



# Medicare Advantage Connect (PPO) 2025 Formulary (List of Covered Drugs)

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

Formulary ID: 25274

This formulary was updated on . For more recent information or other questions, please contact Blue Cross and Blue Shield of Nebraska Member Services at 855-457-1349 (TTY users should call 711), 24 hours a day, seven days a week, 365 days a year, or visit [NebraskaBlue.com/MedicareRx](https://www.NebraskaBlue.com/MedicareRx).

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Blue Cross and Blue Shield of Nebraska. When it refers to “plan” or “our plan,” it means Blue Cross and Blue Shield of Nebraska Medicare Advantage Connect.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on Jan. 1, 2025, and from time to time during the year.

**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.

## What is the Blue Cross and Blue Shield of Nebraska Medicare Advantage formulary?

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

## Can the formulary change?

Most changes in drug coverage happen on Jan. 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: [NebraskaBlue.com/MedicareRx](https://NebraskaBlue.com/MedicareRx).

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

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

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

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both.

We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on Jan. 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 . To get updated information about the drugs covered by Blue Cross and Blue Shield of Nebraska MA 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. The current version can be found at, and a printed copy requested from, [NebraskaBlue.com/MedicareRx](https://www.NebraskaBlue.com/MedicareRx).

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

## **What are generic drugs?**

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

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

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

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Cross and Blue Shield of Nebraska MA requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Blue Cross and Blue Shield of Nebraska MA before you fill your prescriptions. If you don't get approval, Blue Cross and Blue Shield of Nebraska MA may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Cross and Blue Shield of Nebraska MA limits the amount of the drug that Blue Cross and Blue Shield of Nebraska MA will cover. For example, Blue Cross and Blue Shield of Nebraska MA provides 20 tablets for 30 days per prescription for Paxlovid 150mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Cross and Blue Shield of Nebraska MA requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Cross and Blue Shield of Nebraska MA may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Cross and Blue Shield of Nebraska MA will then cover Drug B.

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

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

## What if my drug is not on the Formulary?

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

If you learn that Blue Cross and Blue Shield of Nebraska MA does not cover your drug, you have two options:

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

## How do I request an exception to the Blue Cross and Blue Shield of Nebraska MA Formulary?

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

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

Generally, Blue Cross and Blue Shield of Nebraska MA will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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



## **Transition Notice**

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

## **For more information**

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

If you have questions about Blue Cross and Blue Shield of Nebraska MA, 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/seven days a week. TTY users should call 1-877-486-2048. Or, visit [Medicare.gov](http://Medicare.gov).

## **Blue Cross and Blue Shield of Nebraska MA Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by Blue Cross and Blue Shield of Nebraska MA. If you have trouble finding your drug in the list, turn to the Index that begins on page 104.

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

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



## Your costs (see cost share tables below)

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Blue Cross and Blue Shield of Nebraska MA has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copay or coinsurance amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.
- **The pharmacy you use.** You may go to any of our network pharmacies. The Pharmacy Directory will tell you which of the pharmacies in our network are preferred network pharmacies and network mail order pharmacies.

**All of your drugs on our Formulary are available for mail order:** Our plan’s mail-order service requires you to order no more than a 90-day supply. Tier 5 specialty drugs are limited to 30-day supply via mail order.

## Your costs (see cost share tables below)

Tier	Standard retail cost sharing (in network) (up to a 30 day supply)	Mail-order cost sharing (up to a 30 day supply)	Long term care (LTC) cost sharing (up to a 31 day supply)
<b>Cost-sharing Tier 1</b> (Preferred Generic Drugs)	MA Connect: \$0	MA Connect: \$2	MA Connect: \$0
<b>Cost-sharing Tier 2</b> (Generic Drugs)	MA Connect: \$14	MA Connect: \$14	MA Connect: \$14
<b>Cost-sharing Tier 3</b> (Preferred Brand Drugs)	MA Connect: \$47	MA Connect: \$47	MA Connect: \$47
<b>Cost-sharing Tier 4</b> (Non-preferred Drugs)	MA Connect: \$100	MA Connect: \$100	MA Connect: \$100
<b>Cost-sharing Tier 5</b> (Specialty Drugs)	MA Connect: 33%	MA Connect: 33%	MA Connect: 33%

## List of Abbreviations

2025 Dosage Form Abbreviations Key	
act	actuation
ad	adsorbed
adjuv	adjuvant
aepb	aerosol powder blister
aer, aers, aero	aerosol
afib/af	atrial fibrillation/atrial flutter
app	applicator
ba, br act, breath act, breath activ	breath activated
bau	bioequivalent allergy unit
cap, caps	capsules
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
cpcr	controlled release capsule
conc	concentrate
conj	conjugate, conjugated
crm	cream
crys	crystals
deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
er, extended, extended rel, xr	extended release
ext	extract
ig	immunoglobulin
gm	gram
gu	genitourinary
hr	hour
im	intramuscular
inh, inhal	inhalation
inj	injection
ir	index of reactivity

iv	intravenous
l	liter
la	long acting
lipo	lipophilic
lf, lfu	flocculation units
liq, liqd	liquid
maint	maintenance
mcg	microgram
meq	milliequivalent
misc	miscellaneous
mg	milligram
ml	milliliter
nebu	nebules
oc	oral contraceptive
oin, oint	ointment
omv	outer membrane vesicles
op, ophth	ophthalmic
osm	osmotic
pah	pulmonary arterial hypertension
pak, pk	pack
pf	preservative-free
pfu	plaque forming units
pow, powd	powder
pmdd	premenstrual dysphoric disorder
pref	prefilled
pttw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
tocr	controlled release tablet
tbdp	dispersible tablet

Last updated:

tbec	enteric coated tablet
tbpk	tablet pack
td	transdermal
ther	therapy
titr	titration
tl	translingual
unt, ut	unit
va	vaginal
vac, vacc	vaccine

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

**PA** = Prior Authorization

**QL** = Quantity Limits

**ST** = Step Therapy

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

**\*** = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 855-457-1349 (TTY users should call 711), 24 hours a day, seven days a week, 365 days a year, or visit [NebraskaBlue.com/MedicareRx](http://NebraskaBlue.com/MedicareRx).

**†** = Split fill indicated drug. This high-cost medication is indicated with a cross (†) for you to request a 2-week supply (partial fill) of medication versus a full month. This partial fill may allow for copay savings if the medicine causes severe side effects, and you stop taking it or have a dosage change. If there are no side effects, you may only pay the rest of your monthly copay when you pick up the remaining 2-week supply, if applicable.

**^** = This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tablets/30 days)
<i>bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>celecoxib cap 50 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	3	QL (30 capsules/30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	3	
<i>diclofenac sodium soln 1.5%</i>	3	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	3	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	QL (60 tablets/30 days)
<i>ec-naproxen - naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)
<i>ec-naproxen - naproxen tab ec 500 mg</i>	2	QL (90 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>etodolac cap 200 mg</i>	3	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	3	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg</i>	4	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 500 mg</i>	4	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	4	QL (30 tablets/30 days)
<i>etodolac tab 400 mg</i>	3	QL (60 tablets/30 days)
<i>etodolac tab 500 mg</i>	3	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>flurbiprofen tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibu - ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibu - ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibu - ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>indomethacin cap 25 mg#</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#</i>	2	QL (120 capsules/30 days)
<i>meloxicam tab 7.5 mg</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate tab er 15 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	4	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	3	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	3	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	4	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen tab 250 mg</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg</i>	1	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	3	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>sulindac tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>sulindac tab 200 mg</i>	2	QL (60 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tablets/30 days)
<b>Anesthetics</b>		
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	PA, QL (60 grams/30 days)
<i>lidocan - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine ii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine iii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	3	QL (90 tablets/30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	3	QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	
<i>disulfiram tab 250 mg</i>	3	
<i>disulfiram tab 500 mg</i>	4	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	3	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	4	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	4	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	4	
<b>Antibacterials</b>		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	

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



Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	3	
<i>azithromycin for susp 100 mg/5ml</i>	3	
<i>azithromycin for susp 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	5	
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	
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	4	
<i>cefazolin sodium for inj 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	3	
<i>cefdinir for susp 250 mg/5ml</i>	3	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm</i>	4	
<i>cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefixime cap 400 mg</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	4	
<i>cefpodoxime proxetil tab 200 mg</i>	4	
<i>cefprozil tab 250 mg</i>	3	
<i>cefprozil tab 500 mg</i>	3	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg</i>	4	
<i>ceftriaxone sodium for inj 500 mg</i>	4	
<i>ceftriaxone sodium for inj 1 gm</i>	4	
<i>ceftriaxone sodium for inj 2 gm</i>	4	
<i>ceftriaxone sodium for inj 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	4	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	4	
<i>cefuroxime axetil tab 250 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tab 500 mg</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 900 mg/6ml</i>	4	
<i>clindamycin phosphate inj 9 gm/60ml</i>	4	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
<i>daptomycin for iv soln 500 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	3	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
<i>doxycycline hyclate cap 50 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate cap 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	3	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	3	
<i>doxycycline monohydrate tab 75 mg</i>	3	
<i>doxycycline monohydrate tab 100 mg</i>	3	
<i>doxycycline monohydrate tab 150 mg</i>	4	
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	4	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
<i>ery-tab - erythromycin tab delayed release 250 mg</i>	4	
<i>ery-tab - erythromycin tab delayed release 333 mg</i>	4	
<i>ery-tab - erythromycin tab delayed release 500 mg</i>	4	
<i>erythrocin lactobionate - erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	4	
<i>erythromycin tab delayed release 333 mg</i>	4	
<i>erythromycin tab delayed release 500 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 2400000 unit	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	5	
LENTOCILIN - penicillin g benzathine for intramuscular susp 1200000 unit	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	4	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	4	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	PA
<i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i>	3	
<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i>	3	
<i>meropenem iv for soln 500 mg</i>	3	
<i>meropenem iv for soln 1 gm</i>	3	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	4	
<i>minocycline hcl tab 75 mg</i>	4	
<i>mondoxylene nl - doxycycline monohydrate cap 100 mg</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	4	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	3	
<i>penicillin g potassium for inj 5000000 unit</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
<b>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose</b>	4	
<b>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose</b>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
SULFADIAZINE - sulfadiazine tab 500 mg	5	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>tazicef - ceftazidime for inj 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 6 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tetracycline hcl cap 250 mg</i>	4	
<i>tetracycline hcl cap 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	4	
<i>tinidazole tab 250 mg</i>	3	
<i>tinidazole tab 500 mg</i>	3	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	4	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	4	
<b>Anticonvulsants</b>		
APTIOM - eslicarbazepine acetate tab 200 mg	5	QL (30 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 400 mg	5	QL (30 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 600 mg	5	QL (60 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 800 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
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)
<i>carbamazepine cap er 12hr 100 mg</i>	4	
<i>carbamazepine cap er 12hr 200 mg</i>	4	
<i>carbamazepine cap er 12hr 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg</i>	4	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
<i>carbamazepine tab 200 mg</i>	3	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA (>=65 yr), QL (480 mls/30 days)
<i>clobazam tab 10 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>clobazam tab 20 mg</i>	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 - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	3	
<i>divalproex sodium tab delayed release 125 mg</i>	2	

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



Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	3	
<i>divalproex sodium tab er 24 hr 500 mg</i>	3	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>epitol - carbamazepine tab 200 mg</i>	3	
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	5	QL (2 bottles/28 days)
FYCOMPA - perampanel tab 2 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 4 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 6 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 8 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 10 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 12 mg	5	QL (30 tablets/30 days)
<i>gabapentin cap 100 mg</i>	2	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg</i>	4	
<i>lacosamide tab 100 mg</i>	4	
<i>lacosamide tab 150 mg</i>	4	
<i>lacosamide tab 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg</i>	3	
<i>lamotrigine tab chewable dispersible 25 mg</i>	3	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab er 24hr 500 mg</i>	3	
<i>levetiracetam tab er 24hr 750 mg</i>	3	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
LIBERVANT - diazepam buccal film 5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 7.5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 10 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 12.5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 15 mg	5	QL (10 films/30 days)
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	3	
<i>oxcarbazepine tab 300 mg</i>	3	
<i>oxcarbazepine tab 600 mg</i>	3	
<i>phenobarbital elixir 20 mg/5ml#</i>	4	
<i>phenobarbital tab 15 mg#</i>	3	
<i>phenobarbital tab 16.2 mg#</i>	3	
<i>phenobarbital tab 30 mg#</i>	3	
<i>phenobarbital tab 32.4 mg#</i>	3	
<i>phenobarbital tab 60 mg#</i>	3	
<i>phenobarbital tab 64.8 mg#</i>	3	
<i>phenobarbital tab 97.2 mg#</i>	3	
<i>phenobarbital tab 100 mg#</i>	3	
<i>phenytek - phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytek - phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin chew tab 50 mg</i>	3	
<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	3	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
<i>pregabalin cap 25 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 50 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 75 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 100 mg</i>	3	QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 150 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra - levetiracetam tab 500 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
<i>subvenite - lamotrigine tab 25 mg</i>	2	
<i>subvenite - lamotrigine tab 100 mg</i>	2	
<i>subvenite - lamotrigine tab 150 mg</i>	2	
<i>subvenite - lamotrigine tab 200 mg</i>	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA ( $\geq$ 65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA ( $\geq$ 65 yr), QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA ( $\geq$ 65 yr), QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	3	
<i>topiramate sprinkle cap 25 mg</i>	3	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/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
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)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
<i>vigadrone - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigadrone - vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
<i>vigpoder - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg	5	
XCOPRI - cenobamate tab 50 mg	5	
XCOPRI - cenobamate tab 100 mg	5	
XCOPRI - cenobamate tab 150 mg	5	
XCOPRI - cenobamate tab 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	4	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	4	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	4	
<i>galantamine hydrobromide tab 4 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide tab 8 mg</i>	4	
<i>galantamine hydrobromide tab 12 mg</i>	4	
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr)
<i>memantine hcl tab 5 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 10 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	4	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	4	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	4	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	4	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	
<b>Antidepressants</b>		
<i>amitriptyline hcl tab 10 mg#</i>	2	
<i>amitriptyline hcl tab 25 mg#</i>	2	
<i>amitriptyline hcl tab 50 mg#</i>	2	
<i>amitriptyline hcl tab 75 mg#</i>	2	
<i>amitriptyline hcl tab 100 mg#</i>	2	
<i>amitriptyline hcl tab 150 mg#</i>	2	
<i>amoxapine tab 25 mg#</i>	4	
<i>amoxapine tab 50 mg#</i>	4	
<i>amoxapine tab 100 mg#</i>	4	
<i>amoxapine tab 150 mg#</i>	4	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	3	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	3	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	3	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	3	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg#</i>	4	
<i>clomipramine hcl cap 50 mg#</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl cap 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg#</i>	4	
<i>desipramine hcl tab 25 mg#</i>	4	
<i>desipramine hcl tab 50 mg#</i>	4	
<i>desipramine hcl tab 75 mg#</i>	4	
<i>desipramine hcl tab 100 mg#</i>	4	
<i>desipramine hcl tab 150 mg#</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	4	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	4	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	4	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg#</i>	4	
<i>doxepin hcl cap 25 mg#</i>	4	
<i>doxepin hcl cap 50 mg#</i>	4	
<i>doxepin hcl cap 75 mg#</i>	4	
<i>doxepin hcl cap 100 mg#</i>	4	
<i>doxepin hcl cap 150 mg#</i>	4	
<i>doxepin hcl conc 10 mg/ml#</i>	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq)	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)
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	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)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	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
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)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	3	QL (600 mls/30 days)
<i>fluvoxamine maleate tab 25 mg</i>	3	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg</i>	3	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	3	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg#</i>	4	
<i>imipramine hcl tab 25 mg#</i>	4	
<i>imipramine hcl tab 50 mg#</i>	4	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	4	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	4	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg</i>	4	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	2	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg</i>	2	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	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	
<i>nortriptyline hcl cap 10 mg#</i>	2	
<i>nortriptyline hcl cap 25 mg#</i>	2	
<i>nortriptyline hcl cap 50 mg#</i>	2	
<i>nortriptyline hcl cap 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab 10 mg#</i>	2	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg#</i>	2	QL (45 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg#</i>	4	
<i>protriptyline hcl tab 10 mg#</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	4	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	4	
<i>trimipramine maleate cap 25 mg#</i>	4	
<i>trimipramine maleate cap 50 mg#</i>	4	
<i>trimipramine maleate cap 100 mg#</i>	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)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>vilazodone hcl tab 10 mg</i>	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 20 mg</i>	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 40 mg</i>	4	QL (30 tablets/30 days)
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)
<b>Antiemetics</b>		
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg</i>	4	BD
<i>aprepitant capsule 80 mg</i>	4	BD
<i>aprepitant capsule 125 mg</i>	4	BD

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl conc 100 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl conc 30 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 25 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 50 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 100 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 200 mg</i>	4	PA (>=65 yr)
<i>compro - prochlorperazine suppos 25 mg</i>	4	
<i>dronabinol cap 2.5 mg</i>	4	BD
<i>dronabinol cap 5 mg</i>	4	BD
<i>dronabinol cap 10 mg</i>	4	BD
<i>meclizine hcl tab 12.5 mg#</i>	2	
<i>meclizine hcl tab 25 mg#</i>	2	
<i>ondansetron hcl tab 4 mg</i>	2	
<i>ondansetron hcl tab 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg</i>	3	
<i>ondansetron orally disintegrating tab 8 mg</i>	3	
<i>perphenazine tab 2 mg</i>	4	PA (>=65 yr)
<i>perphenazine tab 4 mg</i>	4	PA (>=65 yr)
<i>perphenazine tab 8 mg</i>	4	PA (>=65 yr)
<i>perphenazine tab 16 mg</i>	4	PA (>=65 yr)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl tab 12.5 mg#</i>	3	PA (>=65 yr)
<i>promethazine hcl tab 25 mg#</i>	3	PA (>=65 yr)
<i>promethazine hcl tab 50 mg#</i>	3	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	PA (>=65 yr)
<b>Antifungals</b>		
<i>AMPHOTERICIN B - amphotericin b for iv soln 50 mg</i>	4	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>casprofungin acetate for iv soln 50 mg</i>	4	
<i>casprofungin acetate for iv soln 70 mg</i>	4	
<i>ciclodan - ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	3	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	
<i>ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole cream 1%</i>	3	
<i>clotrimazole troche 10 mg</i>	3	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	5	PA
<i>econazole nitrate cream 1%</i>	4	
<i>fluconazole for susp 10 mg/ml</i>	3	
<i>fluconazole for susp 40 mg/ml</i>	3	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	4	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	5	PA
<i>flucytosine cap 500 mg</i>	5	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>klayesta - nystatin topical powder 100000 unit/gm</i>	2	
<i>miconazole sodium for iv soln 50 mg</i>	4	
<i>miconazole sodium for iv soln 100 mg</i>	4	
MICAFUNGIN/SODIUM CHLORIDE - miconazole in sodium chloride 0.9% iv solution 50 mg/50ml	4	
MICAFUNGIN/SODIUM CHLORIDE - miconazole in sodium chloride 0.9% iv solution 100 mg/100ml	4	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystop - nystatin topical powder 100000 unit/gm</i>	2	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	4	PA
<i>posaconazole susp 40 mg/ml</i>	5	PA
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg</i>	2	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%</i>	3	
<i>terconazole vaginal cream 0.8%</i>	3	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	4	PA
<i>voriconazole tab 200 mg</i>	4	PA
<b>Antigout Agents</b>		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>probenecid tab 500 mg</i>	3	
<b>Antimigraine Agents</b>		
<i>AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml</i>	3	PA, QL (2 pens/30 days)
<i>AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml</i>	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	PA, QL (8 mls/28 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml</i>	3	PA, QL (2 pens/30 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml</i>	3	PA, QL (3 syringes/30 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml</i>	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	3	QL (18 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	3	QL (18 tablets/30 days)
<i>NURTEC - rimegepant sulfate tab disint 75 mg</i>	3	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	3	QL (18 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (18 tablets/30 days)
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide tab 60 mg</i>	3	
<b>Antimycobacterials</b>		
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	2	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)*	5	
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)*	5	
TRECTOR - ethionamide tab 250 mg	4	
<b>Antineoplastics</b>		
<i>abiraterone acetate tab 250 mg†</i>	5	PA, QL (120 tablets/30 days)
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)

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	1	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (240 capsules/30 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)
<i>bexarotene cap 75 mg†</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg</i>	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)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)*†	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 cap 100 mg*†	5	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg*	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)

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Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	3	BD
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3	BD
<i>cyclophosphamide cap 25 mg</i>	4	BD
<i>cyclophosphamide cap 50 mg</i>	4	BD
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)†	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)†</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)†</i>	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab for oral susp 2 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 2.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 7.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>exemestane tab 25 mg</i>	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)
<i>gefitinib tab 250 mg†</i>	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)
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
<i>hydroxyurea cap 500 mg</i>	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 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)

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



Drug Name	Drug Tier	Requirements/Limits
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 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)
<i>imatinib mesylate tab 100 mg (base equivalent)†</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)†</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
INLYTA - axitinib tab 1 mg*†	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (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)
KANJINTI - trastuzumab-anns for iv soln 150 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 420 mg	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	PA, QL (30 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg</i>	5	PA, QL (21 capsules/28 days)
<i>lenalidomide cap 20 mg</i>	5	PA, QL (21 capsules/28 days)
<i>lenalidomide cap 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	4	
<i>leucovorin calcium tab 25 mg</i>	4	
LEUKERAN - chlorambucil tab 2 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 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	

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

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>mercaptopurine tab 50 mg</i>	3	
MESNEX - mesna tab 400 mg	5	
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion)	5	PA
MVASI - bevacizumab-awwb iv soln 400 mg/16ml (for infusion)	5	PA
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*†	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	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)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg†	5	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg†	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)
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 420 mg	5	PA
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hcl tab 200 mg (base equiv)†</i>	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)
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg†	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg†	5	PA, QL (120 capsules/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg†	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)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml)	5	PA
RIABNI - rituximab-arrx iv soln 500 mg/50ml (10 mg/ml)	5	PA
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)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml)	5	PA
RUXIENCE - rituximab-pvvr iv soln 500 mg/50ml (10 mg/ml)	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCSEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate tab 200 mg (base equivalent)†</i>	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg†	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)†</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg (base equivalent)†</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)†</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 50 mg (base equivalent)†</i>	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)
TAGRISSE - osimertinib mesylate tab 40 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
TAGRISSE - osimertinib mesylate tab 80 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
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)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)†	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
TIBSOVO - ivosidenib tab 250 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
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	
<i>torpenz - everolimus tab 2.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>torpenz - everolimus tab 7.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 10 mg†</i>	5	PA, QL (30 tablets/30 days)
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg	5	PA
TRAZIMERA - trastuzumab-qyyp for iv soln 420 mg	5	PA
<i>tretinoin cap 10 mg</i>	5	PA
TRUQAP - capivasertib tab 160 mg	5	PA, QL (64 tablets/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)
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)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg*†	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 30 mg*†	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg*†	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg*†	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)

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

Drug Name	Drug Tier	Requirements/Limits
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 40 mg (40 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (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)
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)
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion)	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
<b>Antiparasitics</b>		
<i>albendazole tab 200 mg</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	4	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	3	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
<i>chloroquine phosphate tab 250 mg</i>	4	
<i>chloroquine phosphate tab 500 mg</i>	4	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>hydroxychloroquine sulfate tab 200 mg</i>	3	
<i>ivermectin tab 3 mg</i>	3	PA
<i>mefloquine hcl tab 250 mg</i>	3	
<i>nitazoxanide tab 500 mg</i>	5	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	BD
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	4	
<i>pyrimethamine tab 25 mg</i>	5	PA
<i>quinine sulfate cap 324 mg</i>	4	PA
<b>Antiparkinson Agents</b>		
<i>amantadine hcl cap 100 mg</i>	3	
<i>amantadine hcl soln 50 mg/5ml</i>	3	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg#</i>	2	PA (>=65 yr)
<i>benztropine mesylate tab 1 mg#</i>	2	PA (>=65 yr)
<i>benztropine mesylate tab 2 mg#</i>	2	PA (>=65 yr)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	4	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	3	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	3	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>entacapone tab 200 mg</i>	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	4	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	

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



Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<b>Antipsychotics</b>		
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)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 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)

You can find information 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 ODT - clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	4	PA (>=65 yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg</i>	3	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 50 mg</i>	3	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 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 - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 2.5 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 5 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 10 mg</i>	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)

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

Drug Name	Drug Tier	Requirements/Limits
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 100 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	3	PA (>=65 yr)
<i>haloperidol tab 0.5 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 1 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 2 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 5 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 10 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 20 mg</i>	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)
<i>loxapine succinate cap 5 mg</i>	3	PA (>=65 yr)
<i>loxapine succinate cap 10 mg</i>	3	PA (>=65 yr)
<i>loxapine succinate cap 25 mg</i>	3	PA (>=65 yr)
<i>loxapine succinate cap 50 mg</i>	3	PA (>=65 yr)
<i>lurasidone hcl tab 20 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 40 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tab 60 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>lurasidone hcl tab 120 mg</i>	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)
<i>olanzapine for im inj 10 mg</i>	4	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 10 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tab er 24hr 1.5 mg</i>	4	PA ( $\geq 65$ yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	PA ( $\geq 65$ yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA ( $\geq 65$ yr), QL (60 tablets/30 days)
<i>paliperidone tab er 24hr 9 mg</i>	4	PA ( $\geq 65$ yr), QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	QL (1 syringe/28 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg	4	PA ( $\geq 65$ yr)
PIMOZIDE - pimozide tab 2 mg	4	PA ( $\geq 65$ yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA ( $\geq 65$ yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	4	PA ( $\geq 65$ yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	4	PA ( $\geq 65$ yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	4	PA ( $\geq 65$ yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	4	PA ( $\geq 65$ yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	4	PA ( $\geq 65$ yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg</i>	2	PA ( $\geq 65$ yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg</i>	2	PA ( $\geq 65$ yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	PA ( $\geq 65$ yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	PA ( $\geq 65$ yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	PA ( $\geq 65$ yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	PA ( $\geq 65$ yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA ( $\geq 65$ yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA ( $\geq 65$ yr), QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	3	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 3 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg</i>	3	PA (>=65 yr)
<i>thioridazine hcl tab 25 mg</i>	3	PA (>=65 yr)
<i>thioridazine hcl tab 50 mg</i>	3	PA (>=65 yr)

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Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tab 100 mg</i>	3	PA (>=65 yr)
<i>thiothixene cap 1 mg</i>	4	PA (>=65 yr)
<i>thiothixene cap 2 mg</i>	4	PA (>=65 yr)
<i>thiothixene cap 5 mg</i>	4	PA (>=65 yr)
<i>thiothixene cap 10 mg</i>	4	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	3	PA (>=65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 75 mg/0.21ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 100 mg/0.28ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 125 mg/0.35ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml	5	QL (1 syringe/56 days)
UZEDY - risperidone subcutaneous er susp pref syr 200 mg/0.56ml	5	QL (1 syringe/56 days)
UZEDY - risperidone subcutaneous er susp pref syr 250 mg/0.7ml	5	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	4	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	5	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg</i>	4	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg</i>	4	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg</i>	4	QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg</i>	4	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	4	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq)	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg (base eq)	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg (base eq)	5	PA (>=65 yr), QL (1 vial/28 days)
<b>Antispasticity Agents</b>		
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	4	
<i>dantrolene sodium cap 50 mg</i>	4	
<i>dantrolene sodium cap 100 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
<b>Antivirals</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir oint 5%</i>	4	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	QL (30 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg	5	QL (30 tablets/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	5	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	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)
<i>efavirenz tab 600 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg</i>	4	
<i>entecavir tab 1 mg</i>	4	
<i>etravirine tab 100 mg</i>	5	QL (60 tablets/30 days)
<i>etravirine tab 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg</i>	3	
<i>famciclovir tab 250 mg</i>	3	
<i>famciclovir tab 500 mg</i>	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5	QL (30 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	3	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	4	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	3	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	5	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	5	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	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)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg (base equiv)	5	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	5	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	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)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
<i>zidovudine cap 100 mg</i>	4	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	4	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
<b>Anxiolytics</b>		
<i>alprazolam tab 0.25 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 0.5 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 1 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.5 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg</i>	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
<i>clonazepam tab 1 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	4	PA (>=65 yr), QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	4	PA (>=65 yr), QL (180 tablets/30 days)
<i>diazepam oral soln 1 mg/ml</i>	4	PA (>=65 yr), QL (1200 mls/30 days)
<i>diazepam tab 2 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>diazepam tab 5 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>diazepam tab 10 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>hydroxyzine hcl tab 10 mg#</i>	3	PA (>=65 yr)
<i>hydroxyzine hcl tab 25 mg#</i>	3	PA (>=65 yr)
<i>hydroxyzine hcl tab 50 mg#</i>	3	PA (>=65 yr)
<i>lorazepam conc 2 mg/ml</i>	2	PA (>=65 yr), QL (150 mls/30 days)
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	2	PA (>=65 yr), QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>lorazepam tab 1 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	2	PA (>=65 yr), QL (150 tablets/30 days)
<b>Bipolar Agents</b>		
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	4	
<b>Blood Glucose Regulators</b>		
<i>acarbose tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	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
ALCOHOL SWABS	3	PA
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	PA, QL (4 pens/28 days)
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tablets/30 days)
<i>glyburide micronized tab 1.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#</i>	2	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	2	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide-metformin tab 1.25-250 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide-metformin tab 5-500 mg#</i>	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	4	QL (30 tablets/30 days)
GVOKE HYOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE HYOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE HYOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
GVOKE 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)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	3	PA
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)	3	QL (30 tablets/30 days)
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)

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

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	3	QL (60 tablets/30 days)
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)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 7.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 10 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 12.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
<i>nateglinide tab 60 mg</i>	3	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	3	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)

You can find information 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 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE2 PLUS G6 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)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg#</i>	4	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg#</i>	4	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	3	QL (90 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	3	QL (90 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (960 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 1 mg</i>	1	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg	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)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	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 pen-injector 0.75 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	3	QL (30 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<b>Blood Products and Modifiers</b>		
<i>anagrelide hcl cap 0.5 mg</i>	3	
<i>anagrelide hcl cap 1 mg</i>	3	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA - ticagrelor tab 60 mg	4	
BRILINTA - ticagrelor tab 90 mg	4	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	4	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	4	QL (120 capsules/30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	4	QL (60 capsules/30 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)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	3	
<i>jantoven - warfarin sodium tab 1 mg</i>	1	
<i>jantoven - warfarin sodium tab 2 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven - warfarin sodium tab 2.5 mg</i>	1	
<i>jantoven - warfarin sodium tab 3 mg</i>	1	
<i>jantoven - warfarin sodium tab 4 mg</i>	1	
<i>jantoven - warfarin sodium tab 5 mg</i>	1	
<i>jantoven - warfarin sodium tab 6 mg</i>	1	
<i>jantoven - warfarin sodium tab 7.5 mg</i>	1	
<i>jantoven - warfarin sodium tab 10 mg</i>	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
<i>prasugrel hcl tab 5 mg (base equiv)</i>	3	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	3	
PROCRIPT - epoetin alfa inj 2000 unit/ml	4	PA
PROCRIPT - epoetin alfa inj 3000 unit/ml	4	PA
PROCRIPT - epoetin alfa inj 4000 unit/ml	4	PA
PROCRIPT - epoetin alfa inj 10000 unit/ml	4	PA
PROCRIPT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIPT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv)*	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg (base eq)*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv)*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg (base equiv)*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg (base equiv)*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg (base equiv)*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	4	PA
<i>tranexamic acid tab 650 mg</i>	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	3	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	3	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	3	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	3	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	3	QL (30 tablets/30 days)
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tablets/30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	3	
<i>betaxolol hcl tab 20 mg</i>	3	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	3	
<i>candesartan cilexetil tab 4 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 8 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 16 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	1	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	3	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	3	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
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)
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	3	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	3	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 134 mg</i>	3	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg</i>	3	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg</i>	3	QL (60 tablets/30 days)
<i>fenofibrate tab 54 mg</i>	3	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg</i>	3	QL (30 tablets/30 days)
<i>fenofibrate tab 160 mg</i>	3	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	4	QL (60 capsules/30 days)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	4	QL (60 capsules/30 days)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	4	
<i>furosemide oral soln 8 mg/ml</i>	2	

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



Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	2	QL (60 tablets/30 days)
<i>guanfacine hcl tab 1 mg#</i>	3	
<i>guanfacine hcl tab 2 mg#</i>	3	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	4	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	4	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg</i>	3	
<i>isosorbide dinitrate tab 10 mg</i>	3	
<i>isosorbide dinitrate tab 20 mg</i>	3	
<i>isosorbide dinitrate tab 30 mg</i>	3	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	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)
<i>labetalol hcl tab 100 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	4	
<i>methazolamide tab 50 mg</i>	4	
<i>metolazone tab 2.5 mg</i>	3	
<i>metolazone tab 5 mg</i>	3	
<i>metolazone tab 10 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl cap 150 mg</i>	4	
<i>mexiletine hcl cap 200 mg</i>	4	
<i>mexiletine hcl cap 250 mg</i>	4	
<i>midodrine hcl tab 2.5 mg</i>	4	
<i>midodrine hcl tab 5 mg</i>	4	
<i>midodrine hcl tab 10 mg</i>	4	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	4	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	4	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	4	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	4	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	4	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	4	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	4	QL (60 tablets/30 days)
<i>nifedipine tab er 24hr 30 mg</i>	3	
<i>nifedipine tab er 24hr 60 mg</i>	3	
<i>nifedipine tab er 24hr 90 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	3	
<i>nimodipine cap 30 mg</i>	4	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin oint 0.4%</i>	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	1	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	4	
<i>pacerone - amiodarone hcl tab 100 mg</i>	4	
<i>pacerone - amiodarone hcl tab 200 mg</i>	2	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg</i>	3	
<i>pindolol tab 10 mg</i>	3	
<i>pravastatin sodium tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>prevalite - cholestyramine light powder packets 4 gm</i>	3	
<i>prevalite - cholestyramine light powder 4 gm/dose</i>	3	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	3	
<i>propafenone hcl tab 225 mg</i>	3	
<i>propafenone hcl tab 300 mg</i>	3	
<i>propranolol hcl cap er 24hr 60 mg</i>	4	
<i>propranolol hcl cap er 24hr 80 mg</i>	4	
<i>propranolol hcl cap er 24hr 120 mg</i>	4	
<i>propranolol hcl cap er 24hr 160 mg</i>	4	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>ranolazine tab er 12hr 500 mg</i>	4	QL (60 tablets/30 days)
<i>ranolazine tab er 12hr 1000 mg</i>	4	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sorine - sotalol hcl tab 120 mg</i>	2	
<i>sorine - sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 5 mg</i>	4	
<i>timolol maleate tab 10 mg</i>	4	
<i>timolol maleate tab 20 mg</i>	4	
<i>torseamide tab 5 mg</i>	2	
<i>torseamide tab 10 mg</i>	2	
<i>torseamide tab 20 mg</i>	2	
<i>torseamide tab 100 mg</i>	2	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 80 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 160 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
<i>verapamil hcl cap er 24hr 360 mg</i>	4	
<i>verapamil hcl cap er 24hr 120 mg</i>	3	
<i>verapamil hcl cap er 24hr 180 mg</i>	3	
<i>verapamil hcl cap er 24hr 240 mg</i>	3	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
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)
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tablets/30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	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 (90 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 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 6 mg & 12 mg & 24 mg	5	PA, QL (1 kit/28 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/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
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	4	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg†</i>	3	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	4	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	4	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	4	PA, QL (60 capsules/30 days)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	PA, QL (450 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	PA, QL (900 mls/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg</i>	3	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 10 mg</i>	3	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)

You can find information 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 pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
<i>riluzole tab 50 mg</i>	4	
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
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)
<i>zenzedi - dextroamphetamine sulfate tab 5 mg</i>	4	QL (90 tablets/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 10 mg</i>	4	QL (180 tablets/30 days)
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>kourzeq - triamcinolone acetonide dental paste 0.1%</i>	3	
<i>oralone dental paste - triamcinolone acetonide dental paste 0.1%</i>	3	
<i>periogard - chlorhexidine gluconate soln 0.12%</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	4	
<i>pilocarpine hcl tab 7.5 mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
<b>Dermatological Agents</b>		
<i>accutane - isotretinoin cap 10 mg</i>	4	
<i>accutane - isotretinoin cap 20 mg</i>	4	
<i>accutane - isotretinoin cap 30 mg</i>	4	
<i>accutane - isotretinoin cap 40 mg</i>	4	
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	4	
<i>acitretin cap 25 mg</i>	4	
<i>ala-cort - hydrocortisone cream 1%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	3	QL (120 grams/30 days)
<i>amnestem - isotretinoin cap 10 mg</i>	4	
<i>amnestem - isotretinoin cap 20 mg</i>	4	
<i>amnestem - isotretinoin cap 40 mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	QL (200 grams/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate cream 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	3	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	4	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	3	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	3	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	QL (120 mls/30 days)
<i>calcitrene - calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>claravis - isotretinoin cap 10 mg</i>	4	
<i>claravis - isotretinoin cap 20 mg</i>	4	
<i>claravis - isotretinoin cap 30 mg</i>	4	
<i>claravis - isotretinoin cap 40 mg</i>	4	
<i>clobetasol propionate cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (200 mls/28 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	
<i>desonide oint 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.25%</i>	4	QL (120 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	PA
<i>EFUDEX - fluorouracil cream 5%</i>	3	
<i>FINACEA - azelaic acid foam 15%</i>	3	
<i>fluocinolone acetonide cream 0.01%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	4	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	
<i>fluorouracil soln 5%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	4	QL (200 grams/28 days)
<i>hydrocortisone cream 1%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	QL (454 grams/30 days)
<i>imiquimod cream 5%</i>	3	PA
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 25 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 35 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>ivermectin cream 1%</i>	4	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	
<i>malathion lotion 0.5%</i>	4	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 20 mg	5	PA

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tab for oral susp 500 mg†</i>	5	PA
<i>deferasirox tab 90 mg†</i>	3	PA
<i>deferasirox tab 180 mg†</i>	5	PA
<i>deferasirox tab 360 mg†</i>	5	PA
<i>dextrose inj 5%</i>	4	
<i>dextrose inj 10%</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	4	
<b>INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%</b>	4	BD
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kionex - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i>	2	
<i>klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq</i>	2	
<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i>	2	
<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>klor-con 10 - potassium chloride tab er 10 meq</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
<b>NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%</b>	4	BD
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
<i>potassium citrate tab er 5 meq (540 mg)</i>	4	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	4	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	4	
<i>sodium chloride iv soln 0.45%</i>	4	
<i>sodium chloride iv soln 0.9%</i>	4	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg†</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq)	3	
VELTASSA - patiomer sorbitex calcium for susp packet 16.8 gm (base eq)	3	
VELTASSA - patiomer sorbitex calcium for susp packet 25.2 gm (base eq)	3	
<b>Gastrointestinal Agents</b>		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	PA, QL (60 tablets/30 days)
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg</i>	3	
<i>cimetidine tab 300 mg</i>	3	
<i>cimetidine tab 400 mg</i>	3	
<i>cimetidine tab 800 mg</i>	3	
<i>constulose - lactulose solution 10 gm/15ml</i>	2	
<i>dicyclomine hcl cap 10 mg#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	4	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	2	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	4	PA (>=65 yr)
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	3	QL (30 capsules/30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	3	QL (30 capsules/30 days)
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	3	
<i>glycopyrrolate tab 2 mg</i>	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	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)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	4	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	4	QL (60 capsules/30 days)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	3	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	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 - nizatidine cap 150 mg	4	
<i>nizatidine cap 300 mg</i>	3	
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tablets/30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>rabeprazole sodium ec tab 20 mg</i>	3	QL (30 tablets/30 days)
<i>sildenafil citrate tab 25 mg^</i>	1	QL (4 tablets/30 days)
<i>sildenafil citrate tab 50 mg^</i>	1	QL (4 tablets/30 days)
<i>sildenafil citrate tab 100 mg^</i>	1	QL (4 tablets/30 days)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate tab 1 gm</i>	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	4	
<i>ursodiol tab 500 mg</i>	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)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine powder for oral solution</i>	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	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	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
<i>glutamine (sickle cell) powd pack 5 gm</i>	5	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	4	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
<i>nitisinone cap 2 mg</i>	5	
<i>nitisinone cap 5 mg</i>	5	
<i>nitisinone cap 10 mg</i>	5	
<i>nitisinone cap 20 mg</i>	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCovi - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	
<i>sapropterin dihydrochloride powder packet 100 mg†</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride powder packet 500 mg†</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg†</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALOG - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
<i>yargesa - miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3	
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)
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>oxybutynin chloride solution 5 mg/5ml</i>	3	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
<i>solifenacin succinate tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>solifenacin succinate tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>tadalafil tab 2.5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tadalafil tab 5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	2	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	4	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg</i>	4	QL (60 tablets/30 days)
<i>tolterodine tartrate tab 2 mg</i>	4	QL (60 tablets/30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone oral soln 5 mg/5ml</i>	4	
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	2	
<i>prednisone tab 50 mg</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	3	
INCRELEX - mecaseemin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	5	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL - chorionic gonadotropin for im inj 10000 unit	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>afirmelle - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>altavera - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>alyacen 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	4	
<i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	4	
<i>apri - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>abra eq - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20mcg</i>	4	
<i>aurovela fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i>	4	
<i>aurovela fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>aurovela 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1mg-20 mcg</i>	4	
<i>aurovela 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	4	
<i>aviane - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>ayuna - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>azurette - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>balziva - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	
<i>blisovi fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>blisovi fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	4	
<i>briellyn - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	
<i>camila - norethindrone tab 0.35 mg</i>	3	
<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	4	
<i>chateal eq - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	
<i>cryselle-28 - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	4	
<i>cyred eq - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>danazol cap 50 mg</i>	4	PA
<i>danazol cap 100 mg</i>	4	PA
<i>danazol cap 200 mg</i>	4	PA
<i>dasetta 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	4	
<i>dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	4	
<i>deblitane - norethindrone tab 0.35 mg</i>	3	
<i>delyla - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
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
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
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	
drosiprone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	4	
drosiprone-ethinyl estradiol tab 3-0.02 mg	4	
drosiprone-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	
emzahn - norethindrone tab 0.35 mg	3	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	4	
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.1 mg/24hr#</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tab 10 mcg</i>	4	
<i>estradiol valerate im in oil 10 mg/ml</i>	3	
<i>estradiol valerate im in oil 20 mg/ml</i>	3	
<i>estradiol valerate im in oil 40 mg/ml</i>	4	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	4	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>hailey fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>hailey fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	4	
<i>hailey 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	4	
<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>heather - norethindrone tab 0.35 mg</i>	3	
<i>iclevia - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	
<i>incassia - norethindrone tab 0.35 mg</i>	3	
<i>introvale - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	
<i>isibloom - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	4	
<i>jencycla - norethindrone tab 0.35 mg</i>	3	
<i>jolessa - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	
<i>juleber - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>junel fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	4	
<i>junel fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>junel 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>kalliga - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>kariva - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>kelnor 1/35 - ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	4	
<i>kelnor 1/50 - ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>kurvelo - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30mcg</i>	4	
<i>larin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>larin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>larin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	4	
<i>larin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	4	
<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	4	
<i>lessina - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	4	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	4	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	4	
<i>levora 0.15/30-28 - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	4	
<i>loestrin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i>	4	
<i>loestrin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>loestrin 1/20-21 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	4	
<i>loestrin 1.5/30-21 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	4	
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	4	
<i>low-ogestrel - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lutera - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>lyleq - norethindrone tab 0.35 mg</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr#</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.0375 mg/24hr#</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.05 mg/24hr#</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.075 mg/24hr#</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.1 mg/24hr#</i>	3	
<i>lyza - norethindrone tab 0.35 mg</i>	3	
<i>marlissa - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml#</i>	4	
<i>megestrol acetate tab 20 mg#</i>	3	
<i>megestrol acetate tab 40 mg#</i>	3	
<i>MENEST - esterified estrogens tab 0.3 mg#</i>	4	
<i>MENEST - esterified estrogens tab 0.625 mg#</i>	4	
<i>MENEST - esterified estrogens tab 1.25 mg#</i>	4	
<i>MENEST - esterified estrogens tab 2.5 mg#</i>	4	
<i>microgestin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>microgestin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>microgestin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	4	
<i>microgestin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	4	
<i>mili - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>mimvey - estradiol &amp; norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>mono-linyah - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>necon 0.5/35-28 - norethindrone &amp; ethinyl estradiol tab 0.5mg-35 mcg</i>	4	
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	4	
<i>nora-be - norethindrone tab 0.35 mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	4	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	4	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	4	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	4	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	4	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	4	
<i>norethindrone acetate tab 5 mg</i>	3	
<i>norethindrone tab 0.35 mg</i>	3	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	4	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	4	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	4	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	4	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	4	
<i>norlyroc - norethindrone tab 0.35 mg</i>	3	
<i>nortrel 0.5/35 (28) - norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	4	
<i>nortrel 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	4	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	4	
<i>nylia 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	4	
<i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	4	
<i>nymyo - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	4	
<i>philith - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	
<i>pimtreea - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>portia-28 - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
<i>raloxifene hcl tab 60 mg</i>	3	
<i>reclipsen - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>setlakin - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	
<i>sharobel - norethindrone tab 0.35 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>simliya - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>sprintec 28 - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>sronyx - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	4	
<i>tarina fe 1/20 eq - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	4	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	4	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	4	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	4	PA, QL (2 pump bottles/30 days)
<i>tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg- mcg</i>	4	
<i>tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	4	
<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	4	
<i>tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	4	
<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	4	
<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	4	
<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	4	
<i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	4	
<i>tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg</i>	4	
<i>tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	4	
<i>tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	4	
<i>tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra lo - norgestimate-eth estrad tab</i> <i>0.18-25/0.215-25/0.25-25 mg-mcg</i>	4	
<i>trivora-28 - levonorgestrel-eth estra tab</i> <i>0.05-30/0.075-40/0.125-30mg-mcg</i>	4	
<i>turqoz - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	4	
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	4	
<i>velivet - desogest-ethin est tab</i> <i>0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	4	
<i>vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	4	
<i>vienva - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>viorele - desogest-eth estrad &amp; eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	4	
<i>volnea - desogest-eth estrad &amp; eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	4	
<i>vyfemla - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	
<i>vylibra - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>wera - norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	4	
<i>wymzya fe - norethindrone &amp; ethinyl estradiol-fe chew tab</i> <i>0.4 mg-35 mcg</i>	4	
<i>xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>yuvaferm - estradiol vaginal tab 10 mcg</i>	4	
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>zovia 1/35 - ethynodiol diacetate &amp; ethinyl estradiol tab</i> <i>1mg-35 mcg</i>	4	
<i>zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox - levothyroxine sodium tab 25 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 50 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 75 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 88 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 100 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 112 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 125 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 137 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 150 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 175 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 200 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 25 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 50 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 75 mcg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levo-t - levothyroxine sodium tab 88 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 100 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 112 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 125 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 137 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 150 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 175 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 200 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 300 mcg</i>	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl - levothyroxine sodium tab 25 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 50 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 75 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 88 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 100 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 112 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 125 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 137 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 150 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 175 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 200 mcg</i>	3	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
SYNTHROID - levothyroxine sodium tab 25 mcg	4	
SYNTHROID - levothyroxine sodium tab 50 mcg	4	
SYNTHROID - levothyroxine sodium tab 75 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
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	
<i>unithroid - levothyroxine sodium tab 25 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 50 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 75 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 88 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 100 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 112 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 125 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 137 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 150 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 175 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 200 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 300 mcg</i>	3	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline tab 0.5 mg</i>	3	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	5	PA
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	5	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	5	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	4	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	4	
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	5	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv)*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.6 mg/ml (base equiv)*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.9 mg/ml (base equiv)*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
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
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
<b>Immunological Agents</b>		
ABRYSCO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	QL (1 vaccine/365 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
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1	
ARCALYST - riloncept for inj 220 mg*	5	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=50 yr)
<i>azathioprine tab 50 mg</i>	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
<i>cyclosporine cap 25 mg</i>	4	BD
<i>cyclosporine cap 100 mg</i>	4	BD
<i>cyclosporine modified cap 25 mg</i>	4	BD
<i>cyclosporine modified cap 50 mg</i>	4	BD
<i>cyclosporine modified cap 100 mg</i>	4	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	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
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD
ENTYVIO - vedolizumab soln pen-injector 108 mg/0.68ml	5	PA
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg	4	BD
ENVARUSUS XR - tacrolimus tab er 24hr 1 mg	4	BD
ENVARUSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	1	
<i>everolimus tab 0.25 mg</i>	4	BD
<i>everolimus tab 0.5 mg</i>	5	BD
<i>everolimus tab 0.75 mg</i>	5	BD
<i>everolimus tab 1 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	1	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1	
<i>gengraf - cyclosporine modified cap 25 mg</i>	4	BD
<i>gengraf - cyclosporine modified cap 100 mg</i>	4	BD
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	5	PA
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.8ml	5	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	1	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1	
IXCHIQ - chikungunya virus vaccine live for im solution	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
<i>methotrexate sodium for inj 1 gm</i>	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=60 yr)
<i>mycophenolate mofetil cap 250 mg</i>	3	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil tab 500 mg</i>	3	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	BD
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD

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

Drug Name	Drug Tier	Requirements/Limits
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	1	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
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	1	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVERT - rabies vaccine, pcec for inj	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	1	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
REZUROCK - belumosudil mesylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
RINVOQ - upadacitinib tab er 24hr 30 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	1	
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
<i>sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	QL (2 vaccines/lifetime; >=18 yr)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA
<i>sirolimus oral soln 1 mg/ml</i>	4	BD
<i>sirolimus tab 0.5 mg</i>	4	BD
<i>sirolimus tab 1 mg</i>	4	BD
<i>sirolimus tab 2 mg</i>	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA
STAMARIL - yellow fever vaccine for inj suspension	1	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
<i>tacrolimus cap 0.5 mg</i>	4	BD
<i>tacrolimus cap 1 mg</i>	4	BD
<i>tacrolimus cap 5 mg</i>	4	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1	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	1	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml	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
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	1	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	1	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	1	
VAXCHORA - cholera vaccine live attenuated for oral susp	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml*	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 subcutaneous inj	1	
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 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
<i>proctocort - hydrocortisone perianal cream 1%</i>	2	
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	3	
<i>sulfasalazine tab 500 mg</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	QL (1 tablet/28 days)
<i>paricalcitol cap 1 mcg</i>	4	
<i>paricalcitol cap 2 mcg</i>	4	
<i>paricalcitol cap 4 mcg</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	4	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 30 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	3	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<b>Ophthalmic Agents</b>		
<i>atropine sulfate ophth soln 1%</i>	3	
<i>azelastine hcl ophth soln 0.05%</i>	3	
BACITRACIN - bacitracin ophth oint 500 unit/gm	4	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
<i>bimatoprost ophth soln 0.03%</i>	3	QL (15 mls/75 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophth soln 0.1%</i>	3	
<i>brimonidine tartrate ophth soln 0.15%</i>	4	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)*	5	PA
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	4	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	3	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	3	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	3	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i>	4	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i>	4	
NATACYN - natamycin ophth susp 5%	4	
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>pilocarpine hcl ophth soln 1%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophth soln 2%</i>	3	
<i>pilocarpine hcl ophth soln 4%</i>	3	
<i>polycin - bacitracin-polymyxin b ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>prednisolone acetate ophth susp 1%</i>	3	
<i>prednisolone sodium phosphate ophth soln 1%</i>	3	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	QL (2 bottles/30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	4	
<i>timolol maleate ophth gel forming soln 0.5%</i>	4	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMVI - lotilaner ophth soln 0.25%	5	PA
<b>Otic Agents</b>		
<i>acetic acid otic soln 2%</i>	2	
<i>flac - fluocinolone acetonide (otic) oil 0.01%</i>	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	4	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhal soln 10%</i>	3	BD
<i>acetylcysteine inhal soln 20%</i>	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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)</i>	3	QL (2 inhalers/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	3	BD
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	3	BD
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	3	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>ambrisentan tab 5 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ambrisentan tab 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 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)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/ act	4	QL (2 inhalers/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg*</i>	5	PA, QL (60 tablets/30 days)
<i>bosentan tab 125 mg*</i>	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3	QL (1 package/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)
<i>brey-na - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>brey-na - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 1 mg/2ml</i>	4	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (1 inhaler/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)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	BD
<i>cyproheptadine hcl tab 4 mg#</i>	4	PA (>=65 yr)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3	QL (1 inhaler/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3	QL (1 inhaler/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3	QL (1 inhaler/30 days)
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	3	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	3	QL (2 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE/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)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 5.8 mg*	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)
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
OFEV - nintedanib esylate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
<i>roflumilast tab 250 mcg</i>	4	PA, QL (30 tablets/30 days)
<i>roflumilast tab 500 mcg</i>	4	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
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 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)
<i>tadalafil tab 20 mg (pah)</i>	4	PA, QL (60 tablets/30 days)
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg</i>	3	
<i>theophylline tab er 24hr 600 mg</i>	3	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	3	QL (30 capsules/30 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
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)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>zafirlukast tab 10 mg</i>	4	
<i>zafirlukast tab 20 mg</i>	4	
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tab 5 mg#</i>	2	
<i>cyclobenzaprine hcl tab 10 mg#</i>	2	
<i>methocarbamol tab 500 mg#</i>	2	
<i>methocarbamol tab 750 mg#</i>	2	
<b>Sleep Disorder Agents</b>		
<i>armodafinil tab 50 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg</i>	4	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
<i>armodafinil tab 200 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg</i>	4	PA, QL (30 tablets/30 days)
<i>modafinil tab 100 mg</i>	3	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	4	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>temazepam cap 15 mg</i>	2	QL (30 capsules/30 days)
<i>temazepam cap 30 mg</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 5 mg#</i>	3	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	3	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg#</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 10 mg#</i>	2	QL (30 tablets/30 days)

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

## INDEX

## A

<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	41	<i>acyclovir tab 400 mg</i> .....	41
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> .....	41	<i>acyclovir tab 800 mg</i> .....	41
<i>abacavir sulfate tab 300 mg (base equiv)</i> .....	41	ADACEL.....	89
ABILIFY ASIMTUFII.....	34	<i>adefovir dipivoxil tab 10 mg</i> .....	41
ABILIFY ASIMTUFII.....	34	ADEMPAS.....	98
ABILIFY MAINTENA.....	34	ADEMPAS.....	98
ABILIFY MAINTENA.....	34	ADEMPAS.....	98
ABILIFY MAINTENA.....	34	ADEMPAS.....	98
ABILIFY MAINTENA.....	34	ADVAIR HFA.....	98
<i>abiraterone acetate tab 250 mg</i> .....	23	ADVAIR HFA.....	98
ABRYSCO.....	88	ADVAIR HFA.....	98
<i>acamprosate calcium tab delayed release 333 mg</i> .....	3	<i>afirmelle - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	77
<i>acarbose tab 100 mg</i> .....	45	AIMOVIG.....	22
<i>acarbose tab 25 mg</i> .....	45	AIMOVIG.....	22
<i>acarbose tab 50 mg</i> .....	45	AKEEGA.....	23
<i>accutane - isotretinoin cap 10 mg</i> .....	67	AKEEGA.....	23
<i>accutane - isotretinoin cap 20 mg</i> .....	67	<i>ala-cort - hydrocortisone cream 1%</i> .....	67
<i>accutane - isotretinoin cap 30 mg</i> .....	67	<i>albendazole tab 200 mg</i> .....	32
<i>accutane - isotretinoin cap 40 mg</i> .....	67	<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)</i> .....	99
<i>acebutolol hcl cap 200 mg</i> .....	53	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> .....	99
<i>acebutolol hcl cap 400 mg</i> .....	53	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> .....	99
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	1	<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> .....	99
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	1	<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> .....	99
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	1	<i>albuterol sulfate syrup 2 mg/5ml</i> .....	99
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	1	<i>albuterol sulfate tab 2 mg</i> .....	99
<i>acetazolamide cap er 12hr 500 mg</i> .....	53	<i>albuterol sulfate tab 4 mg</i> .....	99
<i>acetazolamide tab 125 mg</i> .....	53	<i>alclometasone dipropionate cream 0.05%</i> .....	67
<i>acetazolamide tab 250 mg</i> .....	53	<i>alclometasone dipropionate oint 0.05%</i> .....	67
<i>acetic acid otic soln 2%</i> .....	98	ALCOHOL SWABS.....	46
<i>acetylcysteine inhal soln 10%</i> .....	98	ALECENSA.....	23
<i>acetylcysteine inhal soln 20%</i> .....	98	<i>alendronate sodium tab 10 mg</i> .....	96
<i>acitretin cap 10 mg</i> .....	67	<i>alendronate sodium tab 35 mg</i> .....	96
<i>acitretin cap 17.5 mg</i> .....	67	<i>alendronate sodium tab 70 mg</i> .....	96
<i>acitretin cap 25 mg</i> .....	67	<i>alfuzosin hcl tab er 24hr 10 mg</i> .....	75
ACTHIB.....	89	<i>aliskiren fumarate tab 150 mg (base equivalent)</i> .....	53
ACTIMMUNE.....	89	<i>aliskiren fumarate tab 300 mg (base equivalent)</i> .....	53
<i>acyclovir cap 200 mg</i> .....	41	<i>allopurinol tab 100 mg</i> .....	22
<i>acyclovir oint 5%</i> .....	41	<i>allopurinol tab 300 mg</i> .....	22
<i>acyclovir sodium iv soln 50 mg/ml</i> .....	41	<i>alose tron hcl tab 0.5 mg (base equiv)</i> .....	72
<i>acyclovir susp 200 mg/5ml</i> .....	41	<i>alose tron hcl tab 1 mg (base equiv)</i> .....	72

<i>alprazolam tab 0.25 mg</i> .....	44	<i>amlodipine besylate-atorvastatin calcium tab 5-40</i> <i>mg</i> .....	53
<i>alprazolam tab 0.5 mg</i> .....	44	<i>amlodipine besylate-atorvastatin calcium tab 5-80</i> <i>mg</i> .....	53
<i>alprazolam tab 1 mg</i> .....	44	<i>amlodipine besylate-benazepril hcl cap 10-20</i> <i>mg</i> .....	53
<i>alprazolam tab 2 mg</i> .....	44	<i>amlodipine besylate-benazepril hcl cap 10-40</i> <i>mg</i> .....	54
<i>altavera - levonorgestrel &amp; ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i> .....	77	<i>amlodipine besylate-benazepril hcl cap 2.5-10</i> <i>mg</i> .....	53
<i>ALUNBRIG</i> .....	23	<i>amlodipine besylate-benazepril hcl cap 5-10</i> <i>mg</i> .....	53
<i>ALUNBRIG</i> .....	23	<i>amlodipine besylate-benazepril hcl cap 5-20</i> <i>mg</i> .....	53
<i>ALUNBRIG</i> .....	23	<i>amlodipine besylate-benazepril hcl cap 5-40</i> <i>mg</i> .....	53
<i>ALUNBRIG</i> .....	24	<i>amlodipine besylate-olmesartan medoxomil tab</i> <i>10-20 mg</i> .....	54
<i>alyacen 1/35 - norethindrone &amp; ethinyl estradiol tab 1</i> <i>mg-35 mcg</i> .....	77	<i>amlodipine besylate-olmesartan medoxomil tab</i> <i>10-40 mg</i> .....	54
<i>alyacen 7/7/7 - norethindrone-eth estradiol tab</i> <i>0.5-35/0.75-35/1-35 mg-mcg</i> .....	77	<i>amlodipine besylate-olmesartan medoxomil tab 5-20</i> <i>mg</i> .....	54
<i>amantadine hcl cap 100 mg</i> .....	33	<i>amlodipine besylate-olmesartan medoxomil tab 5-40</i> <i>mg</i> .....	54
<i>amantadine hcl soln 50 mg/5ml</i> .....	33	<i>amlodipine besylate tab 10 mg (base</i> <i>equivalent)</i> .....	53
<i>ambrisentan tab 10 mg</i> .....	99	<i>amlodipine besylate tab 2.5 mg (base</i> <i>equivalent)</i> .....	53
<i>ambrisentan tab 5 mg</i> .....	99	<i>amlodipine besylate tab 5 mg (base</i> <i>equivalent)</i> .....	53
<i>amikacin sulfate inj 1 gm/4ml (250 mg/</i> <i>ml)</i> .....	4	<i>amlodipine besylate-valsartan tab 10-160</i> <i>mg</i> .....	54
<i>amikacin sulfate inj 500 mg/2ml (250 mg/</i> <i>ml)</i> .....	4	<i>amlodipine besylate-valsartan tab 10-320</i> <i>mg</i> .....	54
<i>amiloride &amp; hydrochlorothiazide tab 5-50</i> <i>mg</i> .....	53	<i>amlodipine besylate-valsartan tab 5-160</i> <i>mg</i> .....	54
<i>amiloride hcl tab 5 mg</i> .....	53	<i>amlodipine besylate-valsartan tab 5-320</i> <i>mg</i> .....	54
<i>amiodarone hcl tab 100 mg</i> .....	53	<i>amlodipine-valsartan-hydrochlorothiazide tab</i> <i>10-160-12.5 mg</i> .....	54
<i>amiodarone hcl tab 200 mg</i> .....	53	<i>amlodipine-valsartan-hydrochlorothiazide tab</i> <i>10-160-25 mg</i> .....	54
<i>amitriptyline hcl tab 100 mg</i> .....	16	<i>amlodipine-valsartan-hydrochlorothiazide tab</i> <i>10-320-25 mg</i> .....	54
<i>amitriptyline hcl tab 10 mg</i> .....	16	<i>amlodipine-valsartan-hydrochlorothiazide tab</i> <i>5-160-12.5 mg</i> .....	54
<i>amitriptyline hcl tab 150 mg</i> .....	16	<i>amlodipine-valsartan-hydrochlorothiazide tab</i> <i>5-160-25 mg</i> .....	54
<i>amitriptyline hcl tab 25 mg</i> .....	16	<i>amnesteeem - isotretinoin cap 10 mg</i> .....	67
<i>amitriptyline hcl tab 50 mg</i> .....	16	<i>amnesteeem - isotretinoin cap 20 mg</i> .....	67
<i>amitriptyline hcl tab 75 mg</i> .....	16	<i>amnesteeem - isotretinoin cap 40 mg</i> .....	67
<i>amlodipine besylate-atorvastatin calcium tab 10-10</i> <i>mg</i> .....	53	<i>amoxapine tab 100 mg</i> .....	16
<i>amlodipine besylate-atorvastatin calcium tab 10-20</i> <i>mg</i> .....	53		
<i>amlodipine besylate-atorvastatin calcium tab 10-40</i> <i>mg</i> .....	53		
<i>amlodipine besylate-atorvastatin calcium tab 10-80</i> <i>mg</i> .....	53		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10</i> <i>mg</i> .....	53		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20</i> <i>mg</i> .....	53		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40</i> <i>mg</i> .....	53		
<i>amlodipine besylate-atorvastatin calcium tab 5-10</i> <i>mg</i> .....	53		
<i>amlodipine besylate-atorvastatin calcium tab 5-20</i> <i>mg</i> .....	53		



amoxapine tab 150 mg.....	16	amphetamine-dextroamphetamine tab 20	
amoxapine tab 25 mg.....	16	mg.....	65
amoxapine tab 50 mg.....	16	amphetamine-dextroamphetamine tab 30	
amoxicillin (trihydrate) cap 250 mg.....	4	mg.....	65
amoxicillin (trihydrate) cap 500 mg.....	4	amphetamine-dextroamphetamine tab 5	
amoxicillin (trihydrate) chew tab 125 mg.....	4	mg.....	65
amoxicillin (trihydrate) chew tab 250 mg.....	4	amphetamine-dextroamphetamine tab 7.5	
amoxicillin (trihydrate) for susp 125		mg.....	65
mg/5ml.....	4	AMPHOTERICIN B.....	20
amoxicillin (trihydrate) for susp 200		amphotericin b liposome iv for susp 50	
mg/5ml.....	4	mg.....	20
amoxicillin (trihydrate) for susp 250		ampicillin & sulbactam sodium for inj 3 (2-1)	
mg/5ml.....	4	gm.....	5
amoxicillin (trihydrate) for susp 400		ampicillin & sulbactam sodium for iv soln 3 (2-1)	
mg/5ml.....	4	gm.....	5
amoxicillin (trihydrate) tab 500 mg.....	4	ampicillin cap 500 mg.....	5
amoxicillin (trihydrate) tab 875 mg.....	5	ampicillin sodium for inj 1 gm.....	5
amoxicillin & k clavulanate chew tab 400-57		ampicillin sodium for iv soln 1 gm.....	5
mg.....	5	anagrelide hcl cap 0.5 mg.....	51
amoxicillin & k clavulanate for susp 200-28.5		anagrelide hcl cap 1 mg.....	51
mg/5ml.....	5	anastrozole tab 1 mg.....	24
amoxicillin & k clavulanate for susp 250-62.5		ANORO ELLIPTA.....	99
mg/5ml.....	5	APOKYN.....	33
amoxicillin & k clavulanate for susp 400-57		aprepitant capsule 125 mg.....	19
mg/5ml.....	5	aprepitant capsule 40 mg.....	19
amoxicillin & k clavulanate for susp 600-42.9		aprepitant capsule 80 mg.....	19
mg/5ml.....	5	aprepitant capsule therapy pack 80 & 125	
amoxicillin & k clavulanate tab 250-125		mg.....	19
mg.....	5	apri - desogestrel & ethinyl estradiol tab 0.15 mg-30	
amoxicillin & k clavulanate tab 500-125		mccg.....	77
mg.....	5	APTIOM.....	11
amoxicillin & k clavulanate tab 875-125		APTIOM.....	11
mg.....	5	APTIOM.....	11
amphetamine-dextroamphetamine cap er 24hr 10		APTIOM.....	11
mg.....	65	APTIVUS.....	41
amphetamine-dextroamphetamine cap er 24hr 15		aranelle - norethindrone-eth estradiol tab	
mg.....	65	0.5-35/1-35/0.5-35 mg-mccg.....	77
amphetamine-dextroamphetamine cap er 24hr 20		ARCALYST.....	89
mg.....	65	AREXVY.....	89
amphetamine-dextroamphetamine cap er 24hr 25		ARIKAYCE.....	5
mg.....	65	aripiprazole orally disintegrating tab 10	
amphetamine-dextroamphetamine cap er 24hr 30		mg.....	34
mg.....	65	aripiprazole orally disintegrating tab 15	
amphetamine-dextroamphetamine cap er 24hr 5		mg.....	34
mg.....	65	aripiprazole oral solution 1 mg/ml.....	34
amphetamine-dextroamphetamine tab 10		aripiprazole tab 10 mg.....	34
mg.....	65	aripiprazole tab 15 mg.....	34
amphetamine-dextroamphetamine tab 12.5		aripiprazole tab 20 mg.....	34
mg.....	65	aripiprazole tab 2 mg.....	34
amphetamine-dextroamphetamine tab 15		aripiprazole tab 30 mg.....	34
mg.....	65	aripiprazole tab 5 mg.....	34
		armodafinil tab 150 mg.....	102

<i>armodafinil tab 200 mg</i> .....	103	<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	65
<i>armodafinil tab 250 mg</i> .....	103	<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	54
<i>armodafinil tab 50 mg</i> .....	102	<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	54
ARNUITY ELLIPTA.....	99	<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	54
ARNUITY ELLIPTA.....	99	<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	54
ARNUITY ELLIPTA.....	99	<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	32
<i>asenapine maleate sl tab 10 mg (base equiv)</i> .....	34	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	32
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .....	34	<i>atovaquone susp 750 mg/5ml</i> .....	32
<i>asenapine maleate sl tab 5 mg (base equiv)</i> .....	34	<i>atropine sulfate ophth soln 1%</i> .....	96
ASMANEX HFA.....	99	ATROVENT HFA.....	99
ASMANEX HFA.....	99	<i>aubra eq - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20mcg</i> .....	78
ASMANEX HFA.....	99	AUGTYRO.....	24
ASMANEX TWISTHALER 120 METERED DOSES.....	99	<i>aurovela 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1mg-20 mcg</i> .....	78
ASMANEX TWISTHALER 14 METERED DOSES.....	99	<i>aurovela 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	78
ASMANEX TWISTHALER 30 METERED DOSES.....	99	<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	78
ASMANEX TWISTHALER 30 METERED DOSES.....	99	<i>aurovela fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i> .....	78
ASMANEX TWISTHALER 60 METERED DOSES.....	99	<i>aurovela fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	78
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	51	AUSTEDO.....	65
<i>atazanavir sulfate cap 150 mg (base equiv)</i> .....	41	AUSTEDO.....	65
<i>atazanavir sulfate cap 200 mg (base equiv)</i> .....	41	AUSTEDO.....	65
<i>atazanavir sulfate cap 300 mg (base equiv)</i> .....	41	AUSTEDO XR.....	65
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	54	AUSTEDO XR.....	65
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	54	AUSTEDO XR.....	65
<i>atenolol tab 100 mg</i> .....	54	AUSTEDO XR.....	65
<i>atenolol tab 25 mg</i> .....	54	AUSTEDO XR.....	65
<i>atenolol tab 50 mg</i> .....	54	AUSTEDO XR.....	65
<i>atomoxetine hcl cap 100 mg (base equiv)</i> .....	65	AUSTEDO XR.....	65
<i>atomoxetine hcl cap 10 mg (base equiv)</i> .....	65	AUSTEDO XR.....	65
<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....	65	AUSTEDO XR PATIENT TITRATION KIT.....	65
<i>atomoxetine hcl cap 25 mg (base equiv)</i> .....	65	AUSTEDO XR PATIENT TITRATION KIT.....	65
<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....	65	AUVELITY.....	16
<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	65	<i>aviane - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	78
		<i>avidoxy - doxycycline monohydrate tab 100 mg</i> .....	5
		AVONEX.....	66
		AVONEX PEN.....	66

<i>ayuna - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	78	BENLYSTA.....	89
AYVAKIT.....	24	BENLYSTA.....	89
AYVAKIT.....	24	BENZNIDAZOLE.....	32
AYVAKIT.....	24	BENZNIDAZOLE.....	32
AYVAKIT.....	24	<i>benzoyl peroxide-erythromycin gel</i>	
AYVAKIT.....	24	5-3%.....	67
<i>azathioprine tab 50 mg</i> .....	89	<i>benztropine mesylate tab 0.5 mg</i> .....	33
<i>azelaic acid gel 15%</i> .....	67	<i>benztropine mesylate tab 1 mg</i> .....	33
<i>azelastine hcl nasal spray 0.1% (137 mcg/</i>		<i>benztropine mesylate tab 2 mg</i> .....	33
<i>spray)</i> .....	99	BESREMI.....	89
<i>azelastine hcl ophth soln 0.05%</i> .....	96	<i>betaine powder for oral solution</i> .....	74
<i>azithromycin for susp 100 mg/5ml</i> .....	5	BETAMETHASONE DIPROPIONATE	
<i>azithromycin for susp 200 mg/5ml</i> .....	5	AUGMENTED.....	67
<i>azithromycin iv for soln 500 mg</i> .....	5	<i>betamethasone dipropionate augmented cream</i>	
<i>azithromycin tab 250 mg</i> .....	5	0.05%.....	67
<i>azithromycin tab 500 mg</i> .....	5	<i>betamethasone dipropionate augmented lotion</i>	
<i>azithromycin tab 600 mg</i> .....	5	0.05%.....	67
<i>aztreonam for inj 1 gm</i> .....	5	<i>betamethasone dipropionate augmented oint</i>	
<i>aztreonam for inj 2 gm</i> .....	5	0.05%.....	67
<i>azurette - desogest-eth estrad &amp; eth estrad tab</i>		<i>betamethasone dipropionate cream</i>	
<i>0.15-0.02/0.01 mg(21/5)</i> .....	78	0.05%.....	68
<b>B</b>		<i>betamethasone dipropionate lotion</i>	
<i>bac - butalbital-acetaminophen-caffeine tab</i>		0.05%.....	68
<i>50-325-40 mg</i> .....	1	<i>betamethasone dipropionate oint</i>	
BACITRACIN.....	96	0.05%.....	68
<i>bacitracin-polymyxin b ophth oint</i> .....	96	<i>betamethasone valerate cream 0.1% (base</i>	
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		<i>equivalent)</i> .....	68
<i>1%</i> .....	96	<i>betamethasone valerate lotion 0.1% (base</i>	
<i>baclofen tab 10 mg</i> .....	40	<i>equivalent)</i> .....	68
<i>baclofen tab 20 mg</i> .....	40	<i>betamethasone valerate oint 0.1% (base</i>	
<i>balsalazide disodium cap 750 mg</i> .....	95	<i>equivalent)</i> .....	68
BALVERSA.....	24	BETASERON.....	66
BALVERSA.....	24	<i>betaxolol hcl ophth soln 0.5%</i> .....	96
BALVERSA.....	24	<i>betaxolol hcl tab 10 mg</i> .....	54
<i>balziva - norethindrone &amp; ethinyl estradiol tab 0.4</i>		<i>betaxolol hcl tab 20 mg</i> .....	54
<i>mg-35 mcg</i> .....	78	<i>bethanechol chloride tab 10 mg</i> .....	75
BARACLUDGE.....	41	<i>bethanechol chloride tab 25 mg</i> .....	75
BCG VACCINE.....	89	<i>bethanechol chloride tab 50 mg</i> .....	75
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5</i>		<i>bethanechol chloride tab 5 mg</i> .....	75
<i>mg</i> .....	54	<i>bexarotene cap 75 mg</i> .....	24
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5</i>		<i>bexarotene gel 1%</i> .....	24
<i>mg</i> .....	54	BEXSERO.....	89
<i>benazepril &amp; hydrochlorothiazide tab 20-25</i>		<i>bicalutamide tab 50 mg</i> .....	24
<i>mg</i> .....	54	BICILLIN L-A.....	5
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25</i>		BICILLIN L-A.....	5
<i>mg</i> .....	54	BICILLIN L-A.....	5
<i>benazepril hcl tab 10 mg</i> .....	54	BIKTARVY.....	41
<i>benazepril hcl tab 20 mg</i> .....	54	BIKTARVY.....	41
<i>benazepril hcl tab 40 mg</i> .....	54	<i>bimatoprost ophth soln 0.03%</i> .....	96
<i>benazepril hcl tab 5 mg</i> .....	54	<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25</i>	
		<i>mg</i> .....	54

<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	54	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	100
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	54	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	100
<i>bisoprolol fumarate tab 10 mg</i> .....	54	<i>budesonide inhalation susp 0.25 mg/2ml</i> .....	100
<i>bisoprolol fumarate tab 5 mg</i> .....	54	<i>budesonide inhalation susp 0.5 mg/2ml</i> .....	100
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	78	<i>budesonide inhalation susp 1 mg/2ml</i> .....	100
<i>blisovi fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	78	<i>budesonide tab er 24hr 9 mg</i> .....	95
<i>blisovi fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	78	<i>bumetanide inj 0.25 mg/ml</i> .....	55
BOOSTRIX.....	89	<i>bumetanide tab 0.5 mg</i> .....	55
BOOSTRIX.....	89	<i>bumetanide tab 1 mg</i> .....	55
<i>bosentan tab 125 mg</i> .....	99	<i>bumetanide tab 2 mg</i> .....	55
<i>bosentan tab 62.5 mg</i> .....	99	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	4
BOSULIF.....	24	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	4
BOSULIF.....	24	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	4
BOSULIF.....	24	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	4
BOSULIF.....	24	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	4
BRAFTOVI.....	24	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	4
BREO ELLIPTA.....	99	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....	3
BREO ELLIPTA.....	100	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....	3
BREO ELLIPTA.....	100	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	4
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	100	<i>bupropion hcl tab 100 mg</i> .....	16
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	100	<i>bupropion hcl tab 75 mg</i> .....	16
<i>brillyn - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> .....	78	<i>bupropion hcl tab er 12hr 100 mg</i> .....	16
BRILINTA.....	51	<i>bupropion hcl tab er 12hr 150 mg</i> .....	16
BRILINTA.....	51	<i>bupropion hcl tab er 12hr 200 mg</i> .....	16
<i>brimonidine tartrate ophth soln 0.1%</i> .....	97	<i>bupropion hcl tab er 24hr 150 mg</i> .....	16
<i>brimonidine tartrate ophth soln 0.15%</i> .....	97	<i>bupropion hcl tab er 24hr 300 mg</i> .....	16
<i>brimonidine tartrate ophth soln 0.2%</i> .....	97	<i>bupropion hcl tab 10 mg</i> .....	44
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> .....	97	<i>bupropion hcl tab 15 mg</i> .....	44
BRIVIACT.....	11	<i>bupropion hcl tab 30 mg</i> .....	44
BRIVIACT.....	11	<i>bupropion hcl tab 5 mg</i> .....	44
BRIVIACT.....	11	<i>bupropion hcl tab 7.5 mg</i> .....	44
BRIVIACT.....	11	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> .....	1
BRIVIACT.....	11	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> .....	1
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....	33	BYDUREON BCISE.....	46
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....	33	<b>C</b>	
BRUKINSA.....	24	<i>cabergoline tab 0.5 mg</i> .....	87
<i>budesonide delayed release particles cap 3 mg</i> .....	95		

CABOMETYX.....	24	carbidopa & levodopa tab 25-100 mg.....	33
CABOMETYX.....	24	carbidopa & levodopa tab 25-250 mg.....	33
CABOMETYX.....	24	carbidopa & levodopa tab er 25-100	
calcipotriene cream 0.005%.....	68	mg.....	33
calcipotriene oint 0.005%.....	68	carbidopa & levodopa tab er 50-200	
calcipotriene soln 0.005% (50 mcg/ml).....	68	mg.....	33
calcitonin (salmon) nasal soln 200 unit/ act.....	96	carglumic acid soluble tab 200 mg.....	70
calcitrene - calcipotriene oint 0.005%.....	68	carteolol hcl ophth soln 1%.....	97
calcitriol cap 0.25 mcg.....	96	cartia xt - diltiazem hcl coated beads cap er 24hr 120	
calcitriol cap 0.5 mcg.....	96	mg.....	55
calcitriol oral soln 1 mcg/ml.....	96	cartia xt - diltiazem hcl coated beads cap er 24hr 180	
CALQUENCE.....	24	mg.....	55
CALQUENCE.....	24	cartia xt - diltiazem hcl coated beads cap er 24hr 240	
camila - norethindrone tab 0.35 mg.....	78	mg.....	55
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	78	cartia xt - diltiazem hcl coated beads cap er 24hr 300	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5		mg.....	55
mg.....	55	carvedilol tab 12.5 mg.....	55
candesartan cilexetil-hydrochlorothiazide tab 32-12.5		carvedilol tab 25 mg.....	55
mg.....	55	carvedilol tab 3.125 mg.....	55
candesartan cilexetil-hydrochlorothiazide tab 32-25		carvedilol tab 6.25 mg.....	55
mg.....	55	casprofungin acetate for iv soln 50 mg.....	20
candesartan cilexetil tab 16 mg.....	55	casprofungin acetate for iv soln 70 mg.....	20
candesartan cilexetil tab 32 mg.....	55	CAYSTON.....	100
candesartan cilexetil tab 4 mg.....	55	cefaclor cap 250 mg.....	5
candesartan cilexetil tab 8 mg.....	55	cefaclor cap 500 mg.....	5
CAPLYTA.....	34	cefadroxil cap 500 mg.....	5
CAPLYTA.....	34	cefadroxil for susp 250 mg/5ml.....	5
CAPLYTA.....	34	cefadroxil for susp 500 mg/5ml.....	5
CAPRELSA.....	24	cefazolin sodium-dextrose iv solution 1	
CAPRELSA.....	24	gm/50ml-4%.....	6
captopril tab 100 mg.....	55	cefazolin sodium for inj 1 gm.....	5
captopril tab 12.5 mg.....	55	cefazolin sodium for inj 500 mg.....	5
captopril tab 25 mg.....	55	cefazolin sodium for iv soln 1 gm.....	5
captopril tab 50 mg.....	55	cefazolin sodium for iv soln 1 gm and dextrose 4%	
carbamazepine cap er 12hr 100 mg.....	11	(50 ml).....	6
carbamazepine cap er 12hr 200 mg.....	11	cefdinir cap 300 mg.....	6
carbamazepine cap er 12hr 300 mg.....	11	cefdinir for susp 125 mg/5ml.....	6
carbamazepine chew tab 100 mg.....	11	cefdinir for susp 250 mg/5ml.....	6
carbamazepine susp 100 mg/5ml.....	11	cefepime hcl for inj 1 gm.....	6
carbamazepine tab 200 mg.....	11	cefepime hcl for iv soln 1 gm and dextrose 5% (50	
carbamazepine tab er 12hr 100 mg.....	11	ml).....	6
carbamazepine tab er 12hr 200 mg.....	11	cefepime hcl for iv soln 2 gm.....	6
carbamazepine tab er 12hr 400 mg.....	11	cefepime hcl for iv soln 2 gm and dextrose 5% (50	
carbidopa & levodopa orally disintegrating tab		ml).....	6
10-100 mg.....	33	cefepime hcl iv soln 1 gm/50ml.....	6
carbidopa & levodopa orally disintegrating tab		cefepime hcl iv soln 2 gm/100ml.....	6
25-100 mg.....	33	cefixime cap 400 mg.....	6
carbidopa & levodopa orally disintegrating tab		cefoxitin sodium for iv soln 1 gm.....	6
25-250 mg.....	33	cefoxitin sodium for iv soln 2 gm.....	6
carbidopa & levodopa tab 10-100 mg.....	33	cefoxitin sodium iv for soln 1 gm and dextrose 4%	
		(50 ml).....	6

cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	6	chlorpromazine hcl tab 10 mg.....	20
cefpodoxime proxetil for susp 100 mg/5ml.....	6	chlorpromazine hcl tab 200 mg.....	20
cefpodoxime proxetil for susp 50 mg/5ml.....	6	chlorpromazine hcl tab 25 mg.....	20
cefpodoxime proxetil tab 100 mg.....	6	chlorpromazine hcl tab 50 mg.....	20
cefpodoxime proxetil tab 200 mg.....	6	chlorthalidone tab 25 mg.....	55
cefprozil tab 250 mg.....	6	chlorthalidone tab 50 mg.....	55
cefprozil tab 500 mg.....	6	cholestyramine light powder 4 gm/ dose.....	55
ceftazidime for inj 1 gm.....	6	cholestyramine light powder packets 4 gm.....	55
ceftazidime for inj 6 gm.....	6	cholestyramine powder 4 gm/dose.....	55
ceftazidime for iv soln 2 gm.....	6	cholestyramine powder packets 4 gm.....	55
ceftriaxone sodium (bulk) for inj 100 gm.....	6	choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	55
ceftriaxone sodium for inj 10 gm.....	6	choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	55
ceftriaxone sodium for inj 1 gm.....	6	CHORIONIC GONADOTROPIN.....	77
ceftriaxone sodium for inj 250 mg.....	6	ciclodan - ciclopirox solution 8%.....	20
ceftriaxone sodium for inj 2 gm.....	6	ciclopirox gel 0.77%.....	20
ceftriaxone sodium for inj 500 mg.....	6	ciclopirox olamine cream 0.77% (base equiv).....	20
ceftriaxone sodium for iv soln 1 gm.....	6	ciclopirox olamine susp 0.77% (base equiv).....	20
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	6	ciclopirox solution 8%.....	20
ceftriaxone sodium for iv soln 2 gm.....	6	cilostazol tab 100 mg.....	51
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	6	cilostazol tab 50 mg.....	51
ceftriaxone sodium in dextrose inj 20 mg/ml.....	6	CIMDUO.....	41
ceftriaxone sodium in dextrose inj 40 mg/ml.....	6	cimetidine tab 200 mg.....	72
cefuroxime axetil tab 250 mg.....	6	cimetidine tab 300 mg.....	72
cefuroxime axetil tab 500 mg.....	7	cimetidine tab 400 mg.....	72
cefuroxime sodium for inj 750 mg.....	7	cimetidine tab 800 mg.....	72
cefuroxime sodium for iv soln 1.5 gm.....	7	cinacalcet hcl tab 30 mg (base equiv).....	96
celecoxib cap 100 mg.....	1	cinacalcet hcl tab 60 mg (base equiv).....	96
celecoxib cap 200 mg.....	1	cinacalcet hcl tab 90 mg (base equiv).....	96
celecoxib cap 400 mg.....	1	CINRYZE.....	89
celecoxib cap 50 mg.....	1	ciprofloxacin 200 mg/100ml in d5w.....	7
cephalexin cap 250 mg.....	7	ciprofloxacin 400 mg/200ml in d5w.....	7
cephalexin cap 500 mg.....	7	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	97
cephalexin for susp 125 mg/5ml.....	7	ciprofloxacin hcl tab 250 mg (base equiv).....	7
cephalexin for susp 250 mg/5ml.....	7	ciprofloxacin hcl tab 500 mg (base equiv).....	7
CEREZYME.....	74	ciprofloxacin hcl tab 750 mg (base equiv).....	7
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	78	citalopram hydrobromide oral soln 10 mg/5ml.....	16
CHEMET.....	70	citalopram hydrobromide tab 10 mg (base equiv).....	16
CHENODAL.....	72	citalopram hydrobromide tab 20 mg (base equiv).....	16
chlorhexidine gluconate soln 0.12%.....	67		
chloroquine phosphate tab 250 mg.....	32		
chloroquine phosphate tab 500 mg.....	32		
chlorpromazine hcl conc 100 mg/ml.....	20		
chlorpromazine hcl conc 30 mg/ml.....	20		
chlorpromazine hcl tab 100 mg.....	20		

<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	16	<i>clonazepam orally disintegrating tab 0.25 mg</i> .....	44
<i>claravis - isotretinoin cap 10 mg</i> .....	68	<i>clonazepam orally disintegrating tab 0.5 mg</i> .....	44
<i>claravis - isotretinoin cap 20 mg</i> .....	68	<i>clonazepam orally disintegrating tab 1 mg</i> .....	44
<i>claravis - isotretinoin cap 30 mg</i> .....	68	<i>clonazepam orally disintegrating tab 2 mg</i> .....	44
<i>claravis - isotretinoin cap 40 mg</i> .....	68	<i>clonazepam tab 0.5 mg</i> .....	44
CLARITHROMYCIN.....	7	<i>clonazepam tab 1 mg</i> .....	45
CLARITHROMYCIN.....	7	<i>clonazepam tab 2 mg</i> .....	45
<i>clarithromycin tab 250 mg</i> .....	7	<i>clonidine hcl tab 0.1 mg</i> .....	55
<i>clarithromycin tab 500 mg</i> .....	7	<i>clonidine hcl tab 0.2 mg</i> .....	55
<i>clindamycin hcl cap 150 mg</i> .....	7	<i>clonidine hcl tab 0.3 mg</i> .....	55
<i>clindamycin hcl cap 300 mg</i> .....	7	<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	66
<i>clindamycin hcl cap 75 mg</i> .....	7	<i>clonidine td patch weekly 0.1 mg/24hr</i> .....	55
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	7	<i>clonidine td patch weekly 0.2 mg/24hr</i> .....	55
<i>clindamycin phosphate gel 1%</i> .....	7	<i>clonidine td patch weekly 0.3 mg/24hr</i> .....	55
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	7	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	51
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	7	<i>clorazepate dipotassium tab 15 mg</i> .....	45
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	7	<i>clorazepate dipotassium tab 3.75 mg</i> .....	45
<i>clindamycin phosphate inj 900 mg/6ml</i> .....	7	<i>clorazepate dipotassium tab 7.5 mg</i> .....	45
<i>clindamycin phosphate inj 9 gm/60ml</i> .....	7	<i>clotrimazole cream 1%</i> .....	21
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i> .....	7	<i>clotrimazole troche 10 mg</i> .....	21
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i> .....	7	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	68
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i> .....	7	CLOZAPINE ODT.....	35
<i>clindamycin phosphate soln 1%</i> .....	7	<i>clozapine orally disintegrating tab 100 mg</i> .....	35
<i>clindamycin phosphate vaginal cream 2%</i> .....	7	<i>clozapine orally disintegrating tab 150 mg</i> .....	35
<i>clobazam suspension 2.5 mg/ml</i> .....	11	<i>clozapine orally disintegrating tab 200 mg</i> .....	35
<i>clobazam tab 10 mg</i> .....	11	<i>clozapine orally disintegrating tab 25 mg</i> .....	35
<i>clobazam tab 20 mg</i> .....	11	<i>clozapine tab 100 mg</i> .....	35
<i>clobetasol propionate cream 0.05%</i> .....	68	<i>clozapine tab 200 mg</i> .....	35
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i> .....	68	<i>clozapine tab 25 mg</i> .....	35
<i>clobetasol propionate emollient base cream 0.05%</i> .....	68	<i>clozapine tab 50 mg</i> .....	35
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i> .....	68	COARTEM.....	32
<i>clobetasol propionate gel 0.05%</i> .....	68	<i>colchicine tab 0.6 mg</i> .....	22
<i>clobetasol propionate oint 0.05%</i> .....	68	<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	22
<i>clobetasol propionate soln 0.05%</i> .....	68	<i>colestipol hcl granule packets 5 gm</i> .....	55
<i>clomipramine hcl cap 25 mg</i> .....	16	<i>colestipol hcl granules 5 gm</i> .....	56
<i>clomipramine hcl cap 50 mg</i> .....	16	<i>colestipol hcl tab 1 gm</i> .....	56
<i>clomipramine hcl cap 75 mg</i> .....	17	<i>colistimethate sod for inj 150 mg (colistin base activity)</i> .....	7
<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	44	COMBIPATCH.....	78
		COMBIPATCH.....	78
		COMBIVENT RESPIMAT.....	100

COMETRIQ.....	24	cyred eq - desogestrel & ethinyl estradiol tab 0.15	
COMETRIQ.....	24	mg-30 mcg.....	78
COMETRIQ.....	24	CYSTADROPS.....	97
COMPLERA.....	41	CYSTAGON.....	74
compro - prochlorperazine suppos 25		CYSTAGON.....	74
mg.....	20	CYSTARAN.....	97
constulose - lactulose solution 10		<b>D</b>	
gm/15ml.....	72	dabigatran etexilate mesylate cap 110 mg (etexilate	
COPAXONE.....	66	base eq).....	51
COPAXONE.....	66	dabigatran etexilate mesylate cap 150 mg (etexilate	
COPIKTRA.....	24	base eq).....	51
COPIKTRA.....	24	dabigatran etexilate mesylate cap 75 mg (etexilate	
CORLANOR.....	56	base eq).....	51
COSENTYX.....	89	dalfampridine tab er 12hr 10 mg.....	66
COSENTYX.....	89	danazol cap 100 mg.....	78
COSENTYX.....	89	danazol cap 200 mg.....	78
COSENTYX SENSOREADY PEN.....	89	danazol cap 50 mg.....	78
COSENTYX SENSOREADY PEN.....	89	dantrolene sodium cap 100 mg.....	40
COSENTYX UNOREADY.....	89	dantrolene sodium cap 25 mg.....	40
COTELLIC.....	24	dantrolene sodium cap 50 mg.....	40
CREON.....	74	dapsone tab 100 mg.....	23
CREON.....	74	dapsone tab 25 mg.....	23
CREON.....	74	DAPTACEL.....	89
CREON.....	74	daptomycin for iv soln 500 mg.....	7
CRESEMBA.....	21	darunavir tab 600 mg.....	41
CRESEMBA.....	21	darunavir tab 800 mg.....	41
CRESEMBA.....	21	dasetta 1/35 - norethindrone & ethinyl estradiol tab 1	
cromolyn sodium ophth soln 4%.....	97	mg-35 mcg.....	78
cromolyn sodium oral conc 100		dasetta 7/7/7 - norethindrone-eth estradiol tab	
mg/5ml.....	74	0.5-35/0.75-35/1-35 mg-mcg.....	78
cromolyn sodium soln nebu 20		DAURISMO.....	25
mg/2ml.....	100	DAURISMO.....	25
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3		deblitane - norethindrone tab 0.35 mg.....	78
mg-30 mcg.....	78	deferasirox granules packet 180 mg.....	70
CRYSVITA.....	74	deferasirox granules packet 360 mg.....	70
CRYSVITA.....	74	deferasirox granules packet 90 mg.....	70
CRYSVITA.....	74	deferasirox tab 180 mg.....	71
cyclobenzaprine hcl tab 10 mg.....	102	deferasirox tab 360 mg.....	71
cyclobenzaprine hcl tab 5 mg.....	102	deferasirox tab 90 mg.....	71
CYCLOPHOSPHAMIDE.....	25	deferasirox tab for oral susp 125 mg.....	70
CYCLOPHOSPHAMIDE.....	25	deferasirox tab for oral susp 250 mg.....	70
cyclophosphamide cap 25 mg.....	25	deferasirox tab for oral susp 500 mg.....	71
cyclophosphamide cap 50 mg.....	25	DELSTRIGO.....	41
cyclosporine cap 100 mg.....	89	delyla - levonorgestrel & ethinyl estradiol tab 0.1	
cyclosporine cap 25 mg.....	89	mg-20 mcg.....	78
cyclosporine modified cap 100 mg.....	89	DENG VAXIA.....	89
cyclosporine modified cap 25 mg.....	89	DEPO-SUBQ PROVERA 104.....	79
cyclosporine modified cap 50 mg.....	89	depo-testosterone - testosterone cypionate im inj in	
cyclosporine modified oral soln 100 mg/		oil 100 mg/ml.....	79
ml.....	89	depo-testosterone - testosterone cypionate im inj in	
cyproheptadine hcl tab 4 mg.....	100	oil 200 mg/ml.....	79



DESCOVY.....	41	dextrose inj 5%.....	71
DESCOVY.....	41	DIACOMIT.....	11
desipramine hcl tab 100 mg.....	17	DIACOMIT.....	11
desipramine hcl tab 10 mg.....	17	DIACOMIT.....	11
desipramine hcl tab 150 mg.....	17	DIACOMIT.....	11
desipramine hcl tab 25 mg.....	17	diazepam oral soln 1 mg/ml.....	45
desipramine hcl tab 50 mg.....	17	DIAZEPAM RECTAL GEL.....	11
desipramine hcl tab 75 mg.....	17	diazepam rectal gel delivery system 10	
desmopressin acetate inj 4 mcg/ml.....	77	mg.....	11
desmopressin acetate nasal spray soln		diazepam rectal gel delivery system 20	
0.01%.....	77	mg.....	11
desmopressin acetate nasal spray soln 0.01%		diazepam tab 10 mg.....	45
(refrigerated).....	77	diazepam tab 2 mg.....	45
desmopressin acetate preservative free (pf) inj 4		diazepam tab 5 mg.....	45
mcg/ml.....	77	diazoxide susp 50 mg/ml.....	46
desmopressin acetate tab 0.1 mg.....	77	diclofenac potassium tab 50 mg.....	1
desmopressin acetate tab 0.2 mg.....	77	diclofenac sodium (actinic keratoses) gel	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01		3%.....	68
mg(21/5).....	79	diclofenac sodium gel 1% (1.16% diethylamine	
desogestrel & ethinyl estradiol tab 0.15 mg-30		equiv).....	1
mcg.....	79	diclofenac sodium ophth soln 0.1%.....	97
desonide oint 0.05%.....	68	diclofenac sodium soln 1.5%.....	1
desoximetasone cream 0.05%.....	68	diclofenac sodium tab delayed release 25	
desoximetasone cream 0.25%.....	68	mg.....	1
desvenlafaxine succinate tab er 24hr 100 mg (base		diclofenac sodium tab delayed release 50	
equiv).....	17	mg.....	1
desvenlafaxine succinate tab er 24hr 25 mg (base		diclofenac sodium tab delayed release 75	
equiv).....	17	mg.....	1
desvenlafaxine succinate tab er 24hr 50 mg (base		diclofenac sodium tab er 24hr 100 mg.....	1
equiv).....	17	dicloxacillin sodium cap 250 mg.....	7
dexamethasone elixir 0.5 mg/5ml.....	76	dicloxacillin sodium cap 500 mg.....	7
dexamethasone sodium phosphate ophth soln		dicyclomine hcl cap 10 mg.....	72
0.1%.....	97	dicyclomine hcl oral soln 10 mg/5ml.....	72
dexamethasone soln 0.5 mg/5ml.....	76	dicyclomine hcl tab 20 mg.....	72
dexamethasone tab 0.5 mg.....	76	DIFICID.....	7
dexamethasone tab 0.75 mg.....	76	DIFICID.....	7
dexamethasone tab 1 mg.....	76	difluprednate ophth emulsion 0.05%.....	97
dexamethasone tab 2 mg.....	76	digoxin oral soln 0.05 mg/ml.....	56
dexamethasone tab 4 mg.....	76	digoxin tab 125 mcg (0.125 mg).....	56
dexamethasone tab 6 mg.....	76	digoxin tab 250 mcg (0.25 mg).....	56
dexmethylphenidate hcl tab 10 mg.....	66	dihydroergotamine mesylate nasal spray 4 mg/	
dexmethylphenidate hcl tab 2.5 mg.....	66	ml.....	22
dexmethylphenidate hcl tab 5 mg.....	66	DILANTIN.....	11
dextroamphetamine sulfate tab 10 mg.....	66	diltiazem hcl cap er 24hr 120 mg.....	56
dextroamphetamine sulfate tab 5 mg.....	66	diltiazem hcl cap er 24hr 180 mg.....	56
dextrose 2.5% w/ sodium chloride		diltiazem hcl cap er 24hr 240 mg.....	56
0.45%.....	71	diltiazem hcl coated beads cap er 24hr 120	
dextrose 5% w/ sodium chloride 0.2%.....	71	mg.....	56
dextrose 5% w/ sodium chloride		diltiazem hcl coated beads cap er 24hr 180	
0.45%.....	71	mg.....	56
dextrose 5% w/ sodium chloride 0.9%.....	71	diltiazem hcl coated beads cap er 24hr 240	
dextrose inj 10%.....	71	mg.....	56

diltiazem hcl coated beads cap er 24hr 300 mg.....	56	donepezil hydrochloride orally disintegrating tab 10 mg.....	15
diltiazem hcl coated beads cap er 24hr 360 mg.....	56	donepezil hydrochloride orally disintegrating tab 5 mg.....	15
diltiazem hcl extended release beads cap er 24hr 120 mg.....	56	donepezil hydrochloride tab 10 mg.....	15
diltiazem hcl extended release beads cap er 24hr 180 mg.....	56	donepezil hydrochloride tab 5 mg.....	15
diltiazem hcl extended release beads cap er 24hr 240 mg.....	56	dorzolamide hcl ophth soln 2%.....	97
diltiazem hcl extended release beads cap er 24hr 300 mg.....	56	dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	97
diltiazem hcl extended release beads cap er 24hr 360 mg.....	56	dotti - estradiol td patch twice weekly 0.025 mg/24hr.....	79
diltiazem hcl extended release beads cap er 24hr 420 mg.....	56	dotti - estradiol td patch twice weekly 0.0375 mg/24hr.....	79
diltiazem hcl tab 120 mg.....	56	dotti - estradiol td patch twice weekly 0.05 mg/24hr.....	79
diltiazem hcl tab 30 mg.....	56	dotti - estradiol td patch twice weekly 0.075 mg/24hr.....	79
diltiazem hcl tab 60 mg.....	56	dotti - estradiol td patch twice weekly 0.1 mg/24hr.....	79
diltiazem hcl tab 90 mg.....	56	DOVATO.....	41
diltiazem hcl tab er 24hr 120 mg.....	56	doxazosin mesylate tab 1 mg.....	56
dilt-xr - diltiazem hcl cap er 24hr 120 mg.....	56	doxazosin mesylate tab 2 mg.....	56
dilt-xr - diltiazem hcl cap er 24hr 180 mg.....	56	doxazosin mesylate tab 4 mg.....	56
dilt-xr - diltiazem hcl cap er 24hr 240 mg.....	56	doxazosin mesylate tab 8 mg.....	56
dimethyl fumarate capsule delayed release 120 mg.....	66	doxepin hcl cap 100 mg.....	17
dimethyl fumarate capsule delayed release 240 mg.....	66	doxepin hcl cap 10 mg.....	17
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	66	doxepin hcl cap 150 mg.....	17
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	72	doxepin hcl cap 25 mg.....	17
DIPHtheria/TETANUS TOXoids ADSORBED PEDIATRIC.....	90	doxepin hcl cap 50 mg.....	17
disulfiram tab 250 mg.....	4	doxepin hcl cap 75 mg.....	17
disulfiram tab 500 mg.....	4	doxepin hcl conc 10 mg/ml.....	17
divalproex sodium cap delayed release sprinkle 125 mg.....	11	doxy 100 - doxycycline hyclate for inj 100 mg.....	8
divalproex sodium tab delayed release 125 mg.....	11	doxycycline hyclate cap 100 mg.....	8
divalproex sodium tab delayed release 250 mg.....	12	doxycycline hyclate cap 50 mg.....	7
divalproex sodium tab delayed release 500 mg.....	12	doxycycline hyclate for inj 100 mg.....	8
divalproex sodium tab er 24 hr 250 mg.....	12	doxycycline hyclate tab 100 mg.....	8
divalproex sodium tab er 24 hr 500 mg.....	12	doxycycline hyclate tab 20 mg.....	8
dofetilide cap 125 mcg (0.125 mg).....	56	doxycycline monohydrate cap 100 mg.....	8
dofetilide cap 250 mcg (0.25 mg).....	56	doxycycline monohydrate cap 50 mg.....	8
dofetilide cap 500 mcg (0.5 mg).....	56	doxycycline monohydrate tab 100 mg.....	8
		doxycycline monohydrate tab 150 mg.....	8
		doxycycline monohydrate tab 50 mg.....	8
		doxycycline monohydrate tab 75 mg.....	8
		DRIZALMA SPRINKLE.....	17
		DRIZALMA SPRINKLE.....	17
		DRIZALMA SPRINKLE.....	17
		DRIZALMA SPRINKLE.....	17
		dronabinol cap 10 mg.....	20
		dronabinol cap 2.5 mg.....	20
		dronabinol cap 5 mg.....	20

<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	79	EMGALITY.....	22
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	79	EMGALITY.....	22
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	79	EMSAM.....	17
<i>droxidopa cap 100 mg</i> .....	56	EMSAM.....	17
<i>droxidopa cap 200 mg</i> .....	56	EMSAM.....	17
<i>droxidopa cap 300 mg</i> .....	56	<i>emtricitabine caps 200 mg</i> .....	41
DUAVEE.....	79	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	41
DULERA.....	100	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	42
DULERA.....	100	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	42
DULERA.....	100	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	42
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> .....	17	EMTRIVA.....	42
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> .....	17	<i>emzahn - norethindrone tab 0.35 mg</i> .....	79
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> .....	17	<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	57
DUPIXENT.....	90	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	57
DUPIXENT.....	90	<i>enalapril maleate tab 10 mg</i> .....	57
DUPIXENT.....	90	<i>enalapril maleate tab 2.5 mg</i> .....	57
DUPIXENT.....	90	<i>enalapril maleate tab 20 mg</i> .....	57
DUPIXENT.....	90	<i>enalapril maleate tab 5 mg</i> .....	57
<i>dutasteride cap 0.5 mg</i> .....	75	ENBREL.....	90
<b>E</b>		ENBREL.....	90
<i>ec-naproxen - naproxen tab ec 375 mg</i> .....	1	ENBREL.....	90
<i>ec-naproxen - naproxen tab ec 500 mg</i> .....	1	ENBREL MINI.....	90
<i>econazole nitrate cream 1%</i> .....	21	ENBREL SURECLICK.....	90
EDURANT.....	41	<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i> .....	1
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	41	<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	1
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	41	<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i> .....	1
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	41	<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	1
<i>efavirenz tab 600 mg</i> .....	41	ENGERIX-B.....	90
EFUDEX.....	68	ENGERIX-B.....	90
ELELYSO.....	74	ENGERIX-B.....	90
ELIGARD.....	87	<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....	79
ELIGARD.....	87	<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> .....	51
ELIGARD.....	87	<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> .....	51
ELIGARD.....	87	<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> .....	51
<i>elinest - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	79	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> .....	51
ELIQUIS.....	51	<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> .....	51
ELIQUIS.....	51		
ELIQUIS STARTER PACK.....	51		
<i>eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr</i> .....	79		
EMGALITY.....	22		

<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> .....	51	<i>ery-tab - erythromycin tab delayed release 500 mg</i> .....	8
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> .....	51	<i>erythrocin lactobionate - erythromycin lactobionate for inj500 mg</i> .....	8
<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....	79	<i>erythromycin lactobionate for inj 500 mg</i> .....	8
<i>enskyce - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	79	<i>erythromycin ophth oint 5 mg/gm</i> .....	97
<i>entacapone tab 200 mg</i> .....	33	<i>erythromycin soln 2%</i> .....	8
<i>entecavir tab 0.5 mg</i> .....	42	<i>erythromycin tab 250 mg</i> .....	8
<i>entecavir tab 1 mg</i> .....	42	<i>erythromycin tab 500 mg</i> .....	8
ENTRESTO.....	57	<i>erythromycin tab delayed release 250 mg</i> .....	8
ENTRESTO.....	57	<i>erythromycin tab delayed release 333 mg</i> .....	8
ENTRESTO.....	57	<i>erythromycin tab delayed release 500 mg</i> .....	8
ENTRESTO.....	57	<i>erythromycin w/ delayed release particles cap 250 mg</i> .....	8
ENTYVIO.....	90	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> .....	17
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i> .....	72	<i>escitalopram oxalate tab 10 mg (base equiv)</i> .....	17
ENVARUSUS XR.....	90	<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	17
ENVARUSUS XR.....	90	<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	17
ENVARUSUS XR.....	90	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	72
EPIDIOLEX.....	12	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	72
<i>epinastine hcl ophth soln 0.05%</i> .....	97	<i>estarylla - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35mcg</i> .....	79
EPINEPHRINE.....	100	<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	79
EPINEPHRINE (authorized generic for AdrenaClick 0.3 mg/0.3 mL).....	100	<i>estradiol tab 0.5 mg</i> .....	79
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	100	<i>estradiol tab 1 mg</i> .....	79
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i> .....	100	<i>estradiol tab 2 mg</i> .....	79
<i>epitol - carbamazepine tab 200 mg</i> .....	12	<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i> .....	79
EPRONTIA.....	12	<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i> .....	79
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	22	<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i> .....	79
ERIVEDGE.....	25	<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i> .....	79
ERLEADA.....	25	<i>estradiol td gel 1 mg/gm (0.1%)</i> .....	79
ERLEADA.....	25	<i>estradiol td patch twice weekly 0.025 mg/24hr</i> .....	79
<i>erlotinib hcl tab 100 mg (base equivalent)</i> .....	25	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> .....	79
<i>erlotinib hcl tab 150 mg (base equivalent)</i> .....	25	<i>estradiol td patch twice weekly 0.05 mg/24hr</i> .....	79
<i>erlotinib hcl tab 25 mg (base equivalent)</i> .....	25	<i>estradiol td patch twice weekly 0.075 mg/24hr</i> .....	79
<i>errin - norethindrone tab 0.35 mg</i> .....	79		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i> .....	8		
ERVEBO.....	90		
<i>ery-tab - erythromycin tab delayed release 250 mg</i> .....	8		
<i>ery-tab - erythromycin tab delayed release 333 mg</i> .....	8		

<i>estradiol td patch twice weekly 0.1 mg/24hr</i> .....	79	<i>euthyrox - levothyroxine sodium tab 50 mcg</i> .....	85
<i>estradiol td patch weekly 0.025 mg/24hr</i> .....	79	<i>euthyrox - levothyroxine sodium tab 75 mcg</i> .....	85
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> .....	80	<i>euthyrox - levothyroxine sodium tab 88 mcg</i> .....	85
<i>estradiol td patch weekly 0.05 mg/24hr</i> .....	80	<i>everolimus tab 0.25 mg</i> .....	90
<i>estradiol td patch weekly 0.06 mg/24hr</i> .....	80	<i>everolimus tab 0.5 mg</i> .....	90
<i>estradiol td patch weekly 0.075 mg/24hr</i> .....	80	<i>everolimus tab 0.75 mg</i> .....	90
<i>estradiol td patch weekly 0.1 mg/24hr</i> .....	80	<i>everolimus tab 10 mg</i> .....	25
<i>estradiol vaginal cream 0.1 mg/gm</i> .....	80	<i>everolimus tab 1 mg</i> .....	90
<i>estradiol vaginal tab 10 mcg</i> .....	80	<i>everolimus tab 2.5 mg</i> .....	25
<i>estradiol valerate im in oil 10 mg/ml</i> .....	80	<i>everolimus tab 5 mg</i> .....	25
<i>estradiol valerate im in oil 20 mg/ml</i> .....	80	<i>everolimus tab 7.5 mg</i> .....	25
<i>estradiol valerate im in oil 40 mg/ml</i> .....	80	<i>everolimus tab for oral susp 2 mg</i> .....	25
<i>ethambutol hcl tab 100 mg</i> .....	23	<i>everolimus tab for oral susp 3 mg</i> .....	25
<i>ethambutol hcl tab 400 mg</i> .....	23	<i>everolimus tab for oral susp 5 mg</i> .....	25
<i>ethosuximide cap 250 mg</i> .....	12	EVOTAZ.....	42
<i>ethosuximide soln 250 mg/5ml</i> .....	12	<i>exemestane tab 25 mg</i> .....	25
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	80	EXTENCILLINE.....	8
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	80	EXTENCILLINE.....	8
<i>etodolac cap 200 mg</i> .....	1	<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	57
<i>etodolac cap 300 mg</i> .....	1	<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	57
<i>etodolac tab 400 mg</i> .....	1	<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	57
<i>etodolac tab 500 mg</i> .....	1	<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	57
<i>etodolac tab er 24hr 400 mg</i> .....	1	<i>ezetimibe tab 10 mg</i> .....	57
<i>etodolac tab er 24hr 500 mg</i> .....	1	<b>F</b>	
<i>etodolac tab er 24hr 600 mg</i> .....	1	<i>falmina - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	80
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....	80	<i>famciclovir tab 125 mg</i> .....	42
<i>etravirine tab 100 mg</i> .....	42	<i>famciclovir tab 250 mg</i> .....	42
<i>etravirine tab 200 mg</i> .....	42	<i>famciclovir tab 500 mg</i> .....	42
<i>euthyrox - levothyroxine sodium tab 100 mcg</i> .....	85	<i>famotidine for susp 40 mg/5ml</i> .....	72
<i>euthyrox - levothyroxine sodium tab 112 mcg</i> .....	85	<i>famotidine tab 20 mg</i> .....	72
<i>euthyrox - levothyroxine sodium tab 125 mcg</i> .....	85	<i>famotidine tab 40 mg</i> .....	72
<i>euthyrox - levothyroxine sodium tab 137 mcg</i> .....	85	FANAPT.....	35
<i>euthyrox - levothyroxine sodium tab 150 mcg</i> .....	85	FANAPT.....	35
<i>euthyrox - levothyroxine sodium tab 175 mcg</i> .....	85	FANAPT.....	35
<i>euthyrox - levothyroxine sodium tab 200 mcg</i> .....	85	FANAPT.....	35
<i>euthyrox - levothyroxine sodium tab 25 mcg</i> .....	85	FANAPT.....	35
		FANAPT.....	35
		FANAPT TITRATION PACK.....	35
		FARXIGA.....	46
		FARXIGA.....	46
		<i>felbamate susp 600 mg/5ml</i> .....	12
		<i>felbamate tab 400 mg</i> .....	12
		<i>felbamate tab 600 mg</i> .....	12
		<i>felodipine tab er 24hr 10 mg</i> .....	57
		<i>felodipine tab er 24hr 2.5 mg</i> .....	57
		<i>felodipine tab er 24hr 5 mg</i> .....	57

<i>fenofibrate micronized cap 134 mg</i> .....	57	<i>fluconazole tab 50 mg</i> .....	21
<i>fenofibrate micronized cap 200 mg</i> .....	57	<i>flucytosine cap 250 mg</i> .....	21
<i>fenofibrate micronized cap 67 mg</i> .....	57	<i>flucytosine cap 500 mg</i> .....	21
<i>fenofibrate tab 145 mg</i> .....	57	<i>fludrocortisone acetate tab 0.1 mg</i> .....	76
<i>fenofibrate tab 160 mg</i> .....	57	<i>flunisolide nasal soln 25 mcg/act</i> <i>(0.025%)</i> .....	100
<i>fenofibrate tab 48 mg</i> .....	57	<i>fluocinolone acetonide (otic) oil 0.01%</i> .....	98
<i>fenofibrate tab 54 mg</i> .....	57	<i>fluocinolone acetonide cream 0.01%</i> .....	68
<i>fentanyl citrate lozenge on a handle 1200</i> <i>mcg</i> .....	1	<i>fluocinolone acetonide cream 0.025%</i> .....	68
<i>fentanyl citrate lozenge on a handle 1600</i> <i>mcg</i> .....	1	<i>fluocinolone acetonide oil 0.01% (body</i> <i>oil)</i> .....	68
<i>fentanyl citrate lozenge on a handle 200</i> <i>mcg</i> .....	1	<i>fluocinolone acetonide oil 0.01% (scalp</i> <i>oil)</i> .....	68
<i>fentanyl citrate lozenge on a handle 400</i> <i>mcg</i> .....	1	<i>fluocinolone acetonide oint 0.025%</i> .....	68
<i>fentanyl citrate lozenge on a handle 600</i> <i>mcg</i> .....	1	<i>fluocinolone acetonide soln 0.01%</i> .....	68
<i>fentanyl citrate lozenge on a handle 800</i> <i>mcg</i> .....	1	<i>fluocinonide cream 0.05%</i> .....	68
<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	2	<i>fluocinonide emulsified base cream</i> <i>0.05%</i> .....	68
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	2	<i>fluocinonide gel 0.05%</i> .....	68
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	2	<i>fluocinonide oint 0.05%</i> .....	69
<i>fentanyl td patch 72hr 37.5 mcg/hr</i> .....	2	<i>fluocinonide soln 0.05%</i> .....	69
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	2	<i>fluorometholone ophth susp 0.1%</i> .....	97
<i>fentanyl td patch 72hr 62.5 mcg/hr</i> .....	2	FLUOROURACIL.....	69
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	2	<i>fluorouracil soln 5%</i> .....	69
<i>fentanyl td patch 72hr 87.5 mcg/hr</i> .....	2	<i>fluoxetine hcl cap 10 mg</i> .....	18
FETZIMA.....	17	<i>fluoxetine hcl cap 20 mg</i> .....	18
FETZIMA.....	17	<i>fluoxetine hcl cap 40 mg</i> .....	18
FETZIMA.....	18	<i>fluoxetine hcl solution 20 mg/5ml</i> .....	18
FETZIMA.....	18	<i>fluphenazine decanoate inj 25 mg/ml</i> .....	35
FETZIMA TITRATION PACK.....	18	FLUPHENAZINE HCL.....	35
FINACEA.....	68	<i>fluphenazine hcl tab 10 mg</i> .....	35
<i>finasteride tab 5 mg</i> .....	75	<i>fluphenazine hcl tab 1 mg</i> .....	35
<i> fingolimod hcl cap 0.5 mg (base equiv)</i> .....	66	<i>fluphenazine hcl tab 2.5 mg</i> .....	35
FINTEPLA.....	12	<i>fluphenazine hcl tab 5 mg</i> .....	35
FIRMAGON.....	87	FLUPHENAZINE HYDROCHLORIDE.....	35
FIRMAGON.....	87	FLUPHENAZINE HYDROCHLORIDE.....	36
<i>flac - fluocinolone acetonide (otic) oil</i> <i>0.01%</i> .....	98	<i>flurbiprofen sodium ophth soln 0.03%</i> .....	97
<i>flecainide acetate tab 100 mg</i> .....	57	<i>flurbiprofen tab 100 mg</i> .....	2
<i>flecainide acetate tab 150 mg</i> .....	57	FLUTICASONE PROPIONATE/ SALMETEROL.....	100
<i>flecainide acetate tab 50 mg</i> .....	57	FLUTICASONE PROPIONATE/ SALMETEROL.....	101
<i>fluconazole for susp 10 mg/ml</i> .....	21	FLUTICASONE PROPIONATE/ SALMETEROL.....	101
<i>fluconazole for susp 40 mg/ml</i> .....	21	<i>fluticasone propionate cream 0.05%</i> .....	69
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i> .....	21	FLUTICASONE PROPIONATE HFA.....	100
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i> .....	21	FLUTICASONE PROPIONATE HFA.....	100
<i>fluconazole tab 100 mg</i> .....	21	FLUTICASONE PROPIONATE HFA.....	100
<i>fluconazole tab 150 mg</i> .....	21	<i>fluticasone propionate nasal susp 50 mcg/</i> <i>act</i> .....	100
<i>fluconazole tab 200 mg</i> .....	21	<i>fluticasone propionate oint 0.005%</i> .....	69

<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act.</i> .....	101	<i>gabapentin cap 400 mg</i> .....	12
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act.</i> .....	101	<i>gabapentin oral soln 250 mg/5ml</i> .....	12
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act.</i> .....	101	<i>gabapentin tab 600 mg</i> .....	12
<i>fluvastatin sodium cap 20 mg (base equivalent)</i> .....	57	<i>gabapentin tab 800 mg</i> .....	12
<i>fluvastatin sodium cap 40 mg (base equivalent)</i> .....	57	<b>GALANTAMINE HYDROBROMIDE</b> .....	15
<i>fluvoxamine maleate tab 100 mg</i> .....	18	<i>galantamine hydrobromide cap er 24hr 16 mg</i> .....	15
<i>fluvoxamine maleate tab 25 mg</i> .....	18	<i>galantamine hydrobromide cap er 24hr 24 mg</i> .....	15
<i>fluvoxamine maleate tab 50 mg</i> .....	18	<i>galantamine hydrobromide cap er 24hr 8 mg</i> .....	15
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> .....	51	<i>galantamine hydrobromide tab 12 mg</i> .....	16
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	51	<i>galantamine hydrobromide tab 4 mg</i> .....	15
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....	51	<i>galantamine hydrobromide tab 8 mg</i> .....	16
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....	51	<b>GAMMAGARD LIQUID</b> .....	90
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> .....	42	<b>GAMMAGARD LIQUID</b> .....	90
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	57	<b>GAMMAGARD LIQUID</b> .....	90
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	57	<b>GAMMAGARD LIQUID</b> .....	90
<i>fosinopril sodium tab 10 mg</i> .....	57	<b>GAMMAGARD LIQUID</b> .....	91
<i>fosinopril sodium tab 20 mg</i> .....	57	<b>GAMMAGARD LIQUID</b> .....	91
<i>fosinopril sodium tab 40 mg</i> .....	57	<b>GAMMAGARD LIQUID</b> .....	91
<b>FOTIVDA</b> .....	25	<b>GAMMAGARD S/D IGA LESS THAN 1MCG/ML</b> .....	91
<b>FOTIVDA</b> .....	25	<b>GAMMAGARD S/D IGA LESS THAN 1MCG/ML</b> .....	91
<b>FRUZAQLA</b> .....	25	<b>GAMMAPLEX</b> .....	91
<b>FRUZAQLA</b> .....	25	<b>GAMMAPLEX</b> .....	91
<i>furosemide inj 10 mg/ml</i> .....	57	<b>GAMMAPLEX</b> .....	91
<i>furosemide oral soln 10 mg/ml</i> .....	58	<b>GAMMAPLEX</b> .....	91
<i>furosemide oral soln 8 mg/ml</i> .....	57	<b>GAMMAPLEX</b> .....	91
<i>furosemide tab 20 mg</i> .....	58	<b>GAMMAPLEX</b> .....	91
<i>furosemide tab 40 mg</i> .....	58	<b>GAMMAPLEX</b> .....	91
<i>furosemide tab 80 mg</i> .....	58	<b>GAMMAPLEX</b> .....	91
<b>FUZEON</b> .....	42	<b>GAMUNEX-C</b> .....	91
<b>FYCOMPA</b> .....	12	<b>GAMUNEX-C</b> .....	91
<b>FYCOMPA</b> .....	12	<b>GAMUNEX-C</b> .....	91
<b>FYCOMPA</b> .....	12	<b>GAMUNEX-C</b> .....	91
<b>FYCOMPA</b> .....	12	<b>GAMUNEX-C</b> .....	91
<b>FYCOMPA</b> .....	12	<b>GAMUNEX-C</b> .....	91
<b>FYCOMPA</b> .....	12	<b>GAMUNEX-C</b> .....	91
<b>FYCOMPA</b> .....	12	<b>GARDASIL 9</b> .....	91
<b>FYCOMPA</b> .....	12	<b>GARDASIL 9</b> .....	91
<b>G</b>		<b>GATTEX</b> .....	73
<i>gabapentin cap 100 mg</i> .....	12	<b>GAUZE PADS 2" X 2"</b> .....	46
<i>gabapentin cap 300 mg</i> .....	12	<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> .....	73
		<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	73
		<i>gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	73
		<b>GAVRETO</b> .....	25
		<i>gefitinib tab 250 mg</i> .....	25
		<i>gemfibrozil tab 600 mg</i> .....	58
		<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i> .....	73

gengraf - cyclosporine modified cap 100 mg..... 91

gengraf - cyclosporine modified cap 25 mg..... 91

gengraf - cyclosporine modified oral soln 100 mg/ml..... 91

gentamicin sulfate cream 0.1%..... 69

gentamicin sulfate inj 40 mg/ml..... 8

gentamicin sulfate oint 0.1%..... 69

gentamicin sulfate ophth soln 0.3%..... 97

GENVOYA..... 42

GILOTRIF..... 25

GILOTRIF..... 25

GILOTRIF..... 25

glatiramer acetate soln prefilled syringe 20 mg/ml..... 66

glatiramer acetate soln prefilled syringe 40 mg/ml..... 66

glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml..... 66

glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml..... 66

GLEOSTINE..... 25

GLEOSTINE..... 25

GLEOSTINE..... 25

glimepiride tab 1 mg..... 46

glimepiride tab 2 mg..... 46

glimepiride tab 4 mg..... 46

glipizide-metformin hcl tab 2.5-250 mg..... 46

glipizide-metformin hcl tab 2.5-500 mg..... 46

glipizide-metformin hcl tab 5-500 mg..... 46

glipizide tab 10 mg..... 46

glipizide tab 5 mg..... 46

glipizide tab er 24hr 10 mg..... 46

glipizide tab er 24hr 2.5 mg..... 46

glipizide tab er 24hr 5 mg..... 46

glipizide xl - glipizide tab er 24hr 10 mg..... 46

glipizide xl - glipizide tab er 24hr 2.5 mg..... 46

glipizide xl - glipizide tab er 24hr 5 mg..... 46

glutamine (sickle cell) powd pack 5 gm..... 74

glyburide-metformin tab 1.25-250 mg..... 46

glyburide-metformin tab 2.5-500 mg..... 46

glyburide-metformin tab 5-500 mg..... 46

glyburide micronized tab 1.5 mg..... 46

glyburide micronized tab 3 mg..... 46

glyburide micronized tab 6 mg..... 46

glyburide tab 1.25 mg..... 46

glyburide tab 2.5 mg..... 46

glyburide tab 5 mg..... 46

glycopyrrolate tab 1 mg..... 73

glycopyrrolate tab 2 mg..... 73

GLYXAMBI..... 46

GLYXAMBI..... 46

GRANIX..... 51

GRANIX..... 51

GRANIX..... 51

GRANIX..... 51

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..... 58

guanfacine hcl tab 2 mg..... 58

guanfacine hcl tab er 24hr 1 mg (base equiv)..... 66

guanfacine hcl tab er 24hr 2 mg (base equiv)..... 66

guanfacine hcl tab er 24hr 3 mg (base equiv)..... 66

guanfacine hcl tab er 24hr 4 mg (base equiv)..... 66

GVOKE HYPOPEN 1-PACK..... 46

GVOKE HYPOPEN 1-PACK..... 46

GVOKE HYPOPEN 2-PACK..... 46

GVOKE HYPOPEN 2-PACK..... 46

GVOKE KIT..... 47

GVOKE PFS..... 47

**H**

HADLIMA..... 91

HADLIMA..... 91

HADLIMA PUSH TOUCH..... 91

HADLIMA PUSH TOUCH..... 91

HAEGARDA..... 91

HAEGARDA..... 91

hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg..... 80

hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)..... 80

hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg..... 80

hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg..... 80

halobetasol propionate cream 0.05%..... 69

halobetasol propionate oint 0.05%..... 69

haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr..... 80

haloperidol decanoate im soln 100 mg/ml..... 36

haloperidol decanoate im soln 50 mg/ml..... 36



<i>haloperidol lactate inj 5 mg/ml</i> .....	36	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
<i>haloperidol lactate oral conc 2 mg/ml</i> .....	36	<i>mg/15ml</i> .....	2
<i>haloperidol tab 0.5 mg</i> .....	36	<i>hydrocodone-acetaminophen tab 10-325</i>	
<i>haloperidol tab 10 mg</i> .....	36	<i>mg</i> .....	2
<i>haloperidol tab 1 mg</i> .....	36	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>haloperidol tab 20 mg</i> .....	36	<i>mg</i> .....	2
<i>haloperidol tab 2 mg</i> .....	36	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>haloperidol tab 5 mg</i> .....	36	<i>mg</i> .....	2
HAVRIX.....	92	<i>hydrocortisone cream 1%</i> .....	69
HAVRIX.....	92	<i>hydrocortisone cream 2.5%</i> .....	69
<i>heather - norethindrone tab 0.35 mg</i> .....	80	<i>hydrocortisone enema 100 mg/60ml</i> .....	95
<i>heparin sodium (porcine) inj 10000 unit/</i>		<i>hydrocortisone lotion 2.5%</i> .....	69
<i>ml</i> .....	51	<i>hydrocortisone oint 1%</i> .....	69
<i>heparin sodium (porcine) inj 1000 unit/</i>		<i>hydrocortisone oint 2.5%</i> .....	69
<i>ml</i> .....	51	<i>hydrocortisone perianal cream 1%</i> .....	95
<i>heparin sodium (porcine) inj 20000 unit/</i>		<i>hydrocortisone perianal cream 2.5%</i> .....	95
<i>ml</i> .....	51	<i>hydrocortisone tab 10 mg</i> .....	76
<i>heparin sodium (porcine) inj 5000 unit/</i>		<i>hydrocortisone tab 20 mg</i> .....	76
<i>ml</i> .....	51	<i>hydrocortisone tab 5 mg</i> .....	76
<i>heparin sodium (porcine) pf inj 1000 unit/</i>		<i>hydrocortisone w/ acetic acid otic soln</i>	
<i>ml</i> .....	51	<i>1-2%</i> .....	98
<i>heparin sodium (porcine) pf inj 5000 unit/</i>		<i>hydromorphone hcl liqd 1 mg/ml</i> .....	2
<i>ml</i> .....	51	<i>hydromorphone hcl preservative free (pf) inj 10 mg/</i>	
HEPLISAV-B.....	92	<i>ml</i> .....	2
HIBERIX.....	92	<i>hydromorphone hcl tab 2 mg</i> .....	2
HUMALOG.....	47	<i>hydromorphone hcl tab 4 mg</i> .....	2
HUMALOG.....	47	<i>hydromorphone hcl tab 8 mg</i> .....	2
HUMALOG JUNIOR KWIKPEN.....	47	<i>hydroxychloroquine sulfate tab 200 mg</i> .....	32
HUMALOG KWIKPEN.....	47	<i>hydroxyurea cap 500 mg</i> .....	25
HUMALOG KWIKPEN.....	47	<i>hydroxyzine hcl tab 10 mg</i> .....	45
HUMALOG MIX 50/50 KWIKPEN.....	47	<i>hydroxyzine hcl tab 25 mg</i> .....	45
HUMALOG MIX 75/25.....	47	<i>hydroxyzine hcl tab 50 mg</i> .....	45
HUMALOG MIX 75/25 KWIKPEN.....	47		
HUMALOG TEMPO PEN.....	47	<b>I</b>	
HUMATIN.....	8	<i>ibandronate sodium tab 150 mg (base</i>	
HUMULIN 70/30.....	47	<i>equivalent)</i> .....	96
HUMULIN 70/30 KWIKPEN.....	47	IBRANCE.....	25
HUMULIN N.....	47	IBRANCE.....	25
HUMULIN N KWIKPEN.....	47	IBRANCE.....	25
HUMULIN R.....	47	IBRANCE.....	25
HUMULIN R U-500		IBRANCE.....	25
(CONCENTRATED).....	47	IBRANCE.....	26
HUMULIN R U-500 KWIKPEN.....	47	<i>ibu - ibuprofen tab 400 mg</i> .....	2
<i>hydralazine hcl tab 100 mg</i> .....	58	<i>ibu - ibuprofen tab 600 mg</i> .....	2
<i>hydralazine hcl tab 10 mg</i> .....	58	<i>ibu - ibuprofen tab 800 mg</i> .....	2
<i>hydralazine hcl tab 25 mg</i> .....	58	<i>ibuprofen susp 100 mg/5ml</i> .....	2
<i>hydralazine hcl tab 50 mg</i> .....	58	<i>ibuprofen tab 400 mg</i> .....	2
<i>hydrochlorothiazide cap 12.5 mg</i> .....	58	<i>ibuprofen tab 600 mg</i> .....	2
<i>hydrochlorothiazide tab 12.5 mg</i> .....	58	<i>ibuprofen tab 800 mg</i> .....	2
<i>hydrochlorothiazide tab 25 mg</i> .....	58	<i>icatibant acetate subcutaneous soln pref syr 30</i>	
<i>hydrochlorothiazide tab 50 mg</i> .....	58	<i>mg/3ml</i> .....	92

<i>iclevia - levonorgestrel &amp; ethinyl estradiol (91-day)</i>		INVEGA TRINZA.....	36
<i>tab 0.15-0.03 mg.....</i>	80	INVEGA TRINZA.....	36
ICLUSIG.....	26	INVEGA TRINZA.....	36
ICLUSIG.....	26	INVEGA TRINZA.....	36
ICLUSIG.....	26	IPOL INACTIVATED IPV.....	92
ICLUSIG.....	26	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>icosapent ethyl cap 0.5 gm.....</i>	58	<i>mg/3ml.....</i>	101
<i>icosapent ethyl cap 1 gm.....</i>	58	<i>ipratropium bromide inhal soln 0.02%.....</i>	101
IDHIFA.....	26	<i>ipratropium bromide nasal soln 0.03% (21 mcg/</i>	
IDHIFA.....	26	<i>spray).....</i>	101
<i>imatinib mesylate tab 100 mg (base</i>		<i>ipratropium bromide nasal soln 0.06% (42 mcg/</i>	
<i>equivalent).....</i>	26	<i>spray).....</i>	101
<i>imatinib mesylate tab 400 mg (base</i>		<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
<i>equivalent).....</i>	26	<i>mg.....</i>	58
IMBRUVICA.....	26	<i>irbesartan-hydrochlorothiazide tab 300-12.5</i>	
IMBRUVICA.....	26	<i>mg.....</i>	58
IMBRUVICA.....	26	<i>irbesartan tab 150 mg.....</i>	58
IMBRUVICA.....	26	<i>irbesartan tab 300 mg.....</i>	58
IMBRUVICA.....	26	<i>irbesartan tab 75 mg.....</i>	58
IMIPENEM/CILASTATIN.....	8	ISENTRESS.....	42
<i>imipenem-cilastatin intravenous for soln 500</i>		ISENTRESS.....	42
<i>mg.....</i>	8	ISENTRESS.....	42
<i>imipramine hcl tab 10 mg.....</i>	18	ISENTRESS.....	42
<i>imipramine hcl tab 25 mg.....</i>	18	ISENTRESS.....	42
<i>imipramine hcl tab 50 mg.....</i>	18	ISENTRESS HD.....	42
<i>imiquimod cream 5%.....</i>	69	<i>isibloom - desogestrel &amp; ethinyl estradiol tab 0.15</i>	
IMOVAX RABIES (H.D.C.V.).....	92	<i>mg-30 mcg.....</i>	80
IMPAVIDO.....	8	<i>isoniazid syrup 50 mg/5ml.....</i>	23
INBRIJA.....	33	<i>isoniazid tab 100 mg.....</i>	23
<i>incassia - norethindrone tab 0.35 mg.....</i>	80	<i>isoniazid tab 300 mg.....</i>	23
INCRELEX.....	77	<i>isosorbide dinitrate tab 10 mg.....</i>	58
INCRUSE ELLIPTA.....	101	<i>isosorbide dinitrate tab 20 mg.....</i>	58
<i>indapamide tab 1.25 mg.....</i>	58	<i>isosorbide dinitrate tab 30 mg.....</i>	58
<i>indapamide tab 2.5 mg.....</i>	58	<i>isosorbide dinitrate tab 5 mg.....</i>	58
<i>indomethacin cap 25 mg.....</i>	2	<i>isosorbide mononitrate tab 10 mg.....</i>	58
<i>indomethacin cap 50 mg.....</i>	2	<i>isosorbide mononitrate tab 20 mg.....</i>	58
INFANRIX.....	92	<i>isosorbide mononitrate tab er 24hr 120</i>	
INLYTA.....	26	<i>mg.....</i>	58
INLYTA.....	26	<i>isosorbide mononitrate tab er 24hr 30</i>	
INQOVI.....	26	<i>mg.....</i>	58
INREBIC.....	26	<i>isosorbide mononitrate tab er 24hr 60</i>	
INSULIN SYRINGE/NEEDLE.....	47	<i>mg.....</i>	58
INTELENCE.....	42	<i>isotretinoin cap 10 mg.....</i>	69
INTRALIPID.....	71	<i>isotretinoin cap 20 mg.....</i>	69
<i>introvale - levonorgestrel &amp; ethinyl estradiol (91-day)</i>		<i>isotretinoin cap 25 mg.....</i>	69
<i>tab 0.15-0.03 mg.....</i>	80	<i>isotretinoin cap 30 mg.....</i>	69
INVEGA HAFYERA.....	36	<i>isotretinoin cap 35 mg.....</i>	69
INVEGA HAFYERA.....	36	<i>isotretinoin cap 40 mg.....</i>	69
INVEGA SUSTENNA.....	36	<i>itraconazole cap 100 mg.....</i>	21
INVEGA SUSTENNA.....	36	<i>ivabradine hcl tab 5 mg (base equiv).....</i>	58
INVEGA SUSTENNA.....	36	<i>ivabradine hcl tab 7.5 mg (base equiv).....</i>	58
INVEGA SUSTENNA.....	36	<i>ivermectin cream 1%.....</i>	69
INVEGA SUSTENNA.....	36	<i>ivermectin tab 3 mg.....</i>	32

IWILFIN.....	26	<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe</i>	
IXCHIQ.....	92	<i>tab 1 mg-20 mcg (24).....</i>	80
IXIARO.....	92	JYNNEOS.....	92
<b>J</b>		<b>K</b>	
JAKAFI.....	26	<i>kalliga - desogestrel &amp; ethinyl estradiol tab 0.15</i>	
JAKAFI.....	26	<i>mg-30 mcg.....</i>	81
JAKAFI.....	26	KALYDECO.....	101
JAKAFI.....	26	KALYDECO.....	101
JAKAFI.....	26	KALYDECO.....	101
<i>jantoven - warfarin sodium tab 10 mg.....</i>	52	KALYDECO.....	101
<i>jantoven - warfarin sodium tab 1 mg.....</i>	51	KALYDECO.....	101
<i>jantoven - warfarin sodium tab 2.5 mg.....</i>	52	KALYDECO.....	101
<i>jantoven - warfarin sodium tab 2 mg.....</i>	51	KANJINTI.....	26
<i>jantoven - warfarin sodium tab 3 mg.....</i>	52	KANJINTI.....	26
<i>jantoven - warfarin sodium tab 4 mg.....</i>	52	<i>kariva - desogest-eth estrad &amp; eth estrad tab</i>	
<i>jantoven - warfarin sodium tab 5 mg.....</i>	52	<i>0.15-0.02/0.01 mg(21/5).....</i>	81
<i>jantoven - warfarin sodium tab 6 mg.....</i>	52	<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45%</i>	
<i>jantoven - warfarin sodium tab 7.5 mg.....</i>	52	<i>inj.....</i>	71
JANUMET.....	47	<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i>	
JANUMET.....	47	<i>inj.....</i>	71
JANUMET XR.....	47	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2%</i>	
JANUMET XR.....	47	<i>inj.....</i>	71
JANUMET XR.....	47	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225%</i>	
JANUVIA.....	47	<i>inj.....</i>	71
JANUVIA.....	47	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45%</i>	
JANUVIA.....	47	<i>inj.....</i>	71
JARDIANCE.....	47	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj.....</i>	71
JARDIANCE.....	47	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45%</i>	
<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02</i>		<i>inj.....</i>	71
<i>mg.....</i>	80	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45%</i>	
JAYPIRCA.....	26	<i>inj.....</i>	71
JAYPIRCA.....	26	<i>kelnor 1/35 - ethynodiol diacetate &amp; ethinyl estradiol</i>	
<i>jencycla - norethindrone tab 0.35 mg.....</i>	80	<i>tab 1 mg-35 mcg.....</i>	81
JENTADUETO.....	47	<i>kelnor 1/50 - ethynodiol diacetate &amp; ethinyl estradiol</i>	
JENTADUETO.....	48	<i>tab 1 mg-50 mcg.....</i>	81
JENTADUETO.....	48	KERENDIA.....	58
JENTADUETO XR.....	48	KERENDIA.....	58
JENTADUETO XR.....	48	KESIMPTA.....	66
<i>jolessa - levonorgestrel &amp; ethinyl estradiol (91-day)</i>		<i>ketoconazole cream 2%.....</i>	21
<i>tab 0.15-0.03 mg.....</i>	80	<i>ketoconazole shampoo 2%.....</i>	21
<i>juleber - desogestrel &amp; ethinyl estradiol tab 0.15</i>		<i>ketoconazole tab 200 mg.....</i>	21
<i>mg-30 mcg.....</i>	80	<i>ketorolac tromethamine ophth soln</i>	
JULUCA.....	42	<i>0.4%.....</i>	97
<i>junel 1/20 - norethindrone ace &amp; ethinyl estradiol tab</i>		<i>ketorolac tromethamine ophth soln</i>	
<i>1 mg-20 mcg.....</i>	80	<i>0.5%.....</i>	97
<i>junel 1.5/30 - norethindrone ace &amp; ethinyl estradiol</i>		KINRIX.....	92
<i>tab 1.5 mg-30 mcg.....</i>	81	<i>kionex - sodium polystyrene sulfonate oral susp 15</i>	
<i>junel fe 1/20 - norethindrone ace &amp; ethinyl estradiol-</i>		<i>gm/60ml.....</i>	71
<i>fe tab 1 mg-20 mcg.....</i>	80	KISQALI.....	26
<i>junel fe 1.5/30 - norethindrone ace &amp; ethinyl</i>		KISQALI.....	26
<i>estradiol-fe tab 1.5 mg-30 mcg.....</i>	80	KISQALI.....	26

KISQALI FEMARA 200 DOSE.....	26	<i>lamotrigine tab chewable dispersible 25</i>	
KISQALI FEMARA 400 DOSE.....	26	<i>mg.....</i>	12
KISQALI FEMARA 600 DOSE.....	26	<i>lamotrigine tab chewable dispersible 5</i>	
<i>klayesta - nystatin topical powder 100000 unit/</i>		<i>mg.....</i>	12
<i>gm.....</i>	21	<i>lansoprazole cap delayed release 15</i>	
<i>klor-con 10 - potassium chloride tab er 10</i>		<i>mg.....</i>	73
<i>meq.....</i>	71	<i>lansoprazole cap delayed release 30</i>	
<i>klor-con 8 - potassium chloride tab er 8 meq (600</i>		<i>mg.....</i>	73
<i>mg).....</i>	71	LANTUS.....	48
<i>klor-con m10 - potassium chloride</i>		LANTUS SOLOSTAR.....	48
<i>microencapsulated crys ertab 10</i>		<i>lapatinib ditosylate tab 250 mg (base</i>	
<i>meq.....</i>	71	<i>equiv).....</i>	27
<i>klor-con m15 - potassium chloride</i>		<i>larin 1/20 - norethindrone ace &amp; ethinyl estradiol tab</i>	
<i>microencapsulated crys ertab 15</i>		<i>1 mg-20 mcg.....</i>	81
<i>meq.....</i>	71	<i>larin 1.5/30 - norethindrone ace &amp; ethinyl estradiol</i>	
<i>klor-con m20 - potassium chloride</i>		<i>tab 1.5 mg-30 mcg.....</i>	81
<i>microencapsulated crys ertab 20</i>		<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab</i>	
<i>meq.....</i>	71	<i>1 mg-20 mcg (24).....</i>	81
KLOXXADO.....	4	<i>larin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-</i>	
KOSELUGO.....	26	<i>fe tab 1 mg-20 mcg.....</i>	81
KOSELUGO.....	26	<i>larin fe 1.5/30 - norethindrone ace &amp; ethinyl</i>	
<i>kourzeq - triamcinolone acetonide dental paste</i>		<i>estradiol-fe tab 1.5 mg-30 mcg.....</i>	81
<i>0.1%.....</i>	67	<i>latanoprost ophth soln 0.005%.....</i>	97
KRAZATI.....	27	LAZCLUZE.....	27
<i>kurvelo - levonorgestrel &amp; ethinyl estradiol tab 0.15</i>		LAZCLUZE.....	27
<i>mg-30mcg.....</i>	81	<i>leena - norethindrone-eth estradiol tab</i>	
<b>L</b>		<i>0.5-35/1-35/0.5-35 mg-mcg.....</i>	81
<i>labetalol hcl tab 100 mg.....</i>	58	<i>leflunomide tab 10 mg.....</i>	92
<i>labetalol hcl tab 200 mg.....</i>	59	<i>leflunomide tab 20 mg.....</i>	92
<i>labetalol hcl tab 300 mg.....</i>	59	<i>lenalidomide cap 10 mg.....</i>	27
<i>lacosamide oral solution 10 mg/ml.....</i>	12	<i>lenalidomide cap 15 mg.....</i>	27
<i>lacosamide tab 100 mg.....</i>	12	<i>lenalidomide cap 20 mg.....</i>	27
<i>lacosamide tab 150 mg.....</i>	12	<i>lenalidomide cap 25 mg.....</i>	27
<i>lacosamide tab 200 mg.....</i>	12	<i>lenalidomide cap 5 mg.....</i>	27
<i>lacosamide tab 50 mg.....</i>	12	<i>lenalidomide caps 2.5 mg.....</i>	27
<i>lactic acid (ammonium lactate) cream</i>		LENTOCILIN.....	8
<i>12%.....</i>	69	LENVIMA 10 MG DAILY DOSE.....	27
<i>lactic acid (ammonium lactate) lotion</i>		LENVIMA 12MG DAILY DOSE.....	27
<i>12%.....</i>	69	LENVIMA 14 MG DAILY DOSE.....	27
<i>lactulose (encephalopathy) solution 10</i>		LENVIMA 18 MG DAILY DOSE.....	27
<i>gm/15ml.....</i>	73	LENVIMA 20 MG DAILY DOSE.....	27
<i>lactulose solution 10 gm/15ml.....</i>	73	LENVIMA 24 MG DAILY DOSE.....	27
<i>lamivudine oral soln 10 mg/ml.....</i>	42	LENVIMA 4 MG DAILY DOSE.....	27
<i>lamivudine tab 100 mg (hbv).....</i>	42	LENVIMA 8 MG DAILY DOSE.....	27
<i>lamivudine tab 150 mg.....</i>	42	<i>lessina - levonorgestrel &amp; ethinyl estradiol tab 0.1</i>	
<i>lamivudine tab 300 mg.....</i>	42	<i>mg-20 mcg.....</i>	81
<i>lamivudine-zidovudine tab 150-300 mg.....</i>	42	<i>letrozole tab 2.5 mg.....</i>	27
<i>lamotrigine tab 100 mg.....</i>	12	<i>leucovorin calcium tab 10 mg.....</i>	27
<i>lamotrigine tab 150 mg.....</i>	12	<i>leucovorin calcium tab 15 mg.....</i>	27
<i>lamotrigine tab 200 mg.....</i>	12	<i>leucovorin calcium tab 25 mg.....</i>	27
<i>lamotrigine tab 25 mg.....</i>	12	<i>leucovorin calcium tab 5 mg.....</i>	27
		LEUKERAN.....	27

LEUKINE.....	52	levo-t - levothyroxine sodium tab 100 mcg.....	86
LEUPROLIDE ACETATE.....	87	levo-t - levothyroxine sodium tab 112 mcg.....	86
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ ml).....	87	levo-t - levothyroxine sodium tab 125 mcg.....	86
levetiracetam oral soln 100 mg/ml.....	12	levo-t - levothyroxine sodium tab 137 mcg.....	86
levetiracetam tab 1000 mg.....	13	levo-t - levothyroxine sodium tab 150 mcg.....	86
levetiracetam tab 250 mg.....	13	levo-t - levothyroxine sodium tab 175 mcg.....	86
levetiracetam tab 500 mg.....	13	levo-t - levothyroxine sodium tab 200 mcg.....	86
levetiracetam tab 750 mg.....	13	levo-t - levothyroxine sodium tab 25 mcg.....	85
levetiracetam tab er 24hr 500 mg.....	13	levo-t - levothyroxine sodium tab 300 mcg.....	86
levetiracetam tab er 24hr 750 mg.....	13	levo-t - levothyroxine sodium tab 50 mcg.....	85
levobunolol hcl ophth soln 0.5%.....	97	levo-t - levothyroxine sodium tab 75 mcg.....	85
levocarnitine oral soln 1 gm/10ml (10%).....	74	levo-t - levothyroxine sodium tab 88 mcg.....	86
levocarnitine tab 330 mg.....	74	levoxyl - levothyroxine sodium tab 100 mcg.....	86
levocetirizine dihydrochloride tab 5 mg.....	101	levoxyl - levothyroxine sodium tab 112 mcg.....	86
levofloxacin in d5w iv soln 250 mg/50ml.....	8	levoxyl - levothyroxine sodium tab 125 mcg.....	86
levofloxacin in d5w iv soln 500 mg/100ml.....	8	levoxyl - levothyroxine sodium tab 137 mcg.....	86
levofloxacin in d5w iv soln 750 mg/150ml.....	8	levoxyl - levothyroxine sodium tab 150 mcg.....	86
levofloxacin oral soln 25 mg/ml.....	9	levoxyl - levothyroxine sodium tab 175 mcg.....	86
levofloxacin tab 250 mg.....	9	levoxyl - levothyroxine sodium tab 200 mcg.....	86
levofloxacin tab 500 mg.....	9	levoxyl - levothyroxine sodium tab 25 mcg.....	86
levofloxacin tab 750 mg.....	9	levoxyl - levothyroxine sodium tab 50 mcg.....	86
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	81	levoxyl - levothyroxine sodium tab 75 mcg.....	85
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	81	levoxyl - levothyroxine sodium tab 88 mcg.....	86
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	81	levoxyl - levothyroxine sodium tab 100 mcg.....	86
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	81	levoxyl - levothyroxine sodium tab 112 mcg.....	86
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	81	levoxyl - levothyroxine sodium tab 125 mcg.....	86
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	81	levoxyl - levothyroxine sodium tab 137 mcg.....	86
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	81	levoxyl - levothyroxine sodium tab 150 mcg.....	86
levothyroxine sodium tab 100 mcg.....	86	levoxyl - levothyroxine sodium tab 175 mcg.....	86
levothyroxine sodium tab 112 mcg.....	86	levoxyl - levothyroxine sodium tab 200 mcg.....	86
levothyroxine sodium tab 125 mcg.....	86	levoxyl - levothyroxine sodium tab 25 mcg.....	86
levothyroxine sodium tab 137 mcg.....	86	levoxyl - levothyroxine sodium tab 50 mcg.....	86
levothyroxine sodium tab 150 mcg.....	86	levoxyl - levothyroxine sodium tab 75 mcg.....	86
levothyroxine sodium tab 175 mcg.....	86	levoxyl - levothyroxine sodium tab 88 mcg.....	86
levothyroxine sodium tab 200 mcg.....	86	LIBERVANT.....	13
levothyroxine sodium tab 25 mcg.....	86	LIBERVANT.....	13
levothyroxine sodium tab 300 mcg.....	86	LIBERVANT.....	13
levothyroxine sodium tab 50 mcg.....	86	LIBERVANT.....	13
levothyroxine sodium tab 75 mcg.....	86	LIBERVANT.....	13
levothyroxine sodium tab 88 mcg.....	86	lidocaine hcl viscous soln 2%.....	3

<i>lidocaine patch 5%</i> .....	3	<i>lopinavir-ritonavir tab 200-50 mg</i> .....	42
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	3	<i>lorazepam conc 2 mg/ml</i> .....	45
<i>lidocan - lidocaine patch 5%</i> .....	3	<i>lorazepam intensol - lorazepam conc 2 mg/</i>	
LILETTA.....	75	<i>ml</i> .....	45
<i>linezolid for susp 100 mg/5ml</i> .....	9	<i>lorazepam tab 0.5 mg</i> .....	45
<i>linezolid in sodium chloride iv soln 600</i>		<i>lorazepam tab 1 mg</i> .....	45
<i>mg/300ml-0.9%</i> .....	9	<i>lorazepam tab 2 mg</i> .....	45
<i>linezolid iv soln 600 mg/300ml (2 mg/</i>		LORBRENA.....	27
<i>ml)</i> .....	9	LORBRENA.....	27
<i>linezolid tab 600 mg</i> .....	9	<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02</i>	
LINZESS.....	73	<i>mg</i> .....	81
LINZESS.....	73	<i>losartan potassium &amp; hydrochlorothiazide tab</i>	
LINZESS.....	73	<i>100-12.5 mg</i> .....	59
<i>liothyronine sodium tab 25 mcg</i> .....	86	<i>losartan potassium &amp; hydrochlorothiazide tab 100-25</i>	
<i>liothyronine sodium tab 50 mcg</i> .....	86	<i>mg</i> .....	59
<i>liothyronine sodium tab 5 mcg</i> .....	86	<i>losartan potassium &amp; hydrochlorothiazide tab</i>	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5</i>		<i>50-12.5 mg</i> .....	59
<i>mg</i> .....	59	<i>losartan potassium tab 100 mg</i> .....	59
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5</i>		<i>losartan potassium tab 25 mg</i> .....	59
<i>mg</i> .....	59	<i>losartan potassium tab 50 mg</i> .....	59
<i>lisinopril &amp; hydrochlorothiazide tab 20-25</i>		<i>lovastatin tab 10 mg</i> .....	59
<i>mg</i> .....	59	<i>lovastatin tab 20 mg</i> .....	59
<i>lisinopril tab 10 mg</i> .....	59	<i>lovastatin tab 40 mg</i> .....	59
<i>lisinopril tab 2.5 mg</i> .....	59	<i>low-ogestrel - norgestrel &amp; ethinyl estradiol tab 0.3</i>	
<i>lisinopril tab 20 mg</i> .....	59	<i>mg-30mcg</i> .....	81
<i>lisinopril tab 30 mg</i> .....	59	<i>loxapine succinate cap 10 mg</i> .....	36
<i>lisinopril tab 40 mg</i> .....	59	<i>loxapine succinate cap 25 mg</i> .....	36
<i>lisinopril tab 5 mg</i> .....	59	<i>loxapine succinate cap 50 mg</i> .....	36
<i>lithium carbonate cap 150 mg</i> .....	45	<i>loxapine succinate cap 5 mg</i> .....	36
<i>lithium carbonate cap 300 mg</i> .....	45	<i>lo-zumandimine - drospirenone-ethinyl estradiol tab</i>	
<i>lithium carbonate cap 600 mg</i> .....	45	<i>3-0.02 mg</i> .....	81
<i>lithium carbonate tab 300 mg</i> .....	45	<i>lubiprostone cap 24 mcg</i> .....	73
<i>lithium carbonate tab er 300 mg</i> .....	45	<i>lubiprostone cap 8 mcg</i> .....	73
<i>lithium carbonate tab er 450 mg</i> .....	45	LUMAKRAS.....	27
<i>lithium oral solution 8 meq/5ml</i> .....	45	LUMAKRAS.....	27
LIVTENCITY.....	42	LUMIGAN.....	97
<i>loestrin 1/20-21 - norethindrone ace &amp; ethinyl</i>		LUPRON DEPOT (1-MONTH).....	87
<i>estradiol tab 1 mg-20 mcg</i> .....	81	LUPRON DEPOT (1-MONTH).....	87
<i>loestrin 1.5/30-21 - norethindrone ace &amp; ethinyl</i>		LUPRON DEPOT (4-MONTH).....	87
<i>estradiol tab 1.5 mg-30 mcg</i> .....	81	LUPRON DEPOT-PED (1-MONTH).....	88
<i>loestrin fe 1/20 - norethindrone ace &amp; ethinyl</i>		LUPRON DEPOT-PED (3-MONTH).....	88
<i>estradiol-fetab 1 mg-20 mcg</i> .....	81	LUPRON DEPOT-PED (6-MONTH).....	88
<i>loestrin fe 1.5/30 - norethindrone ace &amp; ethinyl</i>		<i>lurasidone hcl tab 120 mg</i> .....	37
<i>estradiol-fe tab 1.5 mg-30 mcg</i> .....	81	<i>lurasidone hcl tab 20 mg</i> .....	36
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>		<i>lurasidone hcl tab 40 mg</i> .....	36
<i>eth est tab 0.01mg(7)</i> .....	81	<i>lurasidone hcl tab 60 mg</i> .....	37
LONSURF.....	27	<i>lurasidone hcl tab 80 mg</i> .....	37
LONSURF.....	27	<i>luta - levonorgestrel &amp; ethinyl estradiol tab 0.1</i>	
<i>loperamide hcl cap 2 mg</i> .....	73	<i>mg-20 mcg</i> .....	82
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/</i>		LYBALVI.....	37
<i>ml)</i> .....	42	LYBALVI.....	37
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	42	LYBALVI.....	37

LYBALVI.....	37	MEKINIST.....	28
<i>lyleq - norethindrone tab 0.35 mg</i> .....	82	MEKINIST.....	28
<i>lyllana - estradiol td patch twice weekly 0.025</i> <i>mg/24hr</i> .....	82	MEKTOVI.....	28
<i>lyllana - estradiol td patch twice weekly 0.0375</i> <i>mg/24hr</i> .....	82	<i>meloxicam tab 15 mg</i> .....	2
<i>lyllana - estradiol td patch twice weekly 0.05</i> <i>mg/24hr</i> .....	82	<i>meloxicam tab 7.5 mg</i> .....	2
<i>lyllana - estradiol td patch twice weekly 0.075</i> <i>mg/24hr</i> .....	82	<i>memantine hcl oral solution 2 mg/ml</i> .....	16
<i>lyllana - estradiol td patch twice weekly 0.1</i> <i>mg/24hr</i> .....	82	<i>memantine hcl tab 10 mg</i> .....	16
LYNPARZA.....	27	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration</i> <i>pack</i> .....	16
LYNPARZA.....	27	<i>memantine hcl tab 5 mg</i> .....	16
LYSODREN.....	27	MENACTRA.....	92
LYTGOBI.....	28	MENEST.....	82
LYTGOBI.....	28	MENEST.....	82
LYTGOBI.....	28	MENEST.....	82
LYUMJEV.....	48	MENQUADFI.....	92
LYUMJEV KWIKPEN.....	48	MENVEO.....	92
LYUMJEV KWIKPEN.....	48	MENVEO.....	92
LYUMJEV TEMPO PEN.....	48	<i>mercaptopurine tab 50 mg</i> .....	28
<i>lyza - norethindrone tab 0.35 mg</i> .....	82	<i>meropenem &amp; sodium chloride 0.9% for iv soln 1</i> <i>gm/50ml</i> .....	9
<b>M</b>		<i>meropenem &amp; sodium chloride 0.9% for iv soln 500</i> <i>mg/50ml</i> .....	9
<i>magnesium sulfate inj 50%</i> .....	71	<i>meropenem iv for soln 1 gm</i> .....	9
<i>malathion lotion 0.5%</i> .....	69	<i>meropenem iv for soln 500 mg</i> .....	9
<i>maraviroc tab 150 mg</i> .....	42	<i>mesalamine cap er 24hr 0.375 gm</i> .....	95
<i>maraviroc tab 300 mg</i> .....	42	<i>mesalamine enema 4 gm</i> .....	95
<i>marlissa - levonorgestrel &amp; ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i> .....	82	<i>mesalamine rectal enema 4 gm &amp; cleanser wipe</i> <i>kit</i> .....	95
MARPLAN.....	18	<i>mesalamine suppos 1000 mg</i> .....	95
MATULANE.....	28	<i>mesalamine tab delayed release 1.2</i> <i>gm</i> .....	95
MAVYRET.....	42	MESNEX.....	28
MAVYRET.....	42	<i>metformin hcl tab 1000 mg</i> .....	48
<i>meclizine hcl tab 12.5 mg</i> .....	20	<i>metformin hcl tab 500 mg</i> .....	48
<i>meclizine hcl tab 25 mg</i> .....	20	<i>metformin hcl tab 850 mg</i> .....	48
<i>medroxyprogesterone acetate im susp 150 mg/</i> <i>ml</i> .....	82	<i>metformin hcl tab er 24hr 500 mg</i> .....	48
<i>medroxyprogesterone acetate im susp prefilled syr</i> <i>150 mg/ml</i> .....	82	<i>metformin hcl tab er 24hr 750 mg</i> .....	48
<i>medroxyprogesterone acetate tab 10</i> <i>mg</i> .....	82	<i>methadone hcl tab 10 mg</i> .....	2
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i> .....	82	<i>methadone hcl tab 5 mg</i> .....	2
<i>medroxyprogesterone acetate tab 5</i> <i>mg</i> .....	82	<i>methazolamide tab 25 mg</i> .....	59
<i>mefloquine hcl tab 250 mg</i> .....	32	<i>methazolamide tab 50 mg</i> .....	59
<i>megestrol acetate susp 40 mg/ml</i> .....	82	<i>methenamine hippurate tab 1 gm</i> .....	9
<i>megestrol acetate tab 20 mg</i> .....	82	<i>methimazole tab 10 mg</i> .....	88
<i>megestrol acetate tab 40 mg</i> .....	82	<i>methimazole tab 5 mg</i> .....	88
MEKINIST.....	28	<i>methocarbamol tab 500 mg</i> .....	102
		<i>methocarbamol tab 750 mg</i> .....	102
		<i>methotrexate sodium for inj 1 gm</i> .....	92
		<i>methotrexate sodium inj 250 mg/10ml (25 mg/</i> <i>ml)</i> .....	92
		<i>methotrexate sodium inj 50 mg/2ml (25 mg/</i> <i>ml)</i> .....	92

<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> .....	92	<i>metronidazole iv soln 500 mg/100ml</i> .....	9
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> .....	92	<i>metronidazole lotion 0.75%</i> .....	69
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> .....	92	<i>metronidazole tab 250 mg</i> .....	9
<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	92	<i>metronidazole tab 500 mg</i> .....	9
<i>methsuximide cap 300 mg</i> .....	13	<i>metronidazole vaginal gel 0.75%</i> .....	9
<i>methylphenidate hcl soln 10 mg/5ml</i> .....	66	<i>metyrosine cap 250 mg</i> .....	59
<i>methylphenidate hcl soln 5 mg/5ml</i> .....	66	<i>mexiletine hcl cap 150 mg</i> .....	60
<i>methylphenidate hcl tab 10 mg</i> .....	66	<i>mexiletine hcl cap 200 mg</i> .....	60
<i>methylphenidate hcl tab 20 mg</i> .....	66	<i>mexiletine hcl cap 250 mg</i> .....	60
<i>methylphenidate hcl tab 5 mg</i> .....	66	MICAFUNGIN/SODIUM CHLORIDE.....	21
<i>methylphenidate hcl tab er 20 mg</i> .....	66	MICAFUNGIN/SODIUM CHLORIDE.....	21
<i>methylprednisolone tab 16 mg</i> .....	76	<i>micafungin sodium for iv soln 100 mg</i> .....	21
<i>methylprednisolone tab 32 mg</i> .....	76	<i>micafungin sodium for iv soln 50 mg</i> .....	21
<i>methylprednisolone tab 4 mg</i> .....	76	<i>microgestin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	82
<i>methylprednisolone tab 8 mg</i> .....	76	<i>microgestin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	82
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	76	<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	82
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	73	<i>microgestin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	82
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	73	<i>microgestin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	82
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> .....	73	<i>midodrine hcl tab 10 mg</i> .....	60
<i>metolazone tab 10 mg</i> .....	59	<i>midodrine hcl tab 2.5 mg</i> .....	60
<i>metolazone tab 2.5 mg</i> .....	59	<i>midodrine hcl tab 5 mg</i> .....	60
<i>metolazone tab 5 mg</i> .....	59	<i>mifepristone tab 300 mg</i> .....	88
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	59	<i>miglustat cap 100 mg</i> .....	74
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	59	<i>mili - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	82
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	59	<i>mimvey - estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	82
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	59	<i>minocycline hcl cap 100 mg</i> .....	9
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> .....	59	<i>minocycline hcl cap 50 mg</i> .....	9
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....	59	<i>minocycline hcl cap 75 mg</i> .....	9
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....	59	<i>minocycline hcl tab 50 mg</i> .....	9
<i>metoprolol tartrate tab 100 mg</i> .....	59	<i>minocycline hcl tab 75 mg</i> .....	9
<i>metoprolol tartrate tab 25 mg</i> .....	59	<i>minoxidil tab 10 mg</i> .....	60
<i>metoprolol tartrate tab 37.5 mg</i> .....	59	<i>minoxidil tab 2.5 mg</i> .....	60
<i>metoprolol tartrate tab 50 mg</i> .....	59	<i>mirtazapine orally disintegrating tab 15 mg</i> .....	18
<i>metoprolol tartrate tab 75 mg</i> .....	59	<i>mirtazapine orally disintegrating tab 30 mg</i> .....	18
<i>metronidazole cream 0.75%</i> .....	69	<i>mirtazapine orally disintegrating tab 45 mg</i> .....	18
<i>metronidazole gel 0.75%</i> .....	69	<i>mirtazapine tab 15 mg</i> .....	18
<i>metronidazole gel 1%</i> .....	69	<i>mirtazapine tab 30 mg</i> .....	18
		<i>mirtazapine tab 45 mg</i> .....	18
		<i>mirtazapine tab 7.5 mg</i> .....	18
		<i>misoprostol tab 100 mcg</i> .....	73
		<i>misoprostol tab 200 mcg</i> .....	73
		M-M-R II.....	92



<i>modafinil tab 100 mg</i> .....	103	<i>mycophenolate mofetil for oral susp 200 mg/ ml</i> .....	92
<i>modafinil tab 200 mg</i> .....	103	<i>mycophenolate mofetil tab 500 mg</i> .....	92
<i>moexipril hcl tab 15 mg</i> .....	60	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> .....	92
<i>moexipril hcl tab 7.5 mg</i> .....	60	<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> .....	92
MOLINDONE HYDROCHLORIDE.....	37	MYHIBBIN.....	92
MOLINDONE HYDROCHLORIDE.....	37	MYRBETRIQ.....	76
MOLINDONE HYDROCHLORIDE.....	37	MYRBETRIQ.....	76
<i>mometasone furoate cream 0.1%</i> .....	69	MYRBETRIQ.....	76
<i>mometasone furoate oint 0.1%</i> .....	69		
<i>mometasone furoate solution 0.1% (lotion)</i> .....	69	<b>N</b>	
<i>mondoxyne nl - doxycycline monohydrate cap 100 mg</i> .....	9	<i>nabumetone tab 500 mg</i> .....	3
<i>mono-lynyah - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	82	<i>nabumetone tab 750 mg</i> .....	3
<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	101	<i>nafcillin sodium for inj 1 gm</i> .....	9
<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	101	<i>nafcillin sodium for inj 2 gm</i> .....	9
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	101	<i>nafcillin sodium for iv soln 10 gm</i> .....	9
<i>montelukast sodium tab 10 mg (base equiv)</i> .....	101	<i>nafcillin sodium in dextrose inj 2 gm/100ml</i> .....	9
<i>morphine sulfate tab 15 mg</i> .....	2	<i>naloxone hcl inj 0.4 mg/ml</i> .....	4
<i>morphine sulfate tab 30 mg</i> .....	2	<i>naloxone hcl inj 4 mg/10ml</i> .....	4
<i>morphine sulfate tab er 100 mg</i> .....	2	<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	4
<i>morphine sulfate tab er 15 mg</i> .....	2	<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	4
<i>morphine sulfate tab er 200 mg</i> .....	2	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	4
<i>morphine sulfate tab er 30 mg</i> .....	2	<i>naltrexone hcl tab 50 mg</i> .....	4
<i>morphine sulfate tab er 60 mg</i> .....	2	<i>naproxen sodium tab 275 mg</i> .....	3
MOUNJARO.....	48	<i>naproxen sodium tab 550 mg</i> .....	3
MOUNJARO.....	48	<i>naproxen susp 125 mg/5ml</i> .....	3
MOUNJARO.....	48	<i>naproxen tab 250 mg</i> .....	3
MOUNJARO.....	48	<i>naproxen tab 375 mg</i> .....	3
MOUNJARO.....	48	<i>naproxen tab 500 mg</i> .....	3
MOUNJARO.....	48	<i>naproxen tab ec 375 mg</i> .....	3
MOUNJARO.....	48	<i>naproxen tab ec 500 mg</i> .....	3
MOVANTIK.....	73	<i>naratriptan hcl tab 1 mg (base equiv)</i> .....	22
MOVANTIK.....	73	<i>naratriptan hcl tab 2.5 mg (base equiv)</i> .....	22
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....	9	NATACYN.....	97
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i> .....	97	<i>nateglinide tab 120 mg</i> .....	48
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i> .....	97	<i>nateglinide tab 60 mg</i> .....	48
<i>moxifloxacin hcl tab 400 mg (base equiv)</i> .....	9	NAYZILAM.....	13
MRESVIA.....	92	<i>nebivolol hcl tab 10 mg (base equivalent)</i> .....	60
MULTAQ.....	60	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....	60
<i>mupirocin oint 2%</i> .....	69	<i>nebivolol hcl tab 20 mg (base equivalent)</i> .....	60
MVASI.....	28	<i>nebivolol hcl tab 5 mg (base equivalent)</i> .....	60
MVASI.....	28	<i>necon 0.5/35-28 - norethindrone &amp; ethinyl estradiol tab 0.5mg-35 mcg</i> .....	82
<i>mycophenolate mofetil cap 250 mg</i> .....	92	NEFAZODONE HYDROCHLORIDE.....	18

NEFAZODONE HYDROCHLORIDE.....	18	<i>nitisinone cap 20 mg</i> .....	74
NEFAZODONE HYDROCHLORIDE.....	18	<i>nitisinone cap 2 mg</i> .....	74
NEFAZODONE HYDROCHLORIDE.....	18	<i>nitisinone cap 5 mg</i> .....	74
NEFAZODONE HYDROCHLORIDE.....	18	NITRO-BID.....	60
NEOMYCIN/POLYMYXIN/ GRAMICIDIN.....	97	<i>nitrofurantoin macrocrystalline cap 100</i> <i>mg</i> .....	9
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> .....	97	<i>nitrofurantoin macrocrystalline cap 50</i> <i>mg</i> .....	9
<i>neomycin-polymyxin-dexamethasone ophth oint</i> <i>0.1%</i> .....	97	<i>nitrofurantoin monohydrate macrocrystalline cap 100</i> <i>mg</i> .....	9
<i>neomycin-polymyxin-dexamethasone ophth susp</i> <i>0.1%</i> .....	97	<i>nitroglycerin oint 0.4%</i> .....	60
<i>neomycin-polymyxin-hc otic soln 1%</i> .....	98	<i>nitroglycerin sl tab 0.3 mg</i> .....	60
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000</i> <i>unit/ml-1%</i> .....	98	<i>nitroglycerin sl tab 0.4 mg</i> .....	60
<i>neomycin sulfate tab 500 mg</i> .....	9	<i>nitroglycerin sl tab 0.6 mg</i> .....	60
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i> .....	97	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .....	60
<i>neo-polycin - neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> .....	97	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .....	60
NERLYNX.....	28	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .....	60
<i>nevirapine susp 50 mg/5ml</i> .....	43	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .....	60
<i>nevirapine tab 200 mg</i> .....	43	NIZATIDINE.....	73
<i>nevirapine tab er 24hr 400 mg</i> .....	43	<i>nizatidine cap 300 mg</i> .....	73
NEXPLANON.....	76	<i>nora-be - norethindrone tab 0.35 mg</i> .....	82
<i>niacin tab er 1000 mg</i> <i>(antihyperlipidemic)</i> .....	60	<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i> <i>mcg/24hr</i> .....	82
<i>niacin tab er 500 mg</i> <i>(antihyperlipidemic)</i> .....	60	<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4</i> <i>mg-35 mcg</i> .....	83
<i>niacin tab er 750 mg</i> <i>(antihyperlipidemic)</i> .....	60	<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35</i> <i>mcg</i> .....	82
NICOTROL INHALER.....	4	<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35</i> <i>mcg</i> .....	83
NICOTROL NS.....	4	<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35</i> <i>mcg</i> .....	83
<i>nifedipine tab er 24hr 30 mg</i> .....	60	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5</i> <i>mg-30 mcg</i> .....	83
<i>nifedipine tab er 24hr 60 mg</i> .....	60	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20</i> <i>mcg</i> .....	83
<i>nifedipine tab er 24hr 90 mg</i> .....	60	<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30</i> <i>mcg</i> .....	83
<i>nifedipine tab er 24hr osmotic release 30</i> <i>mg</i> .....	60	<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20</i> <i>mcg</i> .....	83
<i>nifedipine tab er 24hr osmotic release 60</i> <i>mg</i> .....	60	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20</i> <i>mcg (24)</i> .....	83
<i>nifedipine tab er 24hr osmotic release 90</i> <i>mg</i> .....	60	<i>norethindrone acetate tab 5 mg</i> .....	83
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i> .....	82	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35</i> <i>mg-mcg</i> .....	83
<i>nilutamide tab 150 mg</i> .....	28	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35</i> <i>mg-mcg</i> .....	83
<i>nimodipine cap 30 mg</i> .....	60	<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35</i> <i>mg-mcg</i> .....	83
NINLARO.....	28	<i>norethindrone tab 0.35 mg</i> .....	83
NINLARO.....	28	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35</i> <i>mcg</i> .....	83
NINLARO.....	28		
NIPENT.....	28		
<i>nitazoxanide tab 500 mg</i> .....	32		
<i>nitisinone cap 10 mg</i> .....	74		

<i>norgestimate-eth estrad tab</i>			<i>nylia 1/35 - norethindrone &amp; ethinyl estradiol tab 1</i>	
0.18-25/0.215-25/0.25-25 mg-mcg.....	83		mg-35 mcg.....	83
<i>norgestimate-eth estrad tab</i>			<i>nylia 7/7/7 - norethindrone-eth estradiol tab</i>	
0.18-35/0.215-35/0.25-35 mg-mcg.....	83		0.5-35/0.75-35/1-35 mg-mcg.....	83
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30</i>			<i>nymyo - norgestimate &amp; ethinyl estradiol tab 0.25</i>	
<i>mcg.....</i>	83		<i>mg-35 mcg.....</i>	83
<i>norlyroc - norethindrone tab 0.35 mg.....</i>	83		<i>nystatin cream 100000 unit/gm.....</i>	21
<i>nortrel 0.5/35 (28) - norethindrone &amp; ethinyl estradiol</i>			<i>nystatin oint 100000 unit/gm.....</i>	21
<i>tab0.5 mg-35 mcg.....</i>	83		<i>nystatin susp 100000 unit/ml.....</i>	21
<i>nortrel 1/35 - norethindrone &amp; ethinyl estradiol tab 1</i>			<i>nystatin tab 500000 unit.....</i>	21
<i>mg-35 mcg.....</i>	83		<i>nystatin topical powder 100000 unit/</i>	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab</i>			<i>gm.....</i>	22
0.5-35/0.75-35/1-35 mg-mcg.....	83		<i>nystop - nystatin topical powder 100000 unit/</i>	
<i>nortriptyline hcl cap 10 mg.....</i>	18		<i>gm.....</i>	22
<i>nortriptyline hcl cap 25 mg.....</i>	18			
<i>nortriptyline hcl cap 50 mg.....</i>	18		<b>O</b>	
<i>nortriptyline hcl cap 75 mg.....</i>	18		<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>nortriptyline hcl soln 10 mg/5ml.....</i>	18		<i>mg.....</i>	83
NORVIR.....	43		<i>octreotide acetate inj 1000 mcg/ml (1 mg/</i>	
NOVOLIN 70/30.....	49		<i>ml).....</i>	88
NOVOLIN 70/30 FLEXPEN.....	49		<i>octreotide acetate inj 100 mcg/ml (0.1 mg/</i>	
NOVOLIN 70/30 FLEXPEN RELION.....	49		<i>ml).....</i>	88
NOVOLIN 70/30 RELION.....	49		<i>octreotide acetate inj 200 mcg/ml (0.2 mg/</i>	
NOVOLIN N.....	48		<i>ml).....</i>	88
NOVOLIN N FLEXPEN.....	48		<i>octreotide acetate inj 500 mcg/ml (0.5 mg/</i>	
NOVOLIN N FLEXPEN RELION.....	48		<i>ml).....</i>	88
NOVOLIN N RELION.....	48		<i>octreotide acetate inj 50 mcg/ml (0.05 mg/</i>	
NOVOLIN R.....	48		<i>ml).....</i>	88
NOVOLIN R FLEXPEN.....	48		<i>octreotide acetate subcutaneous soln pref syr 100</i>	
NOVOLIN R FLEXPEN RELION.....	48		<i>mcg/ml.....</i>	88
NOVOLIN R RELION.....	48		<i>octreotide acetate subcutaneous soln pref syr 500</i>	
NOVOLOG.....	49		<i>mcg/ml.....</i>	88
NOVOLOG FLEXPEN.....	49		<i>octreotide acetate subcutaneous soln pref syr 50</i>	
NOVOLOG FLEXPEN RELION.....	49		<i>mcg/ml.....</i>	88
NOVOLOG MIX 70/30.....	49		ODEFSEY.....	43
NOVOLOG MIX 70/30 PREFILLED			ODOMZO.....	28
FLEXPEN.....	49		OFEV.....	101
NOVOLOG MIX 70/30 PREFILLED FLEXPEN			OFEV.....	101
RELION.....	49		<i>ofloxacin ophth soln 0.3%.....</i>	97
NOVOLOG MIX 70/30 RELION.....	49		<i>ofloxacin otic soln 0.3%.....</i>	98
NOVOLOG PENFILL.....	49		OGSIVEO.....	28
NOVOLOG RELION.....	49		OGSIVEO.....	28
NOXAFIL.....	21		OGSIVEO.....	28
NUBEQA.....	28		OJEMDA.....	28
NUEDEXTA.....	66		OJEMDA.....	28
NUPLAZID.....	37		OJJAARA.....	28
NUPLAZID.....	37		OJJAARA.....	28
NURTEC.....	22		OJJAARA.....	28
NUTRILIPID.....	71		<i>olanzapine for im inj 10 mg.....</i>	37
<i>nyamyc - nystatin topical powder 100000 unit/</i>			<i>olanzapine orally disintegrating tab 10</i>	
<i>gm.....</i>	21		<i>mg.....</i>	37

olanzapine orally disintegrating tab 15 mg.....	37	ONTRUZANT.....	28
olanzapine orally disintegrating tab 20 mg.....	37	ONUREG.....	28
olanzapine orally disintegrating tab 5 mg.....	37	ONUREG.....	28
olanzapine tab 10 mg.....	37	OPSUMIT.....	101
olanzapine tab 15 mg.....	37	OPVEE.....	4
olanzapine tab 2.5 mg.....	37	oralone dental paste - triamcinolone acetonide dental paste0.1%.....	67
olanzapine tab 20 mg.....	37	ORENCIA.....	93
olanzapine tab 5 mg.....	37	ORENCIA.....	93
olanzapine tab 7.5 mg.....	37	ORENCIA.....	93
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg.....	61	ORENCIA CLICKJECT.....	93
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg.....	61	ORFADIN.....	74
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg.....	61	ORGOVYX.....	28
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg.....	61	ORKAMBI.....	101
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg.....	61	ORKAMBI.....	101
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....	60	ORKAMBI.....	101
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....	61	ORKAMBI.....	101
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....	61	ORKAMBI.....	101
olmesartan medoxomil tab 20 mg.....	60	ORSERDU.....	28
olmesartan medoxomil tab 40 mg.....	60	ORSERDU.....	28
olmesartan medoxomil tab 5 mg.....	60	oseltamivir phosphate cap 30 mg (base equiv).....	43
omega-3-acid ethyl esters cap 1 gm.....	61	oseltamivir phosphate cap 45 mg (base equiv).....	43
omeprazole cap delayed release 10 mg.....	73	oseltamivir phosphate cap 75 mg (base equiv).....	43
omeprazole cap delayed release 20 mg.....	73	oseltamivir phosphate for susp 6 mg/ml (base equiv).....	43
omeprazole cap delayed release 40 mg.....	73	OTEZLA.....	69
OMNIPOD 5 G6 INTRO KIT (GEN 5).....	49	OTEZLA.....	69
OMNIPOD 5 G6 PODS (GEN 5).....	49	OTEZLA.....	69
OMNIPOD 5 LIBRE2 PLUS G6.....	49	OTEZLA.....	70
OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	49	oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	13
OMNITROPE.....	77	oxcarbazepine tab 150 mg.....	13
OMNITROPE.....	77	oxcarbazepine tab 300 mg.....	13
OMNITROPE.....	77	oxcarbazepine tab 600 mg.....	13
ondansetron hcl tab 4 mg.....	20	oxybutynin chloride solution 5 mg/5ml.....	76
ondansetron hcl tab 8 mg.....	20	oxybutynin chloride tab 5 mg.....	76
ondansetron orally disintegrating tab 4 mg.....	20	oxybutynin chloride tab er 24hr 10 mg.....	76
ondansetron orally disintegrating tab 8 mg.....	20	oxybutynin chloride tab er 24hr 15 mg.....	76
ONTRUZANT.....	28	oxybutynin chloride tab er 24hr 5 mg.....	76
		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

<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i> .....	3	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	9
<i>oxycodone w/ acetaminophen tab 7.5-325</i> <i>mg</i> .....	3	<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i> .....	10
OZEMPIC.....	49	<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i> .....	10
OZEMPIC.....	49	<i>penicillin v potassium tab 250 mg</i> .....	10
OZEMPIC.....	49	<i>penicillin v potassium tab 500 mg</i> .....	10
<b>P</b>		PENTACEL.....	93
<i>pacerone - amiodarone hcl tab 100 mg</i> .....	61	<i>pentamidine isethionate for inj soln 300</i> <i>mg</i> .....	32
<i>pacerone - amiodarone hcl tab 200 mg</i> .....	61	<i>pentamidine isethionate for nebulization soln 300</i> <i>mg</i> .....	33
<i>paliperidone tab er 24hr 1.5 mg</i> .....	38	<i>pentoxifylline tab er 400 mg</i> .....	61
<i>paliperidone tab er 24hr 3 mg</i> .....	38	<i>perindopril erbumine tab 2 mg</i> .....	61
<i>paliperidone tab er 24hr 6 mg</i> .....	38	<i>perindopril erbumine tab 4 mg</i> .....	61
<i>paliperidone tab er 24hr 9 mg</i> .....	38	<i>perindopril erbumine tab 8 mg</i> .....	61
PANRETIN.....	28	<i>periogard - chlorhexidine gluconate soln</i> <i>0.12%</i> .....	67
<i>pantoprazole sodium ec tab 20 mg (base</i> <i>equiv)</i> .....	73	<i>permethrin cream 5%</i> .....	70
<i>pantoprazole sodium ec tab 40 mg (base</i> <i>equiv)</i> .....	73	<i>perphenazine tab 16 mg</i> .....	20
<i>paricalcitol cap 1 mcg</i> .....	96	<i>perphenazine tab 2 mg</i> .....	20
<i>paricalcitol cap 2 mcg</i> .....	96	<i>perphenazine tab 4 mg</i> .....	20
<i>paricalcitol cap 4 mcg</i> .....	96	<i>perphenazine tab 8 mg</i> .....	20
<i>paroxetine hcl oral susp 10 mg/5ml (base</i> <i>equiv)</i> .....	18	PERSERIS.....	38
<i>paroxetine hcl tab 10 mg</i> .....	18	PERSERIS.....	38
<i>paroxetine hcl tab 20 mg</i> .....	18	<i>phenelzine sulfate tab 15 mg</i> .....	19
<i>paroxetine hcl tab 30 mg</i> .....	18	<i>phenobarbital elixir 20 mg/5ml</i> .....	13
<i>paroxetine hcl tab 40 mg</i> .....	18	<i>phenobarbital tab 100 mg</i> .....	13
PAXLOVID.....	43	<i>phenobarbital tab 15 mg</i> .....	13
PAXLOVID.....	43	<i>phenobarbital tab 16.2 mg</i> .....	13
<i>pazopanib hcl tab 200 mg (base</i> <i>equiv)</i> .....	29	<i>phenobarbital tab 30 mg</i> .....	13
PEDIARIX.....	93	<i>phenobarbital tab 32.4 mg</i> .....	13
PEDVAX HIB.....	93	<i>phenobarbital tab 60 mg</i> .....	13
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236</i> <i>gm</i> .....	73	<i>phenobarbital tab 64.8 mg</i> .....	13
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i> <i>gm</i> .....	73	<i>phenobarbital tab 97.2 mg</i> .....	13
PEGASYS.....	93	<i>phenoxybenzamine hcl cap 10 mg</i> .....	61
PEGASYS.....	93	<i>phenytek - phenytoin sodium extended cap 200</i> <i>mg</i> .....	13
PEMAZYRE.....	29	<i>phenytek - phenytoin sodium extended cap 300</i> <i>mg</i> .....	13
PEMAZYRE.....	29	<i>phenytoin chew tab 50 mg</i> .....	13
PEMAZYRE.....	29	<i>phenytoin infatabs - phenytoin chew tab 50</i> <i>mg</i> .....	13
PENBRAYA.....	93	<i>phenytoin sodium extended cap 100</i> <i>mg</i> .....	13
<i>penicillamine tab 250 mg</i> .....	76	<i>phenytoin sodium extended cap 200</i> <i>mg</i> .....	13
<i>penicillin g potassium for inj 20000000</i> <i>unit</i> .....	9	<i>phenytoin sodium extended cap 300</i> <i>mg</i> .....	13
<i>penicillin g potassium for inj 5000000</i> <i>unit</i> .....	9	<i>phenytoin susp 125 mg/5ml</i> .....	13
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	9		

<i>philith - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> .....	83	POMALYST.....	29
PIFELTRO.....	43	POMALYST.....	29
<i>pilocarpine hcl ophth soln 1%</i> .....	97	POMALYST.....	29
<i>pilocarpine hcl ophth soln 2%</i> .....	98	<i>portia-28 - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	83
<i>pilocarpine hcl ophth soln 4%</i> .....	98	<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i> .....	22
<i>pilocarpine hcl tab 5 mg</i> .....	67	<i>posaconazole susp 40 mg/ml</i> .....	22
<i>pilocarpine hcl tab 7.5 mg</i> .....	67	<i>posaconazole tab delayed release 100 mg</i> .....	22
PIMOZIDE.....	38	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....	72
PIMOZIDE.....	38	<i>potassium chloride cap er 10 meq</i> .....	71
<i>pimtree - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> .....	83	<i>potassium chloride cap er 8 meq</i> .....	71
<i>pindolol tab 10 mg</i> .....	61	<i>potassium chloride inj 2 meq/ml</i> .....	71
<i>pindolol tab 5 mg</i> .....	61	<i>potassium chloride microencapsulated crys er tab 10 meq</i> .....	71
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .....	49	<i>potassium chloride microencapsulated crys er tab 15 meq</i> .....	71
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .....	49	<i>potassium chloride microencapsulated crys er tab 20 meq</i> .....	71
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	49	<i>potassium chloride oral soln 10% (20 meq/15ml)</i> .....	71
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	49	<i>potassium chloride oral soln 20% (40 meq/15ml)</i> .....	71
<i>pioglitazone hcl tab 15 mg (base equiv)</i> .....	49	<i>potassium chloride tab er 10 meq</i> .....	72
<i>pioglitazone hcl tab 30 mg (base equiv)</i> .....	49	<i>potassium chloride tab er 20 meq (1500 mg)</i> .....	72
<i>pioglitazone hcl tab 45 mg (base equiv)</i> .....	49	<i>potassium chloride tab er 8 meq (600 mg)</i> .....	71
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	10	<i>potassium citrate tab er 10 meq (1080 mg)</i> .....	72
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	10	<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	72
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	10	<i>potassium citrate tab er 5 meq (540 mg)</i> .....	72
PIQRAY 200MG DAILY DOSE.....	29	<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	33
PIQRAY 250MG DAILY DOSE.....	29	<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	33
PIQRAY 300MG DAILY DOSE.....	29	<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	33
<i>pirfenidone cap 267 mg</i> .....	101	<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	33
<i>pirfenidone tab 267 mg</i> .....	101	<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	33
<i>pirfenidone tab 801 mg</i> .....	101	<i>pramipexole dihydrochloride tab 1 mg</i> .....	33
<i>piroxicam cap 10 mg</i> .....	3	<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	52
<i>piroxicam cap 20 mg</i> .....	3	<i>prasugrel hcl tab 5 mg (base equiv)</i> .....	52
PLEGRIDY.....	66	<i>pravastatin sodium tab 10 mg</i> .....	61
PLEGRIDY.....	66	<i>pravastatin sodium tab 20 mg</i> .....	61
PLEGRIDY.....	66		
PLEGRIDY STARTER PACK.....	67		
PLEGRIDY STARTER PACK.....	67		
<i>podofilox soln 0.5%</i> .....	70		
<i>polycin - bacitracin-polymyxin b ophth oint</i> .....	98		
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	98		

<i>pravastatin sodium tab 40 mg</i> .....	61	PREZISTA.....	43
<i>pravastatin sodium tab 80 mg</i> .....	61	PRIFTIN.....	23
<i>praziquantel tab 600 mg</i> .....	33	<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i> .....	33
<i>prazosin hcl cap 1 mg</i> .....	61	PRIMIDONE.....	14
<i>prazosin hcl cap 2 mg</i> .....	61	<i>primidone tab 250 mg</i> .....	14
<i>prazosin hcl cap 5 mg</i> .....	61	<i>primidone tab 50 mg</i> .....	14
<i>prednisolone acetate ophth susp 1%</i> .....	98	PRIORIX.....	93
<i>prednisolone sodium phosphate ophth soln</i> <i>1%</i> .....	98	<i>probenecid tab 500 mg</i> .....	22
<i>prednisolone sodium phosphate oral soln 25 mg/5ml</i> <i>(base eq)</i> .....	77	<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i> .....	20
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i> <i>(base equiv)</i> .....	77	<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i> .....	20
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5</i> <i>mg/5ml base)</i> .....	77	<i>prochlorperazine suppos 25 mg</i> .....	20
<i>prednisolone soln 15 mg/5ml</i> .....	77	PROCRIT.....	52
<i>prednisone oral soln 5 mg/5ml</i> .....	77	PROCRIT.....	52
<i>prednisone tab 10 mg</i> .....	77	PROCRIT.....	52
<i>prednisone tab 1 mg</i> .....	77	PROCRIT.....	52
<i>prednisone tab 2.5 mg</i> .....	77	PROCRIT.....	52
<i>prednisone tab 20 mg</i> .....	77	<i>proctocort - hydrocortisone perianal cream</i> <i>1%</i> .....	96
<i>prednisone tab 50 mg</i> .....	77	<i>procto-med hc - hydrocortisone perianal cream</i> <i>2.5%</i> .....	95
<i>prednisone tab 5 mg</i> .....	77	<i>proctosol hc - hydrocortisone perianal cream</i> <i>2.5%</i> .....	96
<i>prednisone tab therapy pack 10 mg</i> <i>(21)</i> .....	77	<i>proctozone-hc - hydrocortisone perianal cream</i> <i>2.5%</i> .....	96
<i>prednisone tab therapy pack 10 mg</i> <i>(48)</i> .....	77	<i>progesterone cap 100 mg</i> .....	83
<i>prednisone tab therapy pack 5 mg (21)</i> .....	77	<i>progesterone cap 200 mg</i> .....	83
<i>prednisone tab therapy pack 5 mg (48)</i> .....	77	PROGRAF.....	93
<i>pregabalin cap 100 mg</i> .....	13	PROGRAF.....	93
<i>pregabalin cap 150 mg</i> .....	14	PROLASTIN-C.....	74
<i>pregabalin cap 200 mg</i> .....	14	PROLIA.....	96
<i>pregabalin cap 225 mg</i> .....	14	PROMACTA.....	52
<i>pregabalin cap 25 mg</i> .....	13	PROMACTA.....	52
<i>pregabalin cap 300 mg</i> .....	14	PROMACTA.....	52
<i>pregabalin cap 50 mg</i> .....	13	PROMACTA.....	52
<i>pregabalin cap 75 mg</i> .....	13	PROMACTA.....	52
<i>pregabalin soln 20 mg/ml</i> .....	14	PROMACTA.....	52
PREGNYL.....	77	PROMACTA.....	52
PREGNYL W/DILUENT BENZYL ALCOHOL/ NACL.....	77	<i>promethazine hcl tab 12.5 mg</i> .....	20
PREHEVBRIO.....	93	<i>promethazine hcl tab 25 mg</i> .....	20
PREMARIN.....	83	<i>promethazine hcl tab 50 mg</i> .....	20
<i>prevalite - cholestyramine light powder 4 gm/ dose</i> .....	61	<i>propafenone hcl cap er 12hr 225 mg</i> .....	61
<i>prevalite - cholestyramine light powder packets 4</i> <i>gm</i> .....	61	<i>propafenone hcl cap er 12hr 325 mg</i> .....	61
PREVYMIS.....	43	<i>propafenone hcl cap er 12hr 425 mg</i> .....	61
PREVYMIS.....	43	<i>propafenone hcl tab 150 mg</i> .....	61
PREZCOBIX.....	43	<i>propafenone hcl tab 225 mg</i> .....	61
PREZISTA.....	43	<i>propafenone hcl tab 300 mg</i> .....	61
PREZISTA.....	43	<i>propranolol hcl cap er 24hr 120 mg</i> .....	61
		<i>propranolol hcl cap er 24hr 160 mg</i> .....	61
		<i>propranolol hcl cap er 24hr 60 mg</i> .....	61

<i>propranolol hcl cap er 24hr 80 mg</i> .....	61
<i>propranolol hcl oral soln 20 mg/5ml</i> .....	61
<i>propranolol hcl oral soln 40 mg/5ml</i> .....	61
<i>propranolol hcl tab 10 mg</i> .....	62
<i>propranolol hcl tab 20 mg</i> .....	62
<i>propranolol hcl tab 40 mg</i> .....	62
<i>propranolol hcl tab 60 mg</i> .....	62
<i>propranolol hcl tab 80 mg</i> .....	62
<i>propylthiouracil tab 50 mg</i> .....	88
PROQUAD.....	93
<i>protriptyline hcl tab 10 mg</i> .....	19
<i>protriptyline hcl tab 5 mg</i> .....	19
PULMOZYME.....	101
PURIXAN.....	29
<i>pyrazinamide tab 500 mg</i> .....	23
<i>pyridostigmine bromide tab 60 mg</i> .....	23
<i>pyrimethamine tab 25 mg</i> .....	33
<b>Q</b>	
QINLOCK.....	29
QUADRACEL.....	93
QUADRACEL.....	93
QUETIAPINE FUMARATE.....	38
<i>quetiapine fumarate tab 100 mg</i> .....	38
<i>quetiapine fumarate tab 200 mg</i> .....	38
<i>quetiapine fumarate tab 25 mg</i> .....	38
<i>quetiapine fumarate tab 300 mg</i> .....	38
<i>quetiapine fumarate tab 400 mg</i> .....	38
<i>quetiapine fumarate tab 50 mg</i> .....	38
<i>quetiapine fumarate tab er 24hr 150 mg</i> .....	38
<i>quetiapine fumarate tab er 24hr 200 mg</i> .....	38
<i>quetiapine fumarate tab er 24hr 300 mg</i> .....	38
<i>quetiapine fumarate tab er 24hr 400 mg</i> .....	38
<i>quetiapine fumarate tab er 24hr 50 mg</i> .....	38
<i>quinapril hcl tab 10 mg</i> .....	62
<i>quinapril hcl tab 20 mg</i> .....	62
<i>quinapril hcl tab 40 mg</i> .....	62
<i>quinapril hcl tab 5 mg</i> .....	62
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> .....	62
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> .....	62
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> .....	62
<i>quinidine sulfate tab 200 mg</i> .....	62
<i>quinidine sulfate tab 300 mg</i> .....	62
<i>quinine sulfate cap 324 mg</i> .....	33

**R**

RABAVERT.....	93
<i>rabeprazole sodium ec tab 20 mg</i> .....	73
<i>raloxifene hcl tab 60 mg</i> .....	83
<i>ramelteon tab 8 mg</i> .....	103
<i>ramipril cap 1.25 mg</i> .....	62
<i>ramipril cap 10 mg</i> .....	62
<i>ramipril cap 2.5 mg</i> .....	62
<i>ramipril cap 5 mg</i> .....	62
<i>ranolazine tab er 12hr 1000 mg</i> .....	62
<i>ranolazine tab er 12hr 500 mg</i> .....	62
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> .....	33
<i>rasagiline mesylate tab 1 mg (base equiv)</i> .....	33
<i>reclipsen - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	83
RECOMBIVAX HB.....	93
RECOMBIVAX HB.....	93
RECOMBIVAX HB.....	93
RECOMBIVAX HB.....	93
RECOMBIVAX HB.....	93
RECOMBIVAX HB.....	93
RELENZA DISKHALER.....	43
RENFLExIS.....	93
<i>repaglinide tab 0.5 mg</i> .....	49
<i>repaglinide tab 1 mg</i> .....	50
<i>repaglinide tab 2 mg</i> .....	50
REPATHA.....	62
REPATHA PUSHTRONEX SYSTEM.....	62
REPATHA SURECLICK.....	62
RESTASIS.....	98
RESTASIS MULTIDOSE.....	98
RETACRIT.....	52
RETACRIT.....	52
RETACRIT.....	52
RETACRIT.....	52
RETACRIT.....	52
RETACRIT.....	52
RETACRIT.....	52
RETACRIT.....	52
RETEVMO.....	29
RETEVMO.....	29
RETEVMO.....	29
RETEVMO.....	29
RETEVMO.....	29
RETEVMO.....	29
RETEVMO.....	29
RETEVMO.....	29
RETEVMO.....	29
RETEVMO.....	29
REVCovi.....	74
REXULTI.....	38
REXULTI.....	38
REXULTI.....	39
REXULTI.....	39
REXULTI.....	39
REXULTI.....	39
REXULTI.....	39
REXULTI.....	39
REXULTI.....	39
REYATAZ.....	43



REZLIDHIA.....	29	<i>rivastigmine tartrate cap 4.5 mg (base equivalent).....</i>	16
REZUROCK.....	93	<i>rivastigmine tartrate cap 6 mg (base equivalent).....</i>	16
RIABNI.....	29	<i>rivastigmine td patch 24hr 13.3 mg/24hr.....</i>	16
RIABNI.....	29	<i>rivastigmine td patch 24hr 4.6 mg/24hr.....</i>	16
<i>ribavirin cap 200 mg.....</i>	43	<i>rivastigmine td patch 24hr 9.5 mg/24hr.....</i>	16
<i>ribavirin tab 200 mg.....</i>	43	<i>rizatRIPTAN benzoate oral disintegrating tab 10 mg (base eq).....</i>	22
<i>rifabutin cap 150 mg.....</i>	23	<i>rizatRIPTAN benzoate oral disintegrating tab 5 mg (base eq).....</i>	22
<i>rifampin cap 150 mg.....</i>	23	<i>rizatRIPTAN benzoate tab 10 mg (base equivalent).....</i>	22
<i>rifampin cap 300 mg.....</i>	23	<i>rizatRIPTAN benzoate tab 5 mg (base equivalent).....</i>	22
<i>rifampin for inj 600 mg.....</i>	23	<i>roflumilast tab 250 mcg.....</i>	101
<i>riluzole tab 50 mg.....</i>	67	<i>roflumilast tab 500 mcg.....</i>	101
RINVOQ.....	93	<i>ropinirole hydrochloride tab 0.25 mg.....</i>	33
RINVOQ.....	94	<i>ropinirole hydrochloride tab 0.5 mg.....</i>	33
RINVOQ.....	94	<i>ropinirole hydrochloride tab 1 mg.....</i>	33
RINVOQ LQ.....	94	<i>ropinirole hydrochloride tab 2 mg.....</i>	33
<i>risedronate sodium tab 150 mg.....</i>	96	<i>ropinirole hydrochloride tab 3 mg.....</i>	33
<i>risedronate sodium tab 30 mg.....</i>	96	<i>ropinirole hydrochloride tab 4 mg.....</i>	33
<i>risedronate sodium tab 35 mg.....</i>	96	<i>ropinirole hydrochloride tab 5 mg.....</i>	34
<i>risedronate sodium tab 5 mg.....</i>	96	<i>rosuvastatin calcium tab 10 mg.....</i>	62
<i>risedronate sodium tab delayed release 35 mg.....</i>	96	<i>rosuvastatin calcium tab 20 mg.....</i>	62
<i>risperidone microspheres for im extended rel susp 12.5 mg.....</i>	39	<i>rosuvastatin calcium tab 40 mg.....</i>	62
<i>risperidone microspheres for im extended rel susp 25 mg.....</i>	39	<i>rosuvastatin calcium tab 5 mg.....</i>	62
<i>risperidone microspheres for im extended rel susp 37.5 mg.....</i>	39	ROTARIX.....	94
<i>risperidone microspheres for im extended rel susp 50 mg.....</i>	39	ROTARIX.....	94
RISPERIDONE ODT.....	39	ROTATEQ.....	94
<i>risperidone orally disintegrating tab 0.5 mg.....</i>	39	<i>roweepra - levetiracetam tab 500 mg.....</i>	14
<i>risperidone orally disintegrating tab 1 mg.....</i>	39	ROZLYTREK.....	29
<i>risperidone orally disintegrating tab 2 mg.....</i>	39	ROZLYTREK.....	29
<i>risperidone orally disintegrating tab 3 mg.....</i>	39	ROZLYTREK.....	29
<i>risperidone orally disintegrating tab 4 mg.....</i>	39	RUBRACA.....	29
<i>risperidone soln 1 mg/ml.....</i>	39	RUBRACA.....	29
<i>risperidone tab 0.25 mg.....</i>	39	RUBRACA.....	29
<i>risperidone tab 0.5 mg.....</i>	39	<i>rufinamide susp 40 mg/ml.....</i>	14
<i>risperidone tab 1 mg.....</i>	39	<i>rufinamide tab 200 mg.....</i>	14
<i>risperidone tab 2 mg.....</i>	39	<i>rufinamide tab 400 mg.....</i>	14
<i>risperidone tab 3 mg.....</i>	39	RUKOBIA.....	43
<i>risperidone tab 4 mg.....</i>	39	RUXIENCE.....	29
<i>ritonavir tab 100 mg.....</i>	43	RUXIENCE.....	29
<i>rivastigmine tartrate cap 1.5 mg (base equivalent).....</i>	16	RYBELSUS.....	50
<i>rivastigmine tartrate cap 3 mg (base equivalent).....</i>	16	RYBELSUS.....	50
		RYBELSUS.....	50
		RYDAPT.....	29

**S**

*sajazir - icatibant acetate subcutaneous soln pref syr*  
 30 mg/3ml..... 94  
 SANTYL..... 70  
*sapropterin dihydrochloride powder packet 100*  
*mg*..... 74  
*sapropterin dihydrochloride powder packet 500*  
*mg*..... 75  
*sapropterin dihydrochloride tab 100*  
*mg*..... 75  
 SCEMBLIX..... 29  
 SCEMBLIX..... 29  
 SCEMBLIX..... 29  
*scopolamine td patch 72hr 1 mg/3days*..... 20  
 SECUADO..... 39  
 SECUADO..... 39  
 SECUADO..... 39  
*selegiline hcl cap 5 mg*..... 34  
*selegiline hcl tab 5 mg*..... 34  
*selenium sulfide lotion 2.5%*..... 70  
 SELZENTRY..... 43  
 SELZENTRY..... 43  
 SELZENTRY..... 43  
 SEREVENT DISKUS..... 102  
*sertraline hcl oral concentrate for solution 20 mg/*  
*ml*..... 19  
*sertraline hcl tab 100 mg*..... 19  
*sertraline hcl tab 25 mg*..... 19  
*sertraline hcl tab 50 mg*..... 19  
*setlakin - levonorgestrel & ethinyl estradiol (91-day)*  
*tab 0.15-0.03 mg*..... 83  
*sharobel - norethindrone tab 0.35 mg*..... 83  
 SHINGRIX..... 94  
 SIGNIFOR..... 88  
 SIGNIFOR..... 88  
 SIGNIFOR..... 88  
*sildenafil citrate tab 100 mg*..... 73  
*sildenafil citrate tab 20 mg*..... 102  
*sildenafil citrate tab 25 mg*..... 73  
*sildenafil citrate tab 50 mg*..... 73  
*silver sulfadiazine cream 1%*..... 70  
 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)*..... 84  
*simvastatin tab 10 mg*..... 62  
*simvastatin tab 20 mg*..... 62  
*simvastatin tab 40 mg*..... 62  
*simvastatin tab 5 mg*..... 62  
*simvastatin tab 80 mg*..... 62  
*sirolimus oral soln 1 mg/ml*..... 94

*sirolimus tab 0.5 mg*..... 94  
*sirolimus tab 1 mg*..... 94  
*sirolimus tab 2 mg*..... 94  
 SIRTURO..... 23  
 SIRTURO..... 23  
 SIVEXTRO..... 10  
 SIVEXTRO..... 10  
 SKYLA..... 76  
 SKYRIZI..... 94  
 SKYRIZI..... 94  
 SKYRIZI..... 94  
 SKYRIZI..... 94  
 SKYRIZI..... 94  
 SKYRIZI..... 94  
 SKYRIZI PEN..... 94  
*sodium chloride iv soln 0.45%*..... 72  
*sodium chloride iv soln 0.9%*..... 72  
*sodium chloride preservative free (pf) inj*  
*0.9%*..... 72  
 SODIUM OXYBATE..... 103  
*sodium phenylbutyrate oral powder 3 gm/*  
*teaspoonful*..... 75  
*sodium phenylbutyrate tab 500 mg*..... 75  
*sodium polystyrene sulfonate powder*..... 72  
*sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6*  
*gm/177ml*..... 73  
*solifenacin succinate tab 10 mg*..... 76  
*solifenacin succinate tab 5 mg*..... 76  
 SOLIQUA 100/33..... 50  
 SOLTAMOX..... 29  
 SOMATULINE DEPOT..... 88  
 SOMATULINE DEPOT..... 88  
 SOMATULINE DEPOT..... 88  
 SOMAVERT..... 88  
 SOMAVERT..... 88  
 SOMAVERT..... 88  
 SOMAVERT..... 88  
 SOMAVERT..... 88  
*sorafenib tosylate tab 200 mg (base*  
*equivalent)*..... 30  
*sorine - sotalol hcl tab 120 mg*..... 62  
*sorine - sotalol hcl tab 160 mg*..... 62  
*sotalol hcl (afib/af) tab 120 mg*..... 62  
*sotalol hcl (afib/af) tab 160 mg*..... 63  
*sotalol hcl (afib/af) tab 80 mg*..... 62  
*sotalol hcl tab 120 mg*..... 63  
*sotalol hcl tab 160 mg*..... 63  
*sotalol hcl tab 240 mg*..... 63  
*sotalol hcl tab 80 mg*..... 63  
 SPIRIVA RESPIMAT..... 102  
*spironolactone & hydrochlorothiazide tab 25-25*  
*mg*..... 63  
*spironolactone tab 100 mg*..... 63  
*spironolactone tab 25 mg*..... 63

<i>spironolactone tab 50 mg</i> .....	63	<i>sulfasalazine tab delayed release 500</i>	
<i>sprintec 28 - norgestimate &amp; ethinyl estradiol tab</i>		<i>mg</i> .....	96
<i>0.25 mg-35 mcg</i> .....	84	<i>sulindac tab 150 mg</i> .....	3
SPRITAM.....	14	<i>sulindac tab 200 mg</i> .....	3
SPRITAM.....	14	<i>sumatriptan nasal spray 20 mg/act</i> .....	23
SPRITAM.....	14	<i>sumatriptan nasal spray 5 mg/act</i> .....	23
SPRITAM.....	14	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .....	23
SPRYCEL.....	30	<i>sumatriptan succinate solution auto-injector 4</i>	
SPRYCEL.....	30	<i>mg/0.5ml</i> .....	23
SPRYCEL.....	30	<i>sumatriptan succinate solution auto-injector 6</i>	
SPRYCEL.....	30	<i>mg/0.5ml</i> .....	23
SPRYCEL.....	30	<i>sumatriptan succinate solution cartridge 4</i>	
SPRYCEL.....	30	<i>mg/0.5ml</i> .....	23
<i>sps - sodium polystyrene sulfonate oral susp 15</i>		<i>sumatriptan succinate solution cartridge 6</i>	
<i>gm/60ml</i> .....	72	<i>mg/0.5ml</i> .....	23
<i>sronyx - levonorgestrel &amp; ethinyl estradiol tab 0.1</i>		<i>sumatriptan succinate tab 100 mg</i> .....	23
<i>mg-20 mcg</i> .....	84	<i>sumatriptan succinate tab 25 mg</i> .....	23
<i>ssd - silver sulfadiazine cream 1%</i> .....	70	<i>sumatriptan succinate tab 50 mg</i> .....	23
STAMARIL.....	94	<i>sunitinib malate cap 12.5 mg (base</i>	
STELARA.....	94	<i>equivalent)</i> .....	30
STELARA.....	94	<i>sunitinib malate cap 25 mg (base</i>	
STELARA.....	94	<i>equivalent)</i> .....	30
STELARA.....	94	<i>sunitinib malate cap 37.5 mg (base</i>	
STIOLTO RESPIMAT.....	102	<i>equivalent)</i> .....	30
STIVARGA.....	30	<i>sunitinib malate cap 50 mg (base</i>	
STRENSIQ.....	75	<i>equivalent)</i> .....	30
STRENSIQ.....	75	SUNLENCA.....	43
STRENSIQ.....	75	SUNLENCA.....	43
STRENSIQ.....	75	SUTAB.....	74
STREPTOMYCIN SULFATE.....	10	<i>syeda - drospirenone-ethinyl estradiol tab 3-0.03</i>	
STRIBILD.....	43	<i>mg</i> .....	84
SUBLOCADE.....	4	SYMLINPEN 120.....	50
SUBLOCADE.....	4	SYMLINPEN 60.....	50
<i>subvenite - lamotrigine tab 100 mg</i> .....	14	SYMPAZAN.....	14
<i>subvenite - lamotrigine tab 150 mg</i> .....	14	SYMPAZAN.....	14
<i>subvenite - lamotrigine tab 200 mg</i> .....	14	SYMPAZAN.....	14
<i>subvenite - lamotrigine tab 25 mg</i> .....	14	SYMTUZA.....	43
<i>sucralfate tab 1 gm</i> .....	74	SYNAREL.....	88
<i>sulfacetamide sodium lotion 10%</i>		SYNJARDY.....	50
<i>(acne)</i> .....	70	SYNJARDY.....	50
<i>sulfacetamide sodium ophth soln 10%</i> .....	98	SYNJARDY.....	50
<i>sulfacetamide sodium-prednisolone ophth soln</i>		SYNJARDY.....	50
<i>10-0.23(0.25)%</i> .....	98	SYNJARDY XR.....	50
SULFADIAZINE.....	10	SYNJARDY XR.....	50
<i>sulfamethoxazole-trimethoprim susp 200-40</i>		SYNJARDY XR.....	50
<i>mg/5ml</i> .....	10	SYNJARDY XR.....	50
<i>sulfamethoxazole-trimethoprim tab 400-80</i>		SYNTHROID.....	86
<i>mg</i> .....	10	SYNTHROID.....	86
<i>sulfamethoxazole-trimethoprim tab 800-160</i>		SYNTHROID.....	86
<i>mg</i> .....	10	SYNTHROID.....	87
<i>sulfasalazine tab 500 mg</i> .....	96	SYNTHROID.....	87
		SYNTHROID.....	87

SYNTHROID.....	87	<i>taztia xt - diltiazem hcl extended release beads cap</i>	
SYNTHROID.....	87	<i>er 24hr 180 mg.....</i>	63
SYNTHROID.....	87	<i>taztia xt - diltiazem hcl extended release beads cap</i>	
SYNTHROID.....	87	<i>er 24hr 240 mg.....</i>	63
SYNTHROID.....	87	<i>taztia xt - diltiazem hcl extended release beads cap</i>	
SYNTHROID.....	87	<i>er 24hr 300 mg.....</i>	63
SYNTHROID.....	87	<i>taztia xt - diltiazem hcl extended release beads cap</i>	
		<i>er 24hr 360 mg.....</i>	63
<b>T</b>		TAZVERIK.....	30
TABLOID.....	30	TDVAX.....	94
TABRECTA.....	30	TEFLARO.....	10
TABRECTA.....	30	TEFLARO.....	10
<i>tacrolimus cap 0.5 mg.....</i>	94	<i>telmisartan-amlodipine tab 40-10 mg.....</i>	63
<i>tacrolimus cap 1 mg.....</i>	94	<i>telmisartan-amlodipine tab 40-5 mg.....</i>	63
<i>tacrolimus cap 5 mg.....</i>	94	<i>telmisartan-amlodipine tab 80-10 mg.....</i>	63
<i>tacrolimus oint 0.03%.....</i>	70	<i>telmisartan-amlodipine tab 80-5 mg.....</i>	63
<i>tacrolimus oint 0.1%.....</i>	70	<i>telmisartan-hydrochlorothiazide tab 40-12.5</i>	
<i>tadalafil tab 2.5 mg.....</i>	76	<i>mg.....</i>	63
<i>tadalafil tab 20 mg (pah).....</i>	102	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
<i>tadalafil tab 5 mg.....</i>	76	<i>mg.....</i>	63
TAFINLAR.....	30	<i>telmisartan-hydrochlorothiazide tab 80-25</i>	
TAFINLAR.....	30	<i>mg.....</i>	63
TAFINLAR.....	30	<i>telmisartan tab 20 mg.....</i>	63
TAGRISSO.....	30	<i>telmisartan tab 40 mg.....</i>	63
TAGRISSO.....	30	<i>telmisartan tab 80 mg.....</i>	63
TALZENNA.....	30	<i>temazepam cap 15 mg.....</i>	103
TALZENNA.....	30	<i>temazepam cap 30 mg.....</i>	103
TALZENNA.....	30	TENIVAC.....	94
TALZENNA.....	30	<i>tenofovir disoproxil fumarate tab 300</i>	
TALZENNA.....	30	<i>mg.....</i>	43
<i>tamoxifen citrate tab 10 mg (base</i>		TEPMETKO.....	30
<i>equivalent).....</i>	30	<i>terazosin hcl cap 10 mg (base</i>	
<i>tamoxifen citrate tab 20 mg (base</i>		<i>equivalent).....</i>	63
<i>equivalent).....</i>	30	<i>terazosin hcl cap 1 mg (base</i>	
<i>tamsulosin hcl cap 0.4 mg.....</i>	76	<i>equivalent).....</i>	63
<i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe</i>		<i>terazosin hcl cap 2 mg (base</i>	
<i>tab 1mg-20 mcg (24).....</i>	84	<i>equivalent).....</i>	63
<i>tarina fe 1/20 eq - norethindrone ace &amp; ethinyl</i>		<i>terazosin hcl cap 5 mg (base</i>	
<i>estradiol-fe tab 1 mg-20 mcg.....</i>	84	<i>equivalent).....</i>	63
TASIGNA.....	30	<i>terbinafine hcl tab 250 mg.....</i>	22
TASIGNA.....	30	<i>terconazole vaginal cream 0.4%.....</i>	22
TASIGNA.....	30	<i>terconazole vaginal cream 0.8%.....</i>	22
<i>tasimelteon capsule 20 mg.....</i>	103	<i>terconazole vaginal suppos 80 mg.....</i>	22
<i>tazarotene cream 0.1%.....</i>	70	TERIPARATIDE.....	96
<i>tazicef - ceftazidime for inj 1 gm.....</i>	10	<i>testosterone cypionate im inj in oil 100 mg/</i>	
<i>tazicef - ceftazidime for iv soln 1 gm.....</i>	10	<i>ml.....</i>	84
<i>tazicef - ceftazidime for iv soln 2 gm.....</i>	10	<i>testosterone cypionate im inj in oil 200 mg/</i>	
<i>tazicef - ceftazidime for iv soln 6 gm.....</i>	10	<i>ml.....</i>	84
TAZORAC.....	70	TESTOSTERONE ENANTHATE.....	84
<i>taztia xt - diltiazem hcl extended release beads cap</i>		<i>testosterone td gel 12.5 mg/act (1%).....</i>	84
<i>er 24hr 120 mg.....</i>	63	<i>testosterone td gel 20.25 mg/1.25gm</i>	
		<i>(1.62%).....</i>	84

<i>testosterone td gel 20.25 mg/act</i> (1.62%).....	84	<i>timolol maleate ophth gel forming soln</i> 0.5%.....	98
<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	84	<i>timolol maleate ophth soln 0.25%</i> .....	98
<i>testosterone td gel 40.5 mg/2.5gm</i> (1.62%).....	84	<i>timolol maleate ophth soln 0.5%</i> .....	98
<i>testosterone td gel 50 mg/5gm (1%)</i> .....	84	<i>timolol maleate tab 10 mg</i> .....	64
<i>tetrabenazine tab 12.5 mg</i> .....	67	<i>timolol maleate tab 20 mg</i> .....	64
<i>tetrabenazine tab 25 mg</i> .....	67	<i>timolol maleate tab 5 mg</i> .....	64
<i>tetracycline hcl cap 250 mg</i> .....	10	<i>tinidazole tab 250 mg</i> .....	10
<i>tetracycline hcl cap 500 mg</i> .....	10	<i>tinidazole tab 500 mg</i> .....	10
THALOMID.....	30	<i>tiotropium bromide monohydrate inhal cap 18 mcg</i> (base equiv).....	102
THALOMID.....	30	TIVICAY.....	43
THALOMID.....	30	TIVICAY.....	43
THALOMID.....	30	TIVICAY.....	44
<i>theophylline tab er 12hr 300 mg</i> .....	102	TIVICAY PD.....	44
<i>theophylline tab er 12hr 450 mg</i> .....	102	<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i> .....	41
<i>theophylline tab er 24hr 400 mg</i> .....	102	<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i> .....	41
<i>theophylline tab er 24hr 600 mg</i> .....	102	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%.....	98
<i>thioridazine hcl tab 100 mg</i> .....	40	<i>tobramycin nebu soln 300 mg/5ml</i> .....	102
<i>thioridazine hcl tab 10 mg</i> .....	39	<i>tobramycin ophth soln 0.3%</i> .....	98
<i>thioridazine hcl tab 25 mg</i> .....	39	TOBRAMYCIN SULFATE.....	10
<i>thioridazine hcl tab 50 mg</i> .....	39	<i>tobramycin sulfate for inj 1.2 gm</i> .....	10
<i>thiothixene cap 10 mg</i> .....	40	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base</i> <i>equiv)</i> .....	10
<i>thiothixene cap 1 mg</i> .....	40	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base</i> <i>equiv)</i> .....	10
<i>thiothixene cap 2 mg</i> .....	40	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base</i> <i>equiv)</i> .....	10
<i>thiothixene cap 5 mg</i> .....	40	<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	76
THYMOGLOBULIN.....	94	<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	76
<i>tiadylt er - diltiazem hcl extended release beads cap</i> <i>er 24hr 120 mg</i> .....	63	<i>tolterodine tartrate tab 1 mg</i> .....	76
<i>tiadylt er - diltiazem hcl extended release beads cap</i> <i>er 24hr 180 mg</i> .....	63	<i>tolterodine tartrate tab 2 mg</i> .....	76
<i>tiadylt er - diltiazem hcl extended release beads cap</i> <i>er 24hr 240 mg</i> .....	63	<i>topiramate sprinkle cap 15 mg</i> .....	14
<i>tiadylt er - diltiazem hcl extended release beads cap</i> <i>er 24hr 300 mg</i> .....	63	<i>topiramate sprinkle cap 25 mg</i> .....	14
<i>tiadylt er - diltiazem hcl extended release beads cap</i> <i>er 24hr 360 mg</i> .....	63	<i>topiramate tab 100 mg</i> .....	14
<i>tiadylt er - diltiazem hcl extended release beads cap</i> <i>er 24hr 420 mg</i> .....	63	<i>topiramate tab 200 mg</i> .....	14
<i>tiagabine hcl tab 12 mg</i> .....	14	<i>topiramate tab 25 mg</i> .....	14
<i>tiagabine hcl tab 16 mg</i> .....	14	<i>topiramate tab 50 mg</i> .....	14
<i>tiagabine hcl tab 2 mg</i> .....	14	<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i> .....	31
<i>tiagabine hcl tab 4 mg</i> .....	14	<i>torpenz - everolimus tab 10 mg</i> .....	31
TIBSOVO.....	30	<i>torpenz - everolimus tab 2.5 mg</i> .....	31
TICOVAC.....	94	<i>torpenz - everolimus tab 5 mg</i> .....	31
TICOVAC.....	94	<i>torpenz - everolimus tab 7.5 mg</i> .....	31
<i>tigecycline for iv soln 50 mg</i> .....	10	<i>torseamide tab 100 mg</i> .....	64
<i>tilia fe - norethindrone ac-ethinyl estrad-fe tab</i> 1-20/1-30/1-35 mg-mcg.....	84	<i>torseamide tab 10 mg</i> .....	64
<i>timolol maleate ophth gel forming soln</i> 0.25%.....	98	<i>torseamide tab 20 mg</i> .....	64
		<i>torseamide tab 5 mg</i> .....	64
		TOUJEO MAX SOLOSTAR.....	50

TOUJEO SOLOSTAR.....	50	<i>triamcinolone acetonide lotion 0.1%</i> .....	70
TRACLEER.....	102	<i>triamcinolone acetonide oint 0.025%</i> .....	70
TRADJENTA.....	50	<i>triamcinolone acetonide oint 0.1%</i> .....	70
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>triamcinolone acetonide oint 0.5%</i> .....	70
<i>mg</i> .....	3	<i>triamterene &amp; hydrochlorothiazide cap 37.5-25</i>	
<i>tramadol hcl tab 50 mg</i> .....	3	<i>mg</i> .....	64
<i>tramadol hcl tab er 24hr 100 mg</i> .....	3	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25</i>	
<i>tramadol hcl tab er 24hr 200 mg</i> .....	3	<i>mg</i> .....	64
<i>tramadol hcl tab er 24hr 300 mg</i> .....	3	<i>triamterene &amp; hydrochlorothiazide tab 75-50</i>	
<i>trandolapril tab 1 mg</i> .....	64	<i>mg</i> .....	64
<i>trandolapril tab 2 mg</i> .....	64	<i>tridacaine iii - lidocaine patch 5%</i> .....	3
<i>trandolapril tab 4 mg</i> .....	64	<i>tridacaine ii - lidocaine patch 5%</i> .....	3
<i>trandolapril-verapamil hcl tab er 1-240</i>		<i>triderm - triamcinolone acetonide cream</i>	
<i>mg</i> .....	64	<i>0.5%</i> .....	70
<i>trandolapril-verapamil hcl tab er 2-180</i>		<i>trientine hcl cap 250 mg</i> .....	72
<i>mg</i> .....	64	<i>tri-estarylla - norgestimate-eth estrad tab</i>	
<i>trandolapril-verapamil hcl tab er 2-240</i>		<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	84
<i>mg</i> .....	64	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>trandolapril-verapamil hcl tab er 4-240</i>		<i>equivalent)</i> .....	40
<i>mg</i> .....	64	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>tranexamic acid tab 650 mg</i> .....	52	<i>equivalent)</i> .....	40
<i>tranylcypromine sulfate tab 10 mg</i> .....	19	<i>trifluoperazine hcl tab 2 mg (base</i>	
TRAVASOL.....	72	<i>equivalent)</i> .....	40
<i>travoprost ophth soln 0.004% (benzalkonium free)</i>		<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>(bak free)</i> .....	98	<i>equivalent)</i> .....	40
TRAZIMERA.....	31	TRIFLURIDINE.....	98
TRAZIMERA.....	31	TRIKAFTA.....	102
<i>trazodone hcl tab 100 mg</i> .....	19	TRIKAFTA.....	102
<i>trazodone hcl tab 150 mg</i> .....	19	TRIKAFTA.....	102
<i>trazodone hcl tab 300 mg</i> .....	19	TRIKAFTA.....	102
<i>trazodone hcl tab 50 mg</i> .....	19	<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab</i>	
TRECTOR.....	23	<i>1-20/1-30/1-35 mg-mcg</i> .....	84
TRELEGY ELLIPTA.....	102	<i>tri-linyah - norgestimate-eth estrad tab</i>	
TRELEGY ELLIPTA.....	102	<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	84
TRELSTAR MIXJECT.....	88	<i>tri-lo-estarylla - norgestimate-eth estrad tab</i>	
TRELSTAR MIXJECT.....	88	<i>0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	84
TRELSTAR MIXJECT.....	88	<i>tri-lo-marzia - norgestimate-eth estrad tab</i>	
TREMFYA.....	95	<i>0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	84
TREMFYA.....	95	<i>tri-lo-mili - norgestimate-eth estrad tab</i>	
<i>tretinoin cap 10 mg</i> .....	31	<i>0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	84
<i>tretinoin cream 0.025%</i> .....	70	<i>tri-lo-sprintec - norgestimate-eth estrad tab</i>	
<i>tretinoin cream 0.05%</i> .....	70	<i>0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	84
<i>tretinoin cream 0.1%</i> .....	70	<i>trimethoprim tab 100 mg</i> .....	10
<i>tretinoin gel 0.01%</i> .....	70	<i>tri-mili - norgestimate-eth estrad tab</i>	
<i>tretinoin gel 0.025%</i> .....	70	<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	84
<i>triamcinolone acetonide cream</i>		<i>trimipramine maleate cap 100 mg</i> .....	19
<i>0.025%</i> .....	70	<i>trimipramine maleate cap 25 mg</i> .....	19
<i>triamcinolone acetonide cream 0.1%</i> .....	70	<i>trimipramine maleate cap 50 mg</i> .....	19
<i>triamcinolone acetonide cream 0.5%</i> .....	70	TRINTELLIX.....	19
<i>triamcinolone acetonide dental paste</i>		TRINTELLIX.....	19
<i>0.1%</i> .....	67	TRINTELLIX.....	19
<i>triamcinolone acetonide lotion 0.025%</i> .....	70		

<i>tri-nymyo - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg.....	84	<i>unithroid - levothyroxine sodium tab 75</i> mcg.....	87
<i>tri-sprintec - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg.....	84	<i>unithroid - levothyroxine sodium tab 88</i> mcg.....	87
TRIUMEQ.....	44	<i>ursodiol cap 300 mg</i> .....	74
TRIUMEQ PD.....	44	<i>ursodiol tab 250 mg</i> .....	74
<i>trivora-28 - levonorgestrel-eth estra tab</i> 0.05-30/0.075-40/0.125-30mg-mcg.....	85	<i>ursodiol tab 500 mg</i> .....	74
<i>tri-vylibra lo - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg.....	85	UZEDY.....	40
<i>tri-vylibra - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg.....	84	UZEDY.....	40
TROPHAMINE.....	72	UZEDY.....	40
TRULICITY.....	50	UZEDY.....	40
TRULICITY.....	50	UZEDY.....	40
TRULICITY.....	50	UZEDY.....	40
TRULICITY.....	50	UZEDY.....	40
TRUMENBA.....	95	UZEDY.....	40
TRUQAP.....	31	UZEDY.....	40
TRUQAP.....	31		
TUKYSA.....	31	<b>V</b>	
TUKYSA.....	31	<i>valacyclovir hcl tab 1 gm</i> .....	44
TURALIO.....	31	<i>valacyclovir hcl tab 500 mg</i> .....	44
<i>turqoz - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30</i> mcg.....	85	VALCHLOR.....	31
TWINRIX.....	95	<i>valganciclovir hcl for soln 50 mg/ml (base</i> <i>equiv)</i> .....	44
TYBLUME.....	85	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i> .....	44
TYBOST.....	44	<i>valproate sodium oral soln 250 mg/5ml (base</i> <i>equiv)</i> .....	14
TYMLOS.....	96	<i>valproic acid cap 250 mg</i> .....	14
TYPHIM VI.....	95	<i>valsartan-hydrochlorothiazide tab 160-12.5</i> mg.....	64
TYPHIM VI.....	95	<i>valsartan-hydrochlorothiazide tab 160-25</i> mg.....	64
		<i>valsartan-hydrochlorothiazide tab 320-12.5</i> mg.....	64
<b>U</b>		<i>valsartan-hydrochlorothiazide tab 320-25</i> mg.....	64
<i>unithroid - levothyroxine sodium tab 100</i> mcg.....	87	<i>valsartan-hydrochlorothiazide tab 80-12.5</i> mg.....	64
<i>unithroid - levothyroxine sodium tab 112</i> mcg.....	87	<i>valsartan tab 160 mg</i> .....	64
<i>unithroid - levothyroxine sodium tab 125</i> mcg.....	87	<i>valsartan tab 320 mg</i> .....	64
<i>unithroid - levothyroxine sodium tab 137</i> mcg.....	87	<i>valsartan tab 40 mg</i> .....	64
<i>unithroid - levothyroxine sodium tab 150</i> mcg.....	87	<i>valsartan tab 80 mg</i> .....	64
<i>unithroid - levothyroxine sodium tab 175</i> mcg.....	87	VALTOCO 10 MG DOSE.....	14
<i>unithroid - levothyroxine sodium tab 200</i> mcg.....	87	VALTOCO 15 MG DOSE.....	15
<i>unithroid - levothyroxine sodium tab 25</i> mcg.....	87	VALTOCO 20 MG DOSE.....	15
<i>unithroid - levothyroxine sodium tab 300</i> mcg.....	87	VALTOCO 5 MG DOSE.....	15
<i>unithroid - levothyroxine sodium tab 50</i> mcg.....	87	<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent)</i> .....	10
		<i>vancomycin hcl cap 250 mg (base</i> <i>equivalent)</i> .....	10
		<i>vancomycin hcl for iv soln 100 gm (base</i> <i>equivalent)</i> .....	10
		<i>vancomycin hcl for iv soln 10 gm (base</i> <i>equivalent)</i> .....	11

vancomycin hcl for iv soln 1 gm (base equivalent).....	10	verapamil hcl cap er 24hr 180 mg.....	64
vancomycin hcl for iv soln 500 mg (base equivalent).....	10	verapamil hcl cap er 24hr 240 mg.....	64
vancomycin hcl for iv soln 5 gm (base equivalent).....	10	verapamil hcl cap er 24hr 360 mg.....	64
vancomycin hcl for iv soln 750 mg (base equivalent).....	10	verapamil hcl tab 120 mg.....	64
VANFLYTA.....	31	verapamil hcl tab 40 mg.....	64
VANFLYTA.....	31	verapamil hcl tab 80 mg.....	64
VAQTA.....	95	verapamil hcl tab er 120 mg.....	64
VAQTA.....	95	verapamil hcl tab er 180 mg.....	64
varenicline tartrate tab 0.5 mg (base equiv).....	4	verapamil hcl tab er 240 mg.....	64
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....	4	VERQUVO.....	65
varenicline tartrate tab 1 mg (base equiv).....	4	VERQUVO.....	65
VARIVAX.....	95	VERQUVO.....	65
VASCEPA.....	64	VERSACLOZ.....	40
VASCEPA.....	64	VERZENIO.....	31
VAXCHORA.....	95	VERZENIO.....	31
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg.....	85	VERZENIO.....	31
VELTASSA.....	72	vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg.....	85
VELTASSA.....	72	vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	85
VELTASSA.....	72	vigabatrin powd pack 500 mg.....	15
VENCLEXTA.....	31	vigabatrin tab 500 mg.....	15
VENCLEXTA.....	31	vigadrone - vigabatrin powd pack 500 mg.....	15
VENCLEXTA.....	31	vigadrone - vigabatrin tab 500 mg.....	15
VENCLEXTA STARTING PACK.....	31	VIGAFYDE.....	15
VENLAFAXINE BESYLATE ER.....	19	vigpoder - vigabatrin powd pack 500 mg.....	15
venlafaxine hcl cap er 24hr 150 mg (base equivalent).....	19	vilazodone hcl tab 10 mg.....	19
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....	19	vilazodone hcl tab 20 mg.....	19
venlafaxine hcl cap er 24hr 75 mg (base equivalent).....	19	vilazodone hcl tab 40 mg.....	19
venlafaxine hcl tab 100 mg (base equivalent).....	19	viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	85
venlafaxine hcl tab 25 mg (base equivalent).....	19	VIRACEPT.....	44
venlafaxine hcl tab 37.5 mg (base equivalent).....	19	VIRACEPT.....	44
venlafaxine hcl tab 50 mg (base equivalent).....	19	VIREAD.....	44
venlafaxine hcl tab 75 mg (base equivalent).....	19	VIREAD.....	44
VENTOLIN HFA.....	102	VIREAD.....	44
VEOZAH.....	67	VITRAKVI.....	31
verapamil hcl cap er 24hr 120 mg.....	64	VITRAKVI.....	31
		VITRAKVI.....	31
		VIZIMPRO.....	31
		VIZIMPRO.....	31
		VIZIMPRO.....	31
		volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	85
		VONJO.....	31
		VORANIGO.....	31
		VORANIGO.....	31
		voriconazole for inj 200 mg.....	22



<i>voriconazole for susp 40 mg/ml</i> .....	22	XCOPRI.....	15
<i>voriconazole tab 200 mg</i> .....	22	XCOPRI.....	15
<i>voriconazole tab 50 mg</i> .....	22	XCOPRI.....	15
VOWST.....	74	XCOPRI.....	15
VPRIV.....	75	XCOPRI.....	15
VRAYLAR.....	40	XCOPRI.....	15
VRAYLAR.....	40	XCOPRI.....	15
VRAYLAR.....	40	XCOPRI.....	15
VRAYLAR.....	40	XCOPRI.....	15
VUMERITY.....	67	XDEMVY.....	98
<i>vyfemla - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> .....	85	XERMELO.....	74
<i>vylibra - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	85	XGEVA.....	96
VYNDAMAX.....	75	XIFAXAN.....	74
VYNDAQEL.....	75	XIGDUO XR.....	50
<b>W</b>		XIGDUO XR.....	50
<i>warfarin sodium tab 10 mg</i> .....	53	XIGDUO XR.....	50
<i>warfarin sodium tab 1 mg</i> .....	52	XOFLUZA.....	44
<i>warfarin sodium tab 2.5 mg</i> .....	52	XOFLUZA.....	44
<i>warfarin sodium tab 2 mg</i> .....	52	XOLAIR.....	95
<i>warfarin sodium tab 3 mg</i> .....	52	XOLAIR.....	95
<i>warfarin sodium tab 4 mg</i> .....	52	XOLAIR.....	95
<i>warfarin sodium tab 5 mg</i> .....	52	XOLAIR.....	95
<i>warfarin sodium tab 6 mg</i> .....	52	XOLAIR.....	95
<i>warfarin sodium tab 7.5 mg</i> .....	52	XOLAIR.....	95
WELIREG.....	75	XOSPATA.....	32
<i>wera - norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i> .....	85	XPOVIO.....	32
<i>wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .....	102	XPOVIO.....	32
<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .....	102	XPOVIO.....	32
<i>wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .....	102	XPOVIO.....	32
<i>wymzya fe - norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> .....	85	XPOVIO 60 MG TWICE WEEKLY.....	32
<b>X</b>		XPOVIO 80 MG TWICE WEEKLY.....	32
XALKORI.....	31	XTANDI.....	32
XALKORI.....	31	XTANDI.....	32
XALKORI.....	31	XTANDI.....	32
XALKORI.....	31	<i>xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> .....	85
XALKORI.....	32	<b>Y</b>	
XARELTO.....	53	<i>yargesa - miglustat cap 100 mg</i> .....	75
XARELTO.....	53	YF-VAX.....	95
XARELTO.....	53	<i>yuvaferm - estradiol vaginal tab 10 mcg</i> .....	85
XARELTO.....	53	<b>Z</b>	
XARELTO.....	53	<i>zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> .....	85
XARELTO.....	53	<i>zafirlukast tab 10 mg</i> .....	102
XARELTO STARTER PACK.....	53	<i>zafirlukast tab 20 mg</i> .....	102
XATMEP.....	95	<i>zaleplon cap 10 mg</i> .....	103
XCOPRI.....	15	<i>zaleplon cap 5 mg</i> .....	103

ZEJULA.....	32	ZYPREXA RELPREVV.....	40
ZEJULA.....	32	ZYPREXA RELPREVV.....	40
ZEJULA.....	32		
ZELBORAF.....	32		
zenatane - isotretinoin cap 10 mg.....	70		
zenatane - isotretinoin cap 20 mg.....	70		
zenatane - isotretinoin cap 30 mg.....	70		
zenatane - isotretinoin cap 40 mg.....	70		
ZENPEP.....	75		
ZENPEP.....	75		
ZENPEP.....	75		
ZENPEP.....	75		
ZENPEP.....	75		
ZENPEP.....	75		
ZENPEP.....	75		
ZENPEP.....	75		
zenzedi - dextroamphetamine sulfate tab 10 mg.....	67		
zenzedi - dextroamphetamine sulfate tab 5 mg.....	67		
zidovudine cap 100 mg.....	44		
zidovudine syrup 10 mg/ml.....	44		
zidovudine tab 300 mg.....	44		
ziprasidone hcl cap 20 mg.....	40		
ziprasidone hcl cap 40 mg.....	40		
ziprasidone hcl cap 60 mg.....	40		
ziprasidone hcl cap 80 mg.....	40		
ziprasidone mesylate for inj 20 mg (base equivalent).....	40		
ZIRABEV.....	32		
ZIRABEV.....	32		
ZOKINVY.....	75		
ZOKINVY.....	75		
ZOLINZA.....	32		
zolpidem tartrate tab 10 mg.....	103		
zolpidem tartrate tab 5 mg.....	103		
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.....	85		
ZTALMY.....	15		
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg.....	85		
ZURZUVAE.....	19		
ZURZUVAE.....	19		
ZURZUVAE.....	19		
ZYDELIG.....	32		
ZYDELIG.....	32		
ZYKADIA.....	32		
ZYPREXA RELPREVV.....	40		

This formulary was updated on . For more recent information or other questions, please contact Blue Cross and Blue Shield of Nebraska Member Services at 855-457-1349 (TTY users should call 711), 24 hours a day, seven days a week, 365 days a year, or visit [NebraskaBlue.com/MedicareRx](https://www.NebraskaBlue.com/MedicareRx).

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Blue Cross and Blue Shield of Nebraska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Nebraska does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Nebraska:

- Provides free aids 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, accessible electronic formats, other formats)
- Provides free language 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 888-488-9850, TTY 711 between 8 a.m. to 9 p.m. Central time, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m. Central time, Monday through Friday April 1 through Sept. 30.

If you believe that Blue Cross and Blue Shield of Nebraska has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Manager, Medicare Compliance  
Blue Cross and Blue Shield of Nebraska  
P.O. Box 3248  
Omaha, NE 68180-0001  
888-488-9850, TTY: 711  
CivilRights@NebraskaBlue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Manager, Corporate Compliance, 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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

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

Complaint forms are available at [hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](https://hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf). For quick processing, use the OCR online portal to file a complaint.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-488-9850 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-488-9850 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-488-9850 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-488-9850 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-488-9850 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-488-9850 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-488-9850 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-488-9850 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-488-9850 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-488-9850 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه . فوري، ليس عليك سوى الاتصال بنا على 1-888-488-9850 (TTY: 711). سيقوم شخص ما يتحدث العربية خدمة مجانية

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-488-9850 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-488-9850 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-488-9850 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-488-9850 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-488-9850 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-488-9850 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。