



2023 Comprehensive Formulary

(List of Covered Drugs)

- Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.
- This information may be available in a different format. Please contact Customer Service at the numbers listed below if you need plan information in another format or language.
- The formulary and pharmacy network may change at any time. You will receive notice when necessary.
- An updated formulary is located on our website at **Medicare.BlueCrossNC.com**. You may also call Customer Service for updated formulary information.
- **Important Message About What You Pay for Vaccines –** Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.
- **Important Message About What You Pay for Insulin –** You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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

This formulary was updated on
10/01/2022.

For more recent information or other questions, please contact Customer Service:

Blue Medicare RxSM PDP

Phone: 1-888-247-4142 (TTY users should call 711) **Hours: 7 days a week, 8 a.m. – 8 p.m.**

Or visit **Medicare.BlueCrossNC.com**

HPMS Approved Formulary Files Submission

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BlueCross BlueShield
of North Carolina

MEDICARE

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 Medicare Rx Standard. When it refers to “plan” or “our plan,” it means Blue Medicare Rx Standard.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Blue Medicare Rx Standard Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Blue Medicare Rx Standard’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Medicare Rx Standard’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2022. To get updated information about the drugs covered by Blue Medicare Rx Standard, 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 and posted on our website at www.bluecrossnc.com/medicare-members.

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 number 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 63. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Blue Medicare Rx Standard's Formulary?

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

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

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

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

For more information

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

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

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

Blue Medicare Rx Standard's Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 63.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. All drugs included in this formulary are available via mail-order benefit. Contact your plan for details.

The Drug Table includes a column titled, "Drug Tier." This column indicates what tier each drug is listed under. The following copayments are associated with the corresponding tiers if you receive the drugs at an in-network pharmacy. These copayments apply during the initial coverage phase. Refer to your Evidence of Coverage for details about your benefits during the coverage gap and catastrophic coverage.

After a \$475 annual deductible is met which applies to tiers 2, 3, 4 and 5 only, the following copays apply:

Drug Tier	Preferred Retail Pharmacy for a 30 days' supply	Standard Retail Pharmacy for a 30 days' supply	Preferred Mail Order Pharmacy for a 90 days' supply	Long Term Care Pharmacy for a 31 days' supply
Tier 1 – Preferred Generic	\$5 copayment	\$15 copayment	\$15 copayment	\$15 copayment
Tier 2 –Generic	\$8 copayment	\$20 copayment	\$24 copayment	\$20 copayment
Tier 3 - Preferred Brand	\$37 copayment	\$47 copayment	\$111 copayment	\$47 copayment
Tier 4 – Non-Preferred Drug	46% coinsurance	48% coinsurance	46% coinsurance	48% coinsurance
^a Tier 5 – Specialty	25% coinsurance	25% coinsurance	N/A	25% coinsurance

^a Tier 5 Specialty drugs are limited to a 30 days' supply per fill.

You can find information on what the symbols and abbreviations on the drug list mean in the table below.

BD = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at 1-800-665-8037, 7 days a week 8am to 8pm. TTY users should call 711.
= High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

2023 Dosage Form Abbreviations Key	
act	actuation
ad	adsorbed
adjuv	adjuvant
aepb	aerosol powder blister
aer, aers, aero	aerosol
afib/afl	atrial fibrillation/atrial flutter
app	applicator
ba, br act, breath act, breath activ	breath activated
bau	bioequivalent allergy unit
cap, caps	capsules
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
cpcr	controlled release capsule
conc	concentrate
conj	conjugate, conjugated
crm	cream
crys	crystals
deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
emul	emulsion
er, extended, extended rel, xr	extended release
ext	extract

glob, 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	pack
pf	preservative-free
pfu	plaque forming units
pow, powd	powder
pmdd	premenstrual dysphoric disorder
pref, prefill	prefilled
pttw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
sqcm	square centimeter
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets

tbc	controlled release tablet
tbdp	dispersible tablet
tbec	enteric coated tablet
tbpk	tablet pack
td	transdermal
ther	therapy
tl	translingual
unt, ut	unit
va	vaginal
vac, vacc	vaccine

