrone tab 0.35 mg.....84
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg.....84
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....84
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....84
nortriptyline hcl cap 10 mg.....18
nortriptyline hcl cap 25 mg.....18
nortriptyline hcl cap 50 mg.....18
nortriptyline hcl cap 75 mg.....18
nortriptyline hcl soln 10 mg/5ml.....18
NORVIR.....44
NOVOLIN 70/30.....49
NOVOLIN 70/30 FLEXPEN.....50
NOVOLIN 70/30 FLEXPEN RELION.....50
NOVOLIN 70/30 RELION.....50
NOVOLIN N.....49
NOVOLIN N FLEXPEN.....49
NOVOLIN N FLEXPEN RELION.....49
NOVOLIN N RELION.....49
NOVOLIN R.....49
NOVOLIN R FLEXPEN.....49
NOVOLIN R FLEXPEN RELION.....49
NOVOLIN R RELION.....49
NOVOLOG.....50
NOVOLOG FLEXPEN.....50
NOVOLOG FLEXPEN RELION.....50

NOVOLOG MIX 70/30....50
NOVOLOG MIX 70/30 PREFILLED FLEXPEN....50
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION....50
NOVOLOG MIX 70/30 RELION....50
NOVOLOG PENFILL....50
NOVOLOG RELION....50
NUBEQA....29
NUPLAZID....38
NUPLAZID....38
NURTEC....22
NUTRILIPID....72
nyamyc - nystatin topical powder 100000 unit/gm....21
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg....84
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg....84
nystatin cream 100000 unit/gm....21
nystatin oint 100000 unit/gm....21
nystatin susp 100000 unit/ml....21
nystatin tab 500000 unit....21
nystatin topical powder 100000 unit/gm....21
nystop - nystatin topical powder 100000 unit/gm....21

O

octreotide acetate inj 1000 mcg/ml (1 mg/ml)....88
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)....88
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)....88
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)....88
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)....88
octreotide acetate subcutaneous soln pref syr 100 mcg/ml....88
octreotide acetate subcutaneous soln pref syr 500 mcg/ml....88
octreotide acetate subcutaneous soln pref syr 50 mcg/ml....88
ODEFSEY....44
ODOMZO....29
ofloxacin ophth soln 0.3%....98
ofloxacin otic soln 0.3%....99
OGSIVEO....29
OGSIVEO....29
OJEMDA....29
OJEMDA....29
OJJAARA....29
OJJAARA....29
OJJAARA....29
olanzapine for im inj 10 mg....38
olanzapine orally disintegrating tab 10 mg....38
olanzapine orally disintegrating tab 15 mg....38
olanzapine orally disintegrating tab 20 mg....38
olanzapine orally disintegrating tab 5 mg....38
olanzapine tab 10 mg....38
olanzapine tab 15 mg....39
olanzapine tab 2.5 mg....38
olanzapine tab 20 mg....39
olanzapine tab 5 mg....38
olanzapine tab 7.5 mg....38
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg....62
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg....62
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg....62
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg....62
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg....62
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg....61
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg....61
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg....61
olmesartan medoxomil tab 20 mg....61
olmesartan medoxomil tab 40 mg....61
olmesartan medoxomil tab 5 mg....61
omega-3-acid ethyl esters cap 1 gm....62
omeprazole cap delayed release 10 mg....74
omeprazole cap delayed release 20 mg....74
omeprazole cap delayed release 40 mg....74
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)....50
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)....50
OMNIPOD 5 LIBRE INTRO KIT....50
OMNIPOD 5 LIBRE PODS....50
OMNITROPE....79

OMNITROPE.....79
OMNITROPE.....79
ondansetron hcl tab 4 mg.....20
ondansetron hcl tab 8 mg.....20
ondansetron orally disintegrating tab 4 mg.....20
ondansetron orally disintegrating tab 8 mg.....20
ONUREG.....29
ONUREG.....29
OPIPZA.....39
OPIPZA.....39
OPIPZA.....39
OPVEE.....4
oralone dental paste - triamcinolone acetonide dental paste0.1%.....68
ORENCIA.....93
ORENCIA.....93
ORENCIA.....93
ORENCIA CLICKJECT.....93
ORENITRAM.....102
ORENITRAM.....102
ORENITRAM.....102
ORENITRAM.....102
ORENITRAM.....102
ORENITRAM TITRATION KIT MONTH 1.....102
ORENITRAM TITRATION KIT MONTH 2.....102
ORENITRAM TITRATION KIT MONTH 3.....102
ORFADIN.....75
ORGOVYX.....29
ORKAMBI.....102
ORKAMBI.....102
ORKAMBI.....102
ORKAMBI.....102
ORKAMBI.....102
orquidea - norethindrone tab 0.35 mg.....84
ORSERDU.....29
ORSERDU.....29
oseltamivir phosphate cap 30 mg (base equiv).....44
oseltamivir phosphate cap 45 mg (base equiv).....44
oseltamivir phosphate cap 75 mg (base equiv).....44
oseltamivir phosphate for susp 6 mg/ml (base equiv).....44
OSENVELT.....97
OTEZLA.....70
OTEZLA.....70
OTEZLA.....70
OTEZLA.....70
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK.....71
OTEZLA XR.....71
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....12
oxcarbazepine tab 150 mg.....12
oxcarbazepine tab 300 mg.....12
oxcarbazepine tab 600 mg.....12
oxybutynin chloride solution 5 mg/5ml.....77
oxybutynin chloride tab 5 mg.....77
oxybutynin chloride tab er 24hr 10 mg.....77
oxybutynin chloride tab er 24hr 15 mg.....77
oxybutynin chloride tab er 24hr 5 mg.....77
oxycodone hcl tab 10 mg.....3
oxycodone hcl tab 15 mg.....3
oxycodone hcl tab 20 mg.....3
oxycodone hcl tab 30 mg.....3
oxycodone hcl tab 5 mg.....3
oxycodone w/ acetaminophen tab 10-325 mg.....3
oxycodone w/ acetaminophen tab 2.5-325 mg.....3
oxycodone w/ acetaminophen tab 5-325 mg.....3
oxycodone w/ acetaminophen tab 7.5-325 mg.....3
OZEMPIC.....50
OZEMPIC.....50
OZEMPIC.....50
OZEMPIC.....50
OZEMPIC.....50
OZEMPIC.....50

P

pacerone - amiodarone hcl tab 100 mg.....62
pacerone - amiodarone hcl tab 200 mg.....62
paliperidone tab er 24hr 1.5 mg.....39
paliperidone tab er 24hr 3 mg.....39
paliperidone tab er 24hr 6 mg.....39
paliperidone tab er 24hr 9 mg.....39
PANRETIN.....29
pantoprazole sodium ec tab 20 mg (base equiv).....74
pantoprazole sodium ec tab 40 mg (base equiv).....74
paricalcitol cap 1 mcg.....97
paricalcitol cap 2 mcg.....97
paricalcitol cap 4 mcg.....97
paroxetine hcl oral susp 10 mg/5ml (base equiv).....18

paroxetine hcl tab 10 mg 18
paroxetine hcl tab 20 mg 18
paroxetine hcl tab 30 mg 18
paroxetine hcl tab 40 mg 18
PAXLOVID 44
PAXLOVID 44
PAXLOVID 44
pazopanib hcl tab 200 mg (base equiv) 29
PEDIARIX 93
PEDVAXHIB 93
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 74
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 74
PEGASYS 93
PEGASYS 93
PEMAZYRE 29
PEMAZYRE 29
PEMAZYRE 29
PENBRAYA 93
penicillamine tab 250 mg 77
penicillin g potassium for inj 20000000 unit 9
penicillin g potassium for inj 5000000 unit 9
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 9
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 9
penicillin v potassium for soln 125 mg/5ml 9
penicillin v potassium for soln 250 mg/5ml 9
penicillin v potassium tab 250 mg 9
penicillin v potassium tab 500 mg 9
PENMENVY 93
PENTACEL 93
pentamidine isethionate for inj soln 300 mg 33
pentamidine isethionate for nebulization soln 300 mg 33
pentoxifylline tab er 400 mg 62
perampanel susp 0.5 mg/ml 12
perampanel tab 10 mg 12
perampanel tab 12 mg 12
perampanel tab 2 mg 12
perampanel tab 4 mg 12
perampanel tab 6 mg 12
perampanel tab 8 mg 12
perindopril erbumine tab 2 mg 62
perindopril erbumine tab 4 mg 62
perindopril erbumine tab 8 mg 62
periogard - chlorhexidine gluconate soln 0.12% 68
permethrin cream 5% 71
perphenazine tab 16 mg 20
perphenazine tab 2 mg 20
perphenazine tab 4 mg 20
perphenazine tab 8 mg 20
PERSERIS 39
PERSERIS 39
pfizerpen - penicillin g potassium for inj 20000000 unit 9
pfizerpen - penicillin g potassium for inj 5000000 unit 9
phenelzine sulfate tab 15 mg 18
phenobarbital elixir 20 mg/5ml 12
phenobarbital tab 100 mg 13
phenobarbital tab 15 mg 13
phenobarbital tab 16.2 mg 13
phenobarbital tab 30 mg 13
phenobarbital tab 32.4 mg 13
phenobarbital tab 60 mg 13
phenobarbital tab 64.8 mg 13
phenobarbital tab 97.2 mg 13
phenoxybenzamine hcl cap 10 mg 62
phenytek - phenytoin sodium extended cap 200 mg 13
phenytek - phenytoin sodium extended cap 300 mg 13
phenytoin chew tab 50 mg 13
phenytoin infatabs - phenytoin chew tab 50 mg 13
phenytoin sodium extended cap 100 mg 13
phenytoin sodium extended cap 200 mg 13
phenytoin sodium extended cap 300 mg 13
phenytoin susp 125 mg/5ml 13
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 84
PIFELTRO 44
pilocarpine hcl ophth soln 1% 98
pilocarpine hcl ophth soln 2% 98
pilocarpine hcl ophth soln 4% 98
pilocarpine hcl tab 5 mg 68
pilocarpine hcl tab 7.5 mg 68
pimozide tab 1 mg 39
pimozide tab 2 mg 39
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 84
pindolol tab 10 mg 62

pindolol tab 5 mg.....62
pioglitazone hcl-glimepiride tab 30-2 mg.....50
pioglitazone hcl-glimepiride tab 30-4 mg.....50
pioglitazone hcl-metformin hcl tab 15-500 mg.....50
pioglitazone hcl-metformin hcl tab 15-850 mg.....51
pioglitazone hcl tab 15 mg (base equiv).....50
pioglitazone hcl tab 30 mg (base equiv).....50
pioglitazone hcl tab 45 mg (base equiv).....50
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/ NACL.....9
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/ NACL.....9
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/ NACL.....9
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....9
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....9
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm).....9
PIQRAY 200MG DAILY DOSE.....29
PIQRAY 250MG DAILY DOSE.....29
PIQRAY 300MG DAILY DOSE.....29
pirfenidone cap 267 mg.....102
pirfenidone tab 267 mg.....102
pirfenidone tab 801 mg.....102
piroxicam cap 10 mg.....3
piroxicam cap 20 mg.....3
PLEGRIDY.....67
PLEGRIDY.....67
PLEGRIDY.....67
PLEGRIDY STARTER PACK.....67
PLEGRIDY STARTER PACK.....68
podofilox soln 0.5%.....71
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....99
pomalidomide cap 1 mg.....29
pomalidomide cap 2 mg.....29
pomalidomide cap 3 mg.....29
pomalidomide cap 4 mg.....29
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....84
posaconazole iv soln 300 mg/16.7ml (18 mg/ml).....21
posaconazole susp 40 mg/ml.....21
posaconazole tab delayed release 100 mg.....21
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....73
potassium chloride cap er 10 meq.....72
potassium chloride cap er 8 meq.....72
potassium chloride inj 2 meq/ml.....72
potassium chloride microencapsulated crys er tab 10 meq.....72
potassium chloride microencapsulated crys er tab 15 meq.....72
potassium chloride microencapsulated crys er tab 20 meq.....72
potassium chloride oral soln 10% (20 meq/15ml).....73
potassium chloride oral soln 20% (40 meq/15ml).....73
potassium chloride tab er 10 meq.....73
potassium chloride tab er 20 meq (1500 mg).....73
potassium chloride tab er 8 meq (600 mg).....73
potassium citrate tab er 10 meq (1080 mg).....73
potassium citrate tab er 15 meq (1620 mg).....73
potassium citrate tab er 5 meq (540 mg).....73
pramipexole dihydrochloride tab 0.125 mg.....33
pramipexole dihydrochloride tab 0.25 mg.....34
pramipexole dihydrochloride tab 0.5 mg.....34
pramipexole dihydrochloride tab 0.75 mg.....34
pramipexole dihydrochloride tab 1.5 mg.....34
pramipexole dihydrochloride tab 1 mg.....34
prasugrel hcl tab 10 mg (base equiv).....53
prasugrel hcl tab 5 mg (base equiv).....53
pravastatin sodium tab 10 mg.....62
pravastatin sodium tab 20 mg.....62
pravastatin sodium tab 40 mg.....62
pravastatin sodium tab 80 mg.....62
praziquantel tab 600 mg.....33
prazosin hcl cap 1 mg.....62
prazosin hcl cap 2 mg.....62
prazosin hcl cap 5 mg.....62
prednisolone acetate ophth susp 1%.....99
prednisolone sodium phosphate ophth soln 1%.....99

prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) 78
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 78
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) 78
prednisolone soln 15 mg/5ml 78
prednisone oral soln 5 mg/5ml 78
prednisone tab 10 mg 78
prednisone tab 1 mg 78
prednisone tab 2.5 mg 78
prednisone tab 20 mg 78
prednisone tab 50 mg 78
prednisone tab 5 mg 78
prednisone tab therapy pack 10 mg (21) 78
prednisone tab therapy pack 10 mg (48) 78
prednisone tab therapy pack 5 mg (21) 78
prednisone tab therapy pack 5 mg (48) 78
pregabalin cap 100 mg 13
pregabalin cap 150 mg 13
pregabalin cap 200 mg 13
pregabalin cap 225 mg 13
pregabalin cap 25 mg 13
pregabalin cap 300 mg 13
pregabalin cap 50 mg 13
pregabalin cap 75 mg 13
pregabalin soln 20 mg/ml 13
PREGNYL 79
PREMARIN 84
PRETOMANID 23
prevalite - cholestyramine light powder 4 gm/ dose 62
prevalite - cholestyramine light powder packets 4 gm 62
PREVYMIS 44
PREVYMIS 44
PREZCOBIX 44
PREZCOBIX 44
PREZISTA 44
PREZISTA 44
PREZISTA 44
PRIFTIN 23
primaquine phosphate tab 26.3 mg (15 mg base) 33
PRIMIDONE 13
primidone tab 250 mg 13
primidone tab 50 mg 13
PRIORIX 93
probenecid tab 500 mg 21
prochlorperazine maleate tab 10 mg (base equivalent) 20
prochlorperazine maleate tab 5 mg (base equivalent) 20
prochlorperazine suppos 25 mg 20
PROCRIT 53
PROCRIT 53
PROCRIT 53
PROCRIT 53
PROCRIT 53
PROCRIT 53
proctocort - hydrocortisone perianal cream 1% 97
procto-med hc - hydrocortisone perianal cream 2.5% 97
proctosol hc - hydrocortisone perianal cream 2.5% 97
proctozone-hc - hydrocortisone perianal cream 2.5% 97
progesterone cap 100 mg 84
progesterone cap 200 mg 85
PROGRAF 93
PROGRAF 93
PROLASTIN-C 76
promethazine hcl tab 12.5 mg 20
promethazine hcl tab 25 mg 20
promethazine hcl tab 50 mg 20
propafenone hcl cap er 12hr 225 mg 62
propafenone hcl cap er 12hr 325 mg 62
propafenone hcl cap er 12hr 425 mg 62
propafenone hcl tab 150 mg 62
propafenone hcl tab 225 mg 62
propafenone hcl tab 300 mg 62
propranolol hcl cap er 24hr 120 mg 62
propranolol hcl cap er 24hr 160 mg 62
propranolol hcl cap er 24hr 60 mg 62
propranolol hcl cap er 24hr 80 mg 62
propranolol hcl oral soln 20 mg/5ml 62
propranolol hcl oral soln 40 mg/5ml 62
propranolol hcl tab 10 mg 62
propranolol hcl tab 20 mg 62
propranolol hcl tab 40 mg 63
propranolol hcl tab 60 mg 63
propranolol hcl tab 80 mg 63
propylthiouracil tab 50 mg 89
PROQUAD 93
protriptyline hcl tab 10 mg 18
protriptyline hcl tab 5 mg 18
PULMOZYME 102
pyrazinamide tab 500 mg 23
pyridostigmine bromide tab 60 mg 22
pyrimethamine tab 25 mg 33

PYRUKYND....76
PYRUKYND....76
PYRUKYND....76
PYRUKYND TAPER PACK....76
PYRUKYND TAPER PACK....76
PYRUKYND TAPER PACK....76
PYZCHIVA....94
PYZCHIVA....94
PYZCHIVA....94
PYZCHIVA....94

Q

QINLOCK....29
QUADRACEL....94
QUADRACEL....94
QUETIAPINE FUMARATE....39
quetiapine fumarate tab 100 mg....39
quetiapine fumarate tab 200 mg....40
quetiapine fumarate tab 25 mg....39
quetiapine fumarate tab 300 mg....40
quetiapine fumarate tab 400 mg....40
quetiapine fumarate tab 50 mg....39
quetiapine fumarate tab er 24hr 150 mg....39
quetiapine fumarate tab er 24hr 200 mg....39
quetiapine fumarate tab er 24hr 300 mg....39
quetiapine fumarate tab er 24hr 400 mg....39
quetiapine fumarate tab er 24hr 50 mg....39
quinapril hcl tab 10 mg....63
quinapril hcl tab 20 mg....63
quinapril hcl tab 40 mg....63
quinapril hcl tab 5 mg....63
quinapril-hydrochlorothiazide tab 10-12.5 mg....63
quinapril-hydrochlorothiazide tab 20-12.5 mg....63
quinapril-hydrochlorothiazide tab 20-25 mg....63
quinidine sulfate tab 200 mg....63
quinidine sulfate tab 300 mg....63
quinine sulfate cap 324 mg....33

R

RABAVERT....94
rabeprazole sodium ec tab 20 mg....75
RALDESY....18
raloxifene hcl tab 60 mg....85
ramelteon tab 8 mg....104
ramipril cap 1.25 mg....63
ramipril cap 10 mg....63
ramipril cap 2.5 mg....63
ramipril cap 5 mg....63
ranolazine tab er 12hr 1000 mg....63
ranolazine tab er 12hr 500 mg....63
rasagiline mesylate tab 0.5 mg (base equiv)....34
rasagiline mesylate tab 1 mg (base equiv)....34
RASONQUE....29
RASONQUE....30
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....85
RECOMBIVAX HB....94
RECOMBIVAX HB....94
RECOMBIVAX HB....94
RECOMBIVAX HB....94
RECOMBIVAX HB....94
RELENZA DISKHALER....44
repaglinide tab 0.5 mg....51
repaglinide tab 1 mg....51
repaglinide tab 2 mg....51
REPATHA....63
REPATHA SURECLICK....63
RESTASIS....99
RETACRIT....53
RETACRIT....53
RETACRIT....53
RETACRIT....53
RETACRIT....53
RETACRIT....53
RETEVMO....30
RETEVMO....30
RETEVMO....30
RETEVMO....30
REVCOVI....76
REVUFORJ....30
REVUFORJ....30
REVUFORJ....30
REXTOVY....4
REXULTI....40
REXULTI....40
REXULTI....40
REXULTI....40
REXULTI....40
REXULTI....40
REYATAZ....44
REZDIFFRA....76
REZDIFFRA....76
REZDIFFRA....76
REZLIDHIA....30
ribavirin cap 200 mg....44
ribavirin tab 200 mg....44

RIDAURA..... 94
rifabutin cap 150 mg.....23
rifampin cap 150 mg.....23
rifampin cap 300 mg.....23
rifampin for inj 600 mg..... 23
rifapentine tab 150 mg..... 23
rilpivirine hcl tab 25 mg (base equivalent).....44
riluzole tab 50 mg..... 68
RINVOQ.....94
RINVOQ.....94
RINVOQ.....94
RINVOQ LQ.....94
risedronate sodium tab 150 mg..... 97
risedronate sodium tab 30 mg..... 97
risedronate sodium tab 35 mg..... 97
risedronate sodium tab 5 mg..... 97
risedronate sodium tab delayed release 35 mg.....97
risperidone microspheres for im extended rel susp 12.5 mg..... 40
risperidone microspheres for im extended rel susp 25 mg.....40
risperidone microspheres for im extended rel susp 37.5 mg..... 40
risperidone microspheres for im extended rel susp 50 mg.....40
RISPERIDONE ODT..... 40
risperidone orally disintegrating tab 0.5 mg.....40
risperidone orally disintegrating tab 1 mg.....40
risperidone orally disintegrating tab 2 mg.....40
risperidone orally disintegrating tab 3 mg.....40
risperidone orally disintegrating tab 4 mg.....40
risperidone soln 1 mg/ml..... 40
risperidone tab 0.25 mg..... 40
risperidone tab 0.5 mg..... 40
risperidone tab 1 mg..... 40
risperidone tab 2 mg..... 40
risperidone tab 3 mg..... 40
risperidone tab 4 mg..... 40
ritonavir tab 100 mg..... 44
rivaroxaban for susp 1 mg/ml.....53
rivaroxaban tab 2.5 mg..... 53
rivastigmine tartrate cap 1.5 mg (base equivalent).....15
rivastigmine tartrate cap 3 mg (base equivalent).....15
rivastigmine tartrate cap 4.5 mg (base equivalent).....15
rivastigmine tartrate cap 6 mg (base equivalent).....15
rivastigmine td patch 24hr 13.3 mg/24hr..... 15
rivastigmine td patch 24hr 4.6 mg/24hr.....15
rivastigmine td patch 24hr 9.5 mg/24hr.....15
rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....22
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....22
rizatriptan benzoate tab 10 mg (base equivalent).....22
rizatriptan benzoate tab 5 mg (base equivalent).....22
roflumilast tab 250 mcg..... 102
roflumilast tab 500 mcg..... 102
ROMVIMZA.....30
ROMVIMZA.....30
ROMVIMZA.....30
ropinirole hydrochloride tab 0.25 mg.....34
ropinirole hydrochloride tab 0.5 mg.....34
ropinirole hydrochloride tab 1 mg..... 34
ropinirole hydrochloride tab 2 mg..... 34
ropinirole hydrochloride tab 3 mg..... 34
ropinirole hydrochloride tab 4 mg..... 34
ropinirole hydrochloride tab 5 mg..... 34
rosuvastatin calcium tab 10 mg..... 63
rosuvastatin calcium tab 20 mg..... 63
rosuvastatin calcium tab 40 mg..... 63
rosuvastatin calcium tab 5 mg..... 63
ROTARIX.....94
ROTATEQ.....94
roweepra - levetiracetam tab 500 mg.....13
ROZLYTREK.....30
ROZLYTREK.....30
ROZLYTREK.....30
RUBRACA.....30
RUBRACA.....30
RUBRACA.....30
rufinamide susp 40 mg/ml..... 13
rufinamide tab 200 mg..... 13
rufinamide tab 400 mg..... 13
RUKOBIA..... 44
RYBELSUS.....51
RYBELSUS.....51
RYBELSUS.....51
RYDAPT..... 30

S

sacubitril-valsartan tab 24-26 mg..... 63

sacubitril-valsartan tab 49-51 mg..... 63
sacubitril-valsartan tab 97-103 mg..... 63
sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml..... 94
SANTYL..... 71
sapropterin dihydrochloride powder packet 100 mg..... 76
sapropterin dihydrochloride powder packet 500 mg..... 76
sapropterin dihydrochloride tab 100 mg..... 76
SCEMBLIX..... 30
SCEMBLIX..... 30
SCEMBLIX..... 30
scopolamine td patch 72hr 1 mg/3days..... 20
SECUADO..... 41
SECUADO..... 41
SECUADO..... 41
selegiline hcl cap 5 mg..... 34
selegiline hcl tab 5 mg..... 34
selenium sulfide lotion 2.5%..... 71
SEREVENT DISKUS..... 103
sertraline hcl oral concentrate for solution 20 mg/ml..... 18
sertraline hcl tab 100 mg..... 18
sertraline hcl tab 25 mg..... 18
sertraline hcl tab 50 mg..... 18
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... 85
sharobel - norethindrone tab 0.35 mg..... 85
SHINGRIX..... 94
SHINGRIX..... 94
SIGNIFOR..... 88
SIGNIFOR..... 88
SIGNIFOR..... 88
sildenafil citrate tab 20 mg..... 103
silver sulfadiazine cream 1%..... 71
SIMLANDI..... 94
SIMLANDI..... 94
SIMLANDI 1-PEN KIT..... 94
SIMLANDI 1-PEN KIT..... 94
SIMLANDI 2-PEN KIT..... 94
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... 85
simvastatin tab 10 mg..... 63
simvastatin tab 20 mg..... 63
simvastatin tab 40 mg..... 63
simvastatin tab 5 mg..... 63
simvastatin tab 80 mg..... 63
sirolimus oral soln 1 mg/ml..... 94
sirolimus tab 0.5 mg..... 94
sirolimus tab 1 mg..... 95
sirolimus tab 2 mg..... 95
SIRTURO..... 23
SIRTURO..... 23
sitagliptin phosphate-metformin hcl tab 50-1000 mg..... 51
sitagliptin phosphate-metformin hcl tab 50-500 mg..... 51
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg..... 51
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg..... 51
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg..... 51
sitagliptin phosphate tab 100 mg (base equiv)..... 51
sitagliptin phosphate tab 25 mg (base equiv)..... 51
sitagliptin phosphate tab 50 mg (base equiv)..... 51
SIVEXTRO..... 9
SIVEXTRO..... 9
SKYLA..... 77
SKYRIZI..... 95
SKYRIZI..... 95
SKYRIZI..... 95
SKYRIZI..... 95
SKYRIZI..... 95
SKYRIZI PEN..... 95
sodium chloride iv soln 0.45%..... 73
sodium chloride iv soln 0.9%..... 73
sodium chloride preservative free (pf) inj 0.9%..... 73
sodium oxybate oral solution 500 mg/ml..... 104
sodium phenylbutyrate oral powder 3 gm/teaspoonful..... 76
sodium phenylbutyrate tab 500 mg..... 76
sodium polystyrene sulfonate powder..... 73
sodium polystyrene sulfonate susp 15 gm/60ml..... 73
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml..... 75
solifenacin succinate tab 10 mg..... 77
solifenacin succinate tab 5 mg..... 77
SOLIQUA 100/33..... 51
SOLTAMOX..... 30
SOMATULINE DEPOT..... 89
SOMATULINE DEPOT..... 89
SOMATULINE DEPOT..... 89
SOMAVERT..... 89
SOMAVERT..... 89
SOMAVERT..... 89

SOMAVERT..... 89
SOMAVERT..... 89
sorafenib tosylate tab 200 mg (base equivalent).....30
sotalol hcl (afib/afl) tab 120 mg.....63
sotalol hcl (afib/afl) tab 160 mg.....63
sotalol hcl (afib/afl) tab 80 mg.....63
sotalol hcl tab 120 mg.....63
sotalol hcl tab 160 mg.....64
sotalol hcl tab 240 mg.....64
sotalol hcl tab 80 mg.....63
SPIRIVA RESPIMAT..... 103
SPIRIVA RESPIMAT..... 103
spironolactone & hydrochlorothiazide tab 25-25 mg.....64
spironolactone tab 100 mg.....64
spironolactone tab 25 mg.....64
spironolactone tab 50 mg.....64
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....85
SPRITAM.....13
SPRITAM.....13
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml.....73
sps - sodium polystyrene sulfonate susp 15 gm/60ml.....73
ssd - silver sulfadiazine cream 1%.....71
STEQEYMA..... 95
STEQEYMA..... 95
STEQEYMA..... 95
STEQEYMA..... 95
STIOLTO RESPIMAT..... 103
STIVARGA.....30
STOBOCLO..... 97
STRENSIQ.....76
STRENSIQ.....76
STRENSIQ.....76
STRENSIQ.....76
STREPTOMYCIN SULFATE..... 9
STRIBILD..... 44
SUBVENITE.....13
subvenite - lamotrigine tab 100 mg..... 13
subvenite - lamotrigine tab 150 mg..... 13
subvenite - lamotrigine tab 200 mg..... 14
subvenite - lamotrigine tab 25 mg..... 13
sucralfate tab 1 gm.....75
sulfacetamide sodium lotion 10% (acne).....71
sulfacetamide sodium ophth soln 10%..... 99
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....99
sulfadiazine tab 500 mg.....9
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml..... 9
sulfamethoxazole-trimethoprim tab 400-80 mg.....9
sulfamethoxazole-trimethoprim tab 800-160 mg.....9
sulfasalazine tab 500 mg.....97
sulfasalazine tab delayed release 500 mg.....97
sulindac tab 150 mg..... 3
sulindac tab 200 mg..... 3
sumatriptan nasal spray 20 mg/act..... 22
sumatriptan nasal spray 5 mg/act.....22
sumatriptan succinate inj 6 mg/0.5ml.....22
sumatriptan succinate solution auto-injector 6 mg/0.5ml.....22
sumatriptan succinate solution cartridge 4 mg/0.5ml.....22
sumatriptan succinate solution cartridge 6 mg/0.5ml.....22
sumatriptan succinate tab 100 mg..... 22
sumatriptan succinate tab 25 mg.....22
sumatriptan succinate tab 50 mg.....22
sunitinib malate cap 12.5 mg (base equivalent).....30
sunitinib malate cap 25 mg (base equivalent).....30
sunitinib malate cap 37.5 mg (base equivalent).....30
sunitinib malate cap 50 mg (base equivalent).....30
SUNLENCA.....44
SUNLENCA.....44
SUNLENCA.....44
SUTAB..... 75
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg.....85
SYMPAZAN.....14
SYMPAZAN.....14
SYMPAZAN.....14
SYMTUZA..... 45
SYNAREL.....89
SYNJARDY.....51
SYNJARDY.....51
SYNJARDY.....51
SYNJARDY.....51
SYNJARDY XR.....51
SYNJARDY XR.....51
SYNJARDY XR.....51
SYNJARDY XR.....51
SYNTHROID.....87
SYNTHROID.....87

SYNTHROID....87
SYNTHROID....87
SYNTHROID....87
SYNTHROID....87
SYNTHROID....87
SYNTHROID....87
SYNTHROID....87
SYNTHROID....87
SYNTHROID....87
SYNTHROID....87

T

TABLOID....30
TABRECTA....30
TABRECTA....30
tacrolimus cap 0.5 mg....95
tacrolimus cap 1 mg....95
tacrolimus cap 5 mg....95
tacrolimus oint 0.03%....71
tacrolimus oint 0.1%....71
tadalafil tab 2.5 mg....77
tadalafil tab 20 mg (pah)....103
tadalafil tab 5 mg....77
TAFINLAR....30
TAFINLAR....30
TAFINLAR....30
TAGRISSO....30
TAGRISSO....30
TALZENNA....31
TALZENNA....31
TALZENNA....31
TALZENNA....31
TALZENNA....31
TALZENNA....31
tamoxifen citrate tab 10 mg (base equivalent)....31
tamoxifen citrate tab 20 mg (base equivalent)....31
tamsulosin hcl cap 0.4 mg....77
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)....85
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....85
tasimelteon capsule 20 mg....104
tazarotene cream 0.05%....71
tazarotene cream 0.1%....71
tazicef - ceftazidime for inj 1 gm....10
tazicef - ceftazidime for iv soln 1 gm....10
tazicef - ceftazidime for iv soln 2 gm....10
tazicef - ceftazidime for iv soln 6 gm....10
TEFLARO....10
TEFLARO....10
telmisartan-amlodipine tab 40-10 mg....64
telmisartan-amlodipine tab 40-5 mg....64
telmisartan-amlodipine tab 80-10 mg....64
telmisartan-amlodipine tab 80-5 mg....64
telmisartan-hydrochlorothiazide tab 40-12.5 mg....64
telmisartan-hydrochlorothiazide tab 80-12.5 mg....64
telmisartan-hydrochlorothiazide tab 80-25 mg....64
telmisartan tab 20 mg....64
telmisartan tab 40 mg....64
telmisartan tab 80 mg....64
temazepam cap 15 mg....104
temazepam cap 30 mg....104
TENIVAC....95
tenofovir disoproxil fumarate tab 300 mg....45
TEPMETKO....31
terazosin hcl cap 10 mg (base equivalent)....64
terazosin hcl cap 1 mg (base equivalent)....64
terazosin hcl cap 2 mg (base equivalent)....64
terazosin hcl cap 5 mg (base equivalent)....64
terbinafine hcl tab 250 mg....21
terconazole vaginal cream 0.4%....21
terconazole vaginal cream 0.8%....21
terconazole vaginal suppos 80 mg....21
TERIPARATIDE....97
testosterone cypionate im inj in oil 100 mg/ml....85
testosterone cypionate im inj in oil 200 mg/ml....85
TESTOSTERONE ENANTHATE....85
testosterone td gel 12.5 mg/act (1%)....85
testosterone td gel 20.25 mg/1.25gm (1.62%)....85
testosterone td gel 20.25 mg/act (1.62%)....85
testosterone td gel 25 mg/2.5gm (1%)....85
testosterone td gel 40.5 mg/2.5gm (1.62%)....85
testosterone td gel 50 mg/5gm (1%)....85
tetrabenazine tab 12.5 mg....68
tetrabenazine tab 25 mg....68
tetracycline hcl cap 250 mg....10
tetracycline hcl cap 500 mg....10
THALOMID....31
THALOMID....31

theophylline tab er 12hr 300 mg.....103
theophylline tab er 12hr 450 mg.....103
theophylline tab er 24hr 400 mg.....103
theophylline tab er 24hr 600 mg.....103
thioridazine hcl tab 100 mg.....41
thioridazine hcl tab 10 mg.....41
thioridazine hcl tab 25 mg.....41
thioridazine hcl tab 50 mg.....41
thiothixene cap 10 mg.....41
thiothixene cap 1 mg.....41
thiothixene cap 2 mg.....41
thiothixene cap 5 mg.....41
THYMOGLOBULIN.....95
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg.....64
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg.....64
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg.....64
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg.....64
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg.....64
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg.....64
tiagabine hcl tab 12 mg.....14
tiagabine hcl tab 16 mg.....14
tiagabine hcl tab 2 mg.....14
tiagabine hcl tab 4 mg.....14
TIBSOVO.....31
ticagrelor tab 60 mg.....53
ticagrelor tab 90 mg.....53
TICOVAC.....95
TICOVAC.....95
tigecycline for iv soln 50 mg.....10
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....85
timolol maleate ophth gel forming soln 0.25%.....99
timolol maleate ophth gel forming soln 0.5%.....99
timolol maleate ophth soln 0.25%.....99
timolol maleate ophth soln 0.5%.....99
timolol maleate tab 10 mg.....64
timolol maleate tab 20 mg.....64
timolol maleate tab 5 mg.....64
tinidazole tab 250 mg.....10
tinidazole tab 500 mg.....10
TIVICAY.....45
TIVICAY PD.....45
tizanidine hcl tab 2 mg (base equivalent).....41
tizanidine hcl tab 4 mg (base equivalent).....41
tobramycin-dexamethasone ophth susp 0.3-0.1%.....99
tobramycin nebu soln 300 mg/5ml.....103
tobramycin ophth soln 0.3%.....99
TOBRAMYCIN SULFATE.....10
tobramycin sulfate for inj 1.2 gm.....10
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv).....10
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv).....10
tolterodine tartrate cap er 24hr 2 mg.....77
tolterodine tartrate cap er 24hr 4 mg.....77
tolterodine tartrate tab 1 mg.....77
tolterodine tartrate tab 2 mg.....77
tolvaptan tab 15 mg.....73
tolvaptan tab 30 mg.....73
tolvaptan tab therapy pack 15 mg.....73
tolvaptan tab therapy pack 30 & 15 mg.....73
tolvaptan tab therapy pack 45 & 15 mg.....73
tolvaptan tab therapy pack 60 & 30 mg.....73
tolvaptan tab therapy pack 90 & 30 mg.....73
topiramate oral soln 25 mg/ml.....14
topiramate sprinkle cap 15 mg.....14
topiramate sprinkle cap 25 mg.....14
topiramate tab 100 mg.....14
topiramate tab 200 mg.....14
topiramate tab 25 mg.....14
topiramate tab 50 mg.....14
toremifene citrate tab 60 mg (base equivalent).....31
torpenz - everolimus tab 10 mg.....31
torpenz - everolimus tab 2.5 mg.....31
torpenz - everolimus tab 5 mg.....31
torpenz - everolimus tab 7.5 mg.....31
torsemide tab 100 mg.....64
torsemide tab 10 mg.....64
torsemide tab 20 mg.....64
torsemide tab 5 mg.....64
TOUJEO MAX SOLOSTAR.....51
TOUJEO SOLOSTAR.....51
TRADJENTA.....51
tramadol-acetaminophen tab 37.5-325 mg.....3
tramadol hcl tab 50 mg.....3
tramadol hcl tab er 24hr 100 mg.....3
tramadol hcl tab er 24hr 200 mg.....3
tramadol hcl tab er 24hr 300 mg.....3
trandolapril tab 1 mg.....64
trandolapril tab 2 mg.....65
trandolapril tab 4 mg.....65

trandolapril-verapamil hcl tab er 1-240 mg....65
trandolapril-verapamil hcl tab er 2-180 mg....65
trandolapril-verapamil hcl tab er 2-240 mg....65
trandolapril-verapamil hcl tab er 4-240 mg....65
tranexamic acid tab 650 mg....53
tranylcypromine sulfate tab 10 mg....18
TRAVASOL....73
travoprost ophth soln 0.004% (benzalkonium free) (bak free)....99
trazodone hcl tab 100 mg....18
trazodone hcl tab 150 mg....18
trazodone hcl tab 300 mg....18
trazodone hcl tab 50 mg....18
TRELEGY ELLIPTA....103
TRELEGY ELLIPTA....103
TRELSTAR MIXJECT....89
TRELSTAR MIXJECT....89
TRELSTAR MIXJECT....89
TREMFYA....95
TREMFYA....95
TREMFYA....95
TREMFYA....95
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS....95
TREMFYA PEN....95
tretinoin cap 10 mg....31
tretinoin cream 0.025%....71
tretinoin cream 0.05%....71
tretinoin cream 0.1%....71
tretinoin gel 0.01%....71
tretinoin gel 0.025%....71
triamcinolone acetonide cream 0.025%....71
triamcinolone acetonide cream 0.1%....71
triamcinolone acetonide cream 0.5%....71
triamcinolone acetonide dental paste 0.1%....68
triamcinolone acetonide lotion 0.025%....71
triamcinolone acetonide lotion 0.1%....71
triamcinolone acetonide oint 0.025%....71
triamcinolone acetonide oint 0.1%....71
triamcinolone acetonide oint 0.5%....71
triamterene & hydrochlorothiazide cap 37.5-25 mg....65
triamterene & hydrochlorothiazide tab 37.5-25 mg....65
triamterene & hydrochlorothiazide tab 75-50 mg....65
tridacaine iii - lidocaine patch 5%....3
triderm - triamcinolone acetonide cream 0.5%....71
trientine hcl cap 250 mg....73
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....85
trifluoperazine hcl tab 10 mg (base equivalent)....41
trifluoperazine hcl tab 1 mg (base equivalent)....41
trifluoperazine hcl tab 2 mg (base equivalent)....41
trifluoperazine hcl tab 5 mg (base equivalent)....41
TRIFLURIDINE....99
TRIKAFTA....103
TRIKAFTA....103
TRIKAFTA....103
TRIKAFTA....103
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg....85
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....85
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....85
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....85
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....85
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....85
trimethoprim tab 100 mg....10
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....85
trimipramine maleate cap 100 mg....19
trimipramine maleate cap 25 mg....19
trimipramine maleate cap 50 mg....19
TRINTELLIX....19
TRINTELLIX....19
TRINTELLIX....19
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....86
TRIUMEQ....45
TRIUMEQ PD....45
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....86
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....86
TROPHAMINE....73
TRULICITY....51
TRULICITY....51
TRULICITY....51

TRULICITY....51
TRUMENBA....95
TRUQAP....31
TRUQAP....31
TRUQAP....31
TUKYSA....31
TUKYSA....31
TURALIO....31
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg....86
TWINRIX....95
TYENNE....95
TYENNE....95
TYMLOS....97
TYPHIM VI....96

U

unithroid - levothyroxine sodium tab 100 mcg....88
unithroid - levothyroxine sodium tab 112 mcg....88
unithroid - levothyroxine sodium tab 125 mcg....88
unithroid - levothyroxine sodium tab 137 mcg....88
unithroid - levothyroxine sodium tab 150 mcg....88
unithroid - levothyroxine sodium tab 175 mcg....88
unithroid - levothyroxine sodium tab 200 mcg....88
unithroid - levothyroxine sodium tab 25 mcg....87
unithroid - levothyroxine sodium tab 300 mcg....88
unithroid - levothyroxine sodium tab 50 mcg....87
unithroid - levothyroxine sodium tab 75 mcg....87
unithroid - levothyroxine sodium tab 88 mcg....87
ursodiol cap 300 mg....75
ursodiol tab 250 mg....75
ursodiol tab 500 mg....75
USTEKINUMAB-AEKN....96
USTEKINUMAB-AEKN....96

V

valacyclovir hcl tab 1 gm.... 45
valacyclovir hcl tab 500 mg....45
VALCHLOR....31
valganciclovir hcl for soln 50 mg/ml (base equiv).... 45
valganciclovir hcl tab 450 mg (base equivalent)....45
valproate sodium oral soln 250 mg/5ml (base equiv).... 14
valproic acid cap 250 mg....14
valsartan-hydrochlorothiazide tab 160-12.5 mg....65
valsartan-hydrochlorothiazide tab 160-25 mg....65
valsartan-hydrochlorothiazide tab 320-12.5 mg....65
valsartan-hydrochlorothiazide tab 320-25 mg....65
valsartan-hydrochlorothiazide tab 80-12.5 mg....65
valsartan tab 160 mg....65
valsartan tab 320 mg....65
valsartan tab 40 mg....65
valsartan tab 80 mg....65
VALTOCO 10 MG DOSE.... 14
VALTOCO 15 MG DOSE.... 14
VALTOCO 20 MG DOSE.... 14
VALTOCO 5 MG DOSE.... 14
valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.... 86
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.... 86
vancomycin hcl cap 125 mg (base equivalent)....10
vancomycin hcl cap 250 mg (base equivalent)....10
vancomycin hcl for iv soln 100 gm (base equivalent)....10
vancomycin hcl for iv soln 10 gm (base equivalent)....10
vancomycin hcl for iv soln 1 gm (base equivalent)....10
vancomycin hcl for iv soln 500 mg (base equivalent)....10
vancomycin hcl for iv soln 5 gm (base equivalent)....10
vancomycin hcl for iv soln 750 mg (base equivalent)....10
VANFLYTA....31
VANFLYTA....31
VAQTA.... 96
VAQTA.... 96
VAQTA.... 96
VAQTA.... 96
varenicline tartrate tab 0.5 mg (base equiv).... 4

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack....4
varenicline tartrate tab 1 mg (base equiv)....4
VARIVAX....96
VASCEPA....65
VASCEPA....65
VAXCHORA....96
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg....86
VENCLEXTA....31
VENCLEXTA....31
VENCLEXTA....31
VENCLEXTA STARTING PACK....31
VENLAFAXINE BESYLATE ER....19
venlafaxine hcl cap er 24hr 150 mg (base equivalent)....19
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)....19
venlafaxine hcl cap er 24hr 75 mg (base equivalent)....19
venlafaxine hcl tab 100 mg (base equivalent)....19
venlafaxine hcl tab 25 mg (base equivalent)....19
venlafaxine hcl tab 37.5 mg (base equivalent)....19
venlafaxine hcl tab 50 mg (base equivalent)....19
venlafaxine hcl tab 75 mg (base equivalent)....19
VENTOLIN HFA....103
VEOZAH....68
VEPPANU....31
VEPPANU....31
verapamil hcl cap er 24hr 120 mg....65
verapamil hcl cap er 24hr 180 mg....65
verapamil hcl cap er 24hr 240 mg....65
verapamil hcl cap er 24hr 360 mg....65
verapamil hcl tab 120 mg....65
verapamil hcl tab 40 mg....65
verapamil hcl tab 80 mg....65
verapamil hcl tab er 120 mg....65
verapamil hcl tab er 180 mg....65
verapamil hcl tab er 240 mg....65
VERQUVO....65
VERQUVO....65
VERQUVO....65
VERSACLOZ....41
VERZENIO....31
VERZENIO....31
VERZENIO....31
VERZENIO....31
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg....86
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....86
vigabatrin powd pack 500 mg....14
vigabatrin tab 500 mg....14
vigadrone - vigabatrin powd pack 500 mg....14
vigadrone - vigabatrin tab 500 mg....14
VIGAFYDE....14
vilazodone hcl tab 10 mg....19
vilazodone hcl tab 20 mg....19
vilazodone hcl tab 40 mg....19
VIMKUNYA....96
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....86
VIRACEPT....45
VIRACEPT....45
VIREAD....45
VIREAD....45
VIREAD....45
VIREAD....45
VITRAKVI....31
VITRAKVI....32
VITRAKVI....32
VIVOTIF....96
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....86
VONJO....32
VORANIGO....32
VORANIGO....32
voriconazole for inj 200 mg....21
voriconazole for susp 40 mg/ml....21
voriconazole tab 200 mg....21
voriconazole tab 50 mg....21
VOSEVI....45
VOWST....75
VPRIV....76
VRAYLAR....41
VRAYLAR....41
VRAYLAR....41
VRAYLAR....41
VRAYLAR....41
VRAYLAR....41
VUMERITY....68
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....86
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....86

W

warfarin sodium tab 10 mg....54
warfarin sodium tab 1 mg....53
warfarin sodium tab 2.5 mg....53
warfarin sodium tab 2 mg....53
warfarin sodium tab 3 mg....53
warfarin sodium tab 4 mg....53
warfarin sodium tab 5 mg....53
warfarin sodium tab 6 mg....53
warfarin sodium tab 7.5 mg....53
WELIREG....76
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg....86
WINREVAIR....103
WINREVAIR....103
WINREVAIR....103
WINREVAIR....103
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act....103
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act....103
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act....103
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg....86
WYOST....97

X

XALKORI....32
XALKORI....32
XALKORI....32
XALKORI....32
XALKORI....32
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg....86
XARELTO....54
XARELTO....54
XARELTO....54
XARELTO....54
XARELTO STARTER PACK....54
XATMEP....96
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....15
XCOPRI....15
XCOPRI....15
XCOPRI....15
XDEMVY....99
xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg....86
XERMELO....75
XIFAXAN....75
XIGDUO XR....51
XIGDUO XR....51
XIGDUO XR....52
XIIDRA....99
XOFLUZA....45
XOFLUZA....45
XOLAIR....96
XOLAIR....96
XOLAIR....96
XOLAIR....96
XOLAIR....96
XOLAIR....96
XOLAIR....96
XOSPATA....32
XPOVIO....32
XPOVIO....32
XPOVIO....32
XPOVIO....32
XPOVIO....32
XPOVIO....32
XPOVIO 60 MG TWICE WEEKLY....32
XPOVIO 80 MG TWICE WEEKLY....32
XTANDI....32
XTANDI....32
XTANDI....32
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr....86

Y

yargesa - miglustat cap 100 mg....76
YF-VAX....96
yulithira - everolimus tab 10 mg....32
yulithira - everolimus tab 2.5 mg....32
yulithira - everolimus tab 5 mg....32
yulithira - everolimus tab 7.5 mg....32
yuvafem - estradiol vaginal tab 10 mcg....86

Z

zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr....86
zafirlukast tab 10 mg....103
zafirlukast tab 20 mg....103
zaleplon cap 10 mg....104
zaleplon cap 5 mg....104
ZEJULA....32
ZEJULA....32
ZEJULA....32
ZELBORAF....32

zelvysia - sapropterin dihydrochloride powder packet 100 mg..... 76
zelvysia - sapropterin dihydrochloride powder packet 500 mg..... 76
zenatane - isotretinoin cap 10 mg..... 71
zenatane - isotretinoin cap 20 mg..... 71
zenatane - isotretinoin cap 30 mg..... 71
zenatane - isotretinoin cap 40 mg..... 71
ZENBEXUS..... 32
ZENBEXUS..... 32
ZENPEP..... 76
ZENPEP..... 76
ZENPEP..... 76
ZENPEP..... 76
ZENPEP..... 76
ZENPEP..... 76
ZENPEP..... 77
ZENPEP..... 77
zenzedi - dextroamphetamine sulfate tab 10 mg..... 68
zenzedi - dextroamphetamine sulfate tab 5 mg..... 68
zidovudine cap 100 mg..... 45
zidovudine syrup 10 mg/ml..... 45
zidovudine tab 300 mg..... 45
ziprasidone hcl cap 20 mg..... 41
ziprasidone hcl cap 40 mg..... 41
ziprasidone hcl cap 60 mg..... 41
ziprasidone hcl cap 80 mg..... 41
ziprasidone mesylate for inj 20 mg (base equivalent)..... 41
ZOKINVY..... 77
ZOKINVY..... 77
ZOLINZA..... 32
zolpidem tartrate tab 10 mg..... 104
zolpidem tartrate tab 5 mg..... 104
ZONISADE..... 15
zonisamide cap 100 mg..... 15
zonisamide cap 25 mg..... 15
zonisamide cap 50 mg..... 15
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg..... 86
ZTALMY..... 15
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg..... 86
ZURZUVAE..... 19
ZURZUVAE..... 19
ZURZUVAE..... 19
ZYDELIG..... 32
ZYDELIG..... 32
ZYKADIA..... 32



Nondiscrimination and Accessibility Notice (ACA §1557)

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability. We provide:

Free auxiliary aids, reasonable modifications, and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)

Free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at one of the numbers listed below. If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with Capital Health Plan's Section 1557 Coordinator at: 2140 Centerville Place, Tallahassee, Fl 32308.

Phone: Member Services 850-383-3311, 1-877-247-6512, TTY 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email: memberservices@chp.org. Medicare members or prospective members call 850-518-6679 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm. State of Florida members call 1-877-392-1532, 7am-7pm.

You can file a grievance in person or by mail, fax or email.

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html.*

If you need help filing a grievance, our Member Services Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

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

English: If you speak any of the following languages, 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 1-850-383-3311 or 1-877-247-6512 (TTY: 850-383-3534 or 1-877-870-8943) or speak to your provider.

Spanish: 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 1-877-247-6512 (TTY: 1-877-870-8943)

o hable con su proveedor.

Haitian Creole: Si w pale kreyòl ayisyen, gen sèvis èd ki disponib pou ou gratis pou lang ou pale a. Gen èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo ki disponib gratis tou. Rele nan 1-877-247-6512 (TTY: 1-877-870-8943) oswa pale avèk founisè w la.

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ trợ giúp 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. Xin vui lòng gọi theo số 1-877-247-6512 (TTY: 1-877-870-8943) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

Portuguese: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-247-6512 (TTY: 1-877-870-8943) ou fale com seu provedor.

Simplified Chinese: 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 1-877-247-6512 (文本电话： 1-877-870-8943) 或咨询您的服务提供商。

French: 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 1-877-247-6512 (TTY: 1-877-870-8943) ou parlez à votre fournisseur.

Tagalog: 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 1-877-247-6512 (TTY: 1-877-870-8943) o makipag-usap sa iyong provider.

Russian: Если Вы говорите по-русски, Вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-247-6512 (TTY: 1-877-870-8943) или обратитесь к своему поставщику услуг.

Arabic إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-870-8943 (TTY: 1-877-247-6512) أو تحدث إلى مقدم الخدمة الخاص بك.

Italian: 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 l’ 1-877-247-6512 (TTY: 1-877-870-8943) o parla con il tuo fornitore.

German: 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 1-877-247-6512 (TTY: 1-877-870-8943) an oder sprechen Sie mit Ihrem Provider.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-247-6512 (TTY: 1-877-870-8943) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Polish: 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 1-877-247-6512 (TTY: 1-877-870-8943) lub porozmawiaj ze swoim dostawcą.

Gujarati: જો તમે નીચેની કોઈપણ ભાષા બોલતા હો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-877-247-6512 (TTY: 1-877-870-8943) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Thai: หากคุณพูดภาษาใดภาษาหนึ่งต่อไปนี้ คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี นอกจากนี้ ยังมีบริการช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทร 1-877-247-6512 (TTY: 1-877-870-8943) หรือพูดคุยกับผู้ให้บริการของคุณ

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17; Revised 11/14/17; Revised 8/21/18; Revised 7/17/19; Revised 7/1/2025



This formulary was updated on 11/01/2026. For more recent information or other questions, please contact Capital Health Plan Member Services at 850-523-7441 or 1-877-247-6512, or for TTY users 850-383-3534 or 1-877-870-8943, 8:00 a.m. to 8:00 p.m., seven days a week, October 1 to March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday, April 1 to September 30. Or, visit our website at www.capitalhealth.com/Medicare.