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tablets/30 days)
<i>cataflam - diclofenac potassium tab 50 mg</i>	3	QL (120 tablets/30 days)
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	4	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	4	QL (30 capsules/30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%</i>	3	
<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>	3	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>	4	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>etodolac cap 200 mg</i>	3	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	3	QL (90 capsules/30 days)
<i>etodolac tab 400 mg, 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, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 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, 7.5-325 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibu - ibuprofen tab 400 mg</i>	2	QL (240 tablets/30 days)
<i>ibu - ibuprofen tab 600 mg</i>	2	QL (150 tablets/30 days)
<i>ibu - ibuprofen tab 800 mg</i>	2	QL (120 tablets/30 days)

You can find information 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>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	2	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	2	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	2	QL (120 tablets/30 days)
<i>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, 30 mg, 60 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg, 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	4	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	4	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	4	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, 15 mg, 20 mg, 30 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>relafen - nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>relafen - nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	4	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>	4	QL (240 tablets/30 days)
Anesthetics		
<i>lidocaine hcl laryngotracheal soln 4%</i>	3	
<i>lidocaine hcl soln 4%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</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>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)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
APO-VARENICLINE - varenicline tartrate tab 0.5 mg, 1 mg	4	
<i>buprenorphine hcl sl tab 2 mg, 8 mg</i>	3	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	4	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2 mg, 12-3 mg</i>	4	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	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, 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	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
VARENICLINE STARTING MONTH BOX - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	4	
VARENICLINE TARTRATE - varenicline tartrate tab 0.5 mg, 1 mg	4	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	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, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	3	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	3	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg, 875-125 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>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	2	
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
<i>BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 1200000 unit/2ml</i>	4	
<i>BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml</i>	4	
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefazolin sodium for inj 2 gm</i>	4	
<i>cefazolin sodium for inj 500 mg, 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefepime hcl for inj 1 gm, 2 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</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</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, 2 gm</i>	4	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	4	
<i>cefprozil tab 250 mg, 500 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>ceftazidime for inj 1 gm, 6 gm</i>	4	
<i>ceftazidime for iv soln 1 gm and dextrose 5% (50ml)</i>	4	
<i>ceftazidime for iv soln 2 gm and dextrose 5% (50ml)</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	4	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	4	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	4	
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg, 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	2	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	4	
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	4	
<i>clarithromycin tab 250 mg, 500 mg</i>	3	
<i>clindacin etz pledgets - clindamycin phosphate swab 1%</i>	4	
<i>clindacin-p - clindamycin phosphate swab 1%</i>	4	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	4	
<i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	4	
<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>	5	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	3	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
<i>doxycycline hyclate cap 50 mg</i>	3	
<i>doxycycline hyclate cap 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	3	
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	4	
<i>ertapenem sodium for inj 1 gm</i>	4	
<i>ery-tab - erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
<i>erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin soln 2%</i>	3	
<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	4	
<i>erythromycin tab 250 mg, 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	4	
IMPAVIDO - miltefosine cap 50 mg	5	
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	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 & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	4	
<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	4	
<i>meropenem iv for soln 500 mg, 1 gm</i>	4	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mondoxoyne nl - doxycycline monohydrate cap 100 mg</i>	2	
<i>moxifloxacin hcl tab 400 mg</i>	3	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	4	
<i>nafcillin sodium for iv soln 1 gm</i>	4	
<i>nafcillin sodium for iv soln 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	4	
<i>nafcillin sodium in dextrose inj 1 gm/50ml</i>	4	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg#</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	3	
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose, 40000 unit/ml in dextrose, 60000 unit/ml in dextrose	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg, 500 mg</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
<i>sulfadiazine tab 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	2	
SUPRAX - cefixime chew tab 100 mg, 200 mg	4	
TAZICEF - ceftazidime for iv soln 1 gm, 6 gm	4	
<i>tazicef - ceftazidime for inj 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	5	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2 gm/30ml (40 mg/ml)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%, 750 mg/150ml-0.9%	4	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	4	
<i>vancomycin hcl cap 125 mg</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 1.5 gm</i>	4	
<i>vancomycin hcl for iv soln 100 gm</i>	4	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 5 gm, 10 gm</i>	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.25 gm	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml, 750 mg/150ml, 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%, 750 mg/150ml-5%, 1 gm/200ml-5%	4	
VANDAZOLE - metronidazole vaginal gel 0.75%	3	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	4	
<i>carbamazepine tab 200 mg</i>	3	
CELONTIN - methsuximide cap 300 mg	4	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	5	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	3	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	4	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>epitol - carbamazepine tab 200 mg</i>	3	
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg, 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	4	
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	4	
<i>gabapentin cap 100 mg</i>	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 iv inj 200 mg/20ml (10 mg/ml)</i>	4	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	3	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	4	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	2	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	3	
<i>phenobarbital elixir 20 mg/5ml#</i>	4	
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i>	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, 300 mg</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 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 225 mg, 300 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	4	QL (900 mls/30 days)
<i>primidone tab 50 mg, 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, 500 mg, 750 mg, 1000 mg	4	
<i>subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	5	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	3	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	
<i>valproate sodium oral soln 250 mg/5ml</i>	3	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose), 2 x 10 mg/0.1ml (20 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 5 mg/0.1 ml, 10 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)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	5	
<i>zonisamide cap 25 mg, 50 mg, 100 mg</i>	2	
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg, 10 mg</i>	2	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i>	4	
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr)
<i>memantine hcl tab 5 mg, 10 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	4	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	4	
Antidepressants		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
AMOXAPINE - amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#	4	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	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, 20 mg</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg</i>	4	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	4	
<i>doxepin hcl conc 10 mg/ml#</i>	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg, 40 mg, 60 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg	4	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i>	3	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	3	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	PA, QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg, 10 mg</i>	2	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg</i>	2	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg, 40 mg, 80 mg, 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	2	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	3	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg</i>	3	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	3	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	3	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	4	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	4	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	2	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	4	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#	4	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab 10 mg, 40 mg#</i>	2	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	QL (60 tablets/30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg, 10 mg#</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	4	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg, 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	4	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	4	
TRINTELLIX - vortioxetine hbr tab 5 mg, 10 mg, 20 mg	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	2	QL (90 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (1 kit/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	4	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
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	4	BD
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	4	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	4	PA (>=65 yr)
<i>compro - prochlorperazine suppos 25 mg</i>	4	
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	4	BD
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	2	
<i>ondansetron hcl tab 24 mg</i>	3	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	3	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	4	PA (>=65 yr)
<i>prochlorperazine maleate tab 5 mg, 10 mg</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl syrup 6.25 mg/5ml#</i>	4	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg, 50 mg#</i>	3	PA (>=65 yr)
<i>promethazine hcl tab 25 mg#</i>	2	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	PA (>=65 yr)
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>casprofungin acetate for iv soln 50 mg, 70 mg</i>	4	
<i>ciclodan - ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>ciclopirox olamine cream 0.77%</i>	3	
<i>ciclopirox olamine susp 0.77%</i>	3	
<i>ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	3	
<i>clotrimazole troche 10 mg</i>	3	
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	4	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>flucytosine cap 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	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>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	3	
<i>micafungin sodium for iv soln 50 mg</i>	4	
<i>micafungin sodium for iv soln 100 mg</i>	5	
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	3	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	3	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>nystop - nystatin topical powder 100000 unit/gm</i>	3	
<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%, 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>	4	PA
<i>voriconazole tab 50 mg, 200 mg</i>	4	PA
Antigout Agents		
<i>allopurinol tab 100 mg, 300 mg</i>	2	
<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	
Antimigraine Agents		
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tab 1 mg, 2.5 mg</i>	3	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg, 10 mg</i>	3	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	3	QL (10 doses/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	3	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	3	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	2	QL (18 tablets/30 days)
Antimyasthenic Agents		
<i>pyridostigmine bromide tab 60 mg</i>	3	
Antimycobacterials		
<i>dapsone tab 25 mg, 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	3	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PASER - aminosalicic acid er granules packet 4 gm	4	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg, 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg, 100 mg*	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	2	
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	PA, QL (30 tablets/30 days)
<i>bexarotene cap 75 mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg</i>	3	
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg, 40 mg, 60 mg*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	5	PA, QL (60 capsules/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	4	BD
<i>cyclophosphamide cap 25 mg, 50 mg</i>	3	BD
DAURISMO - glasdegib maleate tab 25 mg	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	5	PA, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	4	
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
<i>erlotinib hcl tab 25 mg</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg, 150 mg</i>	5	PA, QL (30 tablets/30 days)
EULEXIN - flutamide cap 125 mg	5	
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>exemestane tab 25 mg</i>	4	
EXKIVITY - mobocertinib succinate cap 40 mg*	5	PA, QL (120 capsules/30 days)
<i>flutamide cap 125 mg</i>	4	
FOTIVDA - tivozanib hcl cap 0.89 mg, 1.34 mg*	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	5	PA, QL (120 capsules/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg, 30 mg, 40 mg*	5	PA, QL (30 tablets/30 days)
<i>hydroxyurea cap 500 mg</i>	2	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg, 15 mg, 30 mg, 45 mg*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg, 100 mg*	5	PA, QL (30 tablets/30 days)
<i>imatinib mesylate tab 100 mg</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib tab 420 mg, 560 mg*	5	PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg, 10 mg, 15 mg, 20 mg, 25 mg*	5	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
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)
<i>lapatinib ditosylate tab 250 mg</i>	5	PA, QL (180 tablets/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	4	
LEUKERAN - chlorambucil tab 2 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
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)
LYNPARZA - olaparib tab 100 mg, 150 mg*	5	PA, QL (120 tablets/30 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	5	PA
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>mercaptopurine tab 50 mg</i>	3	
MESNEX - mesna tab 400 mg	5	
<i>nelarabine iv soln 5 mg/ml</i>	5	PA
NERLYNX - neratinib maleate tab 40 mg*	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg, 3 mg, 4 mg	5	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
PANRETIN - alitretinoin gel 0.1%	5	PA
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	5	PA, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	5	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg*	5	PA, QL (21 capsules/28 days)
ROZLYTREK - entrectinib cap 100 mg	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg, 250 mg, 300 mg*	5	PA, QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
<i>sorafenib tosylate tab 200 mg</i>	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg</i>	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	4	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg, 75 mg*	5	PA, QL (120 capsules/30 days)
TAGRISO - osimertinib mesylate tab 40 mg, 80 mg*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg, 0.5 mg, 0.75 mg, 1 mg*	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg, 20 mg</i>	2	
TASIGNA - nilotinib hcl cap 50 mg, 150 mg, 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	5	PA, QL (60 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>toremifene citrate tab 60 mg</i>	5	
<i>tretinoin cap 10 mg</i>	5	PA
TRUSELTIQ - infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)*	5	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)*	5	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)*	5	PA, QL (63 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 100 mg (100 mg daily dose)*	5	PA, QL (21 capsules/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 200 mg	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 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
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg*	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	5	PA, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
WELIREG - belzutifan tab 40 mg*	5	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*	5	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)

Antiparasitics

<i>albendazole tab 200 mg</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	4	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	4	
<i>chloroquine phosphate tab 250 mg</i>	4	
<i>chloroquine phosphate tab 500 mg</i>	2	
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)

You can find information 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 inj soln 300 mg</i>	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	BD
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	4	
<i>pyrimethamine tab 25 mg</i>	5	PA
<i>quinine sulfate cap 324 mg</i>	4	PA
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg</i>	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>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i>	2	PA (>=65 yr)
<i>bromocriptine mesylate tab 2.5 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	3	
<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>entacapone tab 200 mg</i>	4	
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
Antipsychotics		
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	5	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	PA (>=65 yr), QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 150 mg	4	PA (>=65 yr), QL (180 tablets/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	3	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	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, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	4	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 inj 2.5 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	3	PA (>=65 yr)
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg</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, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 days)
LATUDA - lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	4	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	4	QL (60 tablets/30 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	3	PA (>=65 yr)

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Drug Name	Drug Tier	Requirements/Limits
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	4	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	4	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	4	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg, 2 mg	4	
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA (>=65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	4	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 4 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	3	PA (>=65 yr)
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	4	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i>	3	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	4	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	4	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	4	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	4	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	4	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA (>=65 yr), QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 10 mg, 20 mg</i>	2	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	4	
<i>tizanidine hcl tab 2 mg, 4 mg</i>	2	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	QL (60 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg, 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg, 300 mg</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	4	QL (60 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
<i>efavirenz cap 50 mg</i>	4	QL (90 capsules/30 days)
<i>efavirenz cap 200 mg</i>	4	QL (120 capsules/30 days)
<i>efavirenz tab 600 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	4	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	5	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	4	
<i>etravirine tab 100 mg</i>	4	QL (60 tablets/30 days)
<i>etravirine tab 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	3	
<i>fosamprenavir calcium tab 700 mg</i>	4	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg, 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO - molnupiravir cap 200 mg	4	QL (40 capsules/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	4	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	4	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/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>	5	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 100 mg</i>	4	QL (90 tablets/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 oral soln 80 mg/ml	4	QL (480 mls/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	3	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg, 75 mg</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	4	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	4	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	4	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	5	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	4	
<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-tenofovdv tab 150-150-200-300 mg	5	QL (30 tablets/30 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	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg, 50 mg	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5	QL (180 tablets/30 days)
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	QL (60 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg</i>	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	4	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
<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)
Anxiolytics		
<i>alprazolam tab 0.25 mg, 0.5 mg, 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, 10 mg, 15 mg, 30 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tab 7.5 mg</i>	3	
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	4	PA, QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	4	PA, QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	4	PA, QL (180 tablets/30 days)
<i>diazepam oral soln 1 mg/ml</i>	4	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	2	PA, QL (120 tablets/30 days)
<i>hydroxyzine hcl tab 25 mg, 50 mg#</i>	3	PA (>=65 yr)
<i>lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mls/30 days)
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg, 1 mg</i>	2	PA, QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	2	PA, QL (150 tablets/30 days)
Bipolar Agents		
<i>lithium carbonate cap 150 mg, 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab er 300 mg, 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
Blood Glucose Regulators		
<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)
ALCOHOL SWABS	3	
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	QL (4 pens/28 days), ST
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA - dapagliflozin propanediol tab 5 mg	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	2	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	2	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	2	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	2	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	2	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	2	QL (60 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	3	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>	3	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#</i>	2	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	2	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	4	QL (30 tablets/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	5	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	5	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	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
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg</i>	3	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	3	QL (90 tablets/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	QL (1 pen/28 days), ST
<i>pioglitazone hcl tab 15 mg</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	4	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	4	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	4	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	QL (30 tablets/30 days), ST
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	QL (4 pens/28 days), ST
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (3 pens/30 days), ST
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
Blood Products and Modifiers		
<i>anagrelide hcl cap 0.5 mg</i>	3	
<i>anagrelide hcl cap 1 mg</i>	4	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA - ticagrelor tab 60 mg, 90 mg	4	
<i>cilostazol tab 50 mg, 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg</i>	1	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QL (10 vials/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	3	
<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
PRADAXA - dabigatran etexilate mesylate cap 75 mg, 150 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (120 capsules/30 days)
<i>prasugrel hcl tab 5 mg, 10 mg</i>	3	
PROMACTA - eltrombopag olamine powder pack for susp 25 mg, 12.5 mg*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA - eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
<i>tranexamic acid tab 650 mg</i>	3	
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
Cardiovascular Agents		
<i>acebutolol hcl cap 200 mg, 400 mg</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	4	
<i>acetazolamide tab 125 mg, 250 mg</i>	3	
<i>aliskiren fumarate tab 150 mg, 300 mg</i>	4	QL (30 tablets/30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 100 mg, 400 mg</i>	4	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amlodipine besylate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	4	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	3	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	2	
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg, 1 mg</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 tab 2 mg</i>	3	
<i>candesartan cilexetil tab 16 mg</i>	4	QL (60 tablets/30 days)
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg, 50 mg, 100 mg</i>	3	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>chlorthalidone tab 25 mg, 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	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>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	3	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	4	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg, 7.5 mg	4	PA, QL (60 tablets/30 days)
<i>digitek - digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>digox - digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>digoxin oral soln 0.05 mg/ml#</i>	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	3	
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	4	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	4	
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	2	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	5	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	2	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	2	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	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
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)
ezetimibe tab 10 mg	3	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	3	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	3	QL (30 capsules/30 days)
fenofibrate tab 48 mg, 54 mg	3	QL (60 tablets/30 days)
fenofibrate tab 145 mg, 160 mg	3	QL (30 tablets/30 days)
flecainide acetate tab 50 mg, 100 mg, 150 mg	2	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	2	
furosemide inj 10 mg/ml	4	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg, 40 mg, 80 mg	1	
gemfibrozil tab 600 mg	2	QL (60 tablets/30 days)
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
indapamide tab 1.25 mg, 2.5 mg	2	
irbesartan tab 75 mg, 150 mg, 300 mg	2	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	2	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg	3	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	2	
isosorbide mononitrate tab 10 mg, 20 mg	2	
KERENDIA - finerenone tab 10 mg, 20 mg	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg, 200 mg, 300 mg	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	1	QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg	1	QL (60 tablets/30 days)
losartan potassium tab 100 mg	1	QL (30 tablets/30 days)
lovastatin tab 10 mg, 20 mg, 40 mg	1	QL (60 tablets/30 days)
matzim la - diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
methazolamide tab 25 mg, 50 mg	4	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	3	
metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg	2	
metoprolol tartrate tab 25 mg, 50 mg, 100 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg, 250 mg</i>	4	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	4	
<i>minoxidil tab 2.5 mg, 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	3	
<i>niacin tab er 500 mg</i>	4	QL (30 tablets/30 days)
<i>niacin tab er 750 mg, 1000 mg</i>	4	QL (60 tablets/30 days)
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	3	
<i>nimodipine cap 30 mg</i>	4	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	2	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	3	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
<i>pacerone - amiodarone hcl tab 100 mg, 400 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, 4 mg, 8 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg, 10 mg</i>	3	
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	2	
<i>prevalite - cholestyramine light powder packets 4 gm</i>	3	
<i>prevalite - cholestyramine light powder 4 gm/dose</i>	3	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	3	
<i>propranolol hcl oral soln 20 mg/5ml</i>	3	
<i>propranolol hcl oral soln 40 mg/5ml</i>	3	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate tab 200 mg</i>	3	
<i>quinidine sulfate tab 300 mg</i>	3	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	1	
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	4	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	2	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sorine - sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>	2	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	3	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	3	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	3	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	3	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	3	
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	3	QL (30 tablets/30 days)
<i>terazosin hcl cap 1 mg</i>	2	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i>	2	QL (60 capsules/30 days)
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	3	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	3	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	2	
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i>	2	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	3	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	2	
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg, 80 mg, 100 mg</i>	4	QL (30 capsules/30 days)
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, 5 mg, 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, 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg#</i>	3	QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	4	PA, QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
<i>riluzole tab 50 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tab 12.5 mg	5	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	2	
oralone dental paste - triamcinolone acetonide dental paste 0.1%	3	
periogard - chlorhexidine gluconate soln 0.12%	2	
pilocarpine hcl tab 5 mg, 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	3	
Dermatological Agents		
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	
acitretin cap 10 mg, 17.5 mg, 25 mg	4	
ala-cort - hydrocortisone cream 1%	2	
ala-cort - hydrocortisone cream 2.5%	3	QL (454 grams/30 days)
amnesteam - isotretinoin cap 10 mg, 20 mg, 40 mg	4	
AUGMENTED BETAMETHASONE DIPROPIONATE - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
avita - tretinoin cream 0.025%	4	PA
avita - tretinoin gel 0.025%	4	PA
azelaic acid gel 15%	4	
benzoyl peroxide-erythromycin gel 5-3%	4	
betamethasone dipropionate augmented cream 0.05%	4	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	4	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	4	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	4	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	4	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	4	QL (135 grams/30 days)
betamethasone valerate cream 0.1%	4	QL (135 grams/30 days)
betamethasone valerate lotion 0.1%	3	QL (120 mls/30 days)
betamethasone valerate oint 0.1%	3	QL (135 grams/30 days)
calcipotriene cream 0.005%	4	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	4	QL (120 mls/30 days)
claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	
clotrimazole w/ betamethasone cream 1-0.05%	2	
FINACEA - azelaic acid foam 15%	3	
fluocinonide cream 0.05%	3	QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	3	QL (120 grams/30 days)
fluocinonide gel 0.05%	4	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUOROURACIL - fluorouracil soln 2%, 5%	3	
<i>fluorouracil cream 5%</i>	4	
<i>fluticasone propionate cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	3	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	4	QL (200 grams/28 days)
<i>hydrocortisone cream 1%</i>	2	
<i>hydrocortisone cream 2.5%</i>	3	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, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>ivermectin cream 1%</i>	3	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	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>	3	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	3	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	3	QL (120 mls/30 days)
<i>mupirocin calcium cream 2%</i>	4	QL (30 grams/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>myorisan - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>permethrin cream 5%</i>	3	
<i>pimecrolimus cream 1%</i>	4	PA
<i>podofilox soln 0.5%</i>	4	
<i>rosadan - metronidazole cream 0.75%</i>	4	
<i>rosadan - metronidazole gel 0.75%</i>	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	3	PA
TAZORAC - tazarotene cream 0.05%	4	PA
TAZORAC - tazarotene gel 0.05%, 0.1%	4	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin gel 0.01%, 0.025%</i>	4	PA
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
<i>triderm - triamcinolone acetonide cream 0.1%, 0.5%</i>	2	QL (454 grams/30 days)
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium acetate cap 667 mg (169 mg ca)</i>	3	
<i>calcium acetate tab 667 mg</i>	3	
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	4	
<i>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg</i>	5	PA
<i>deferasirox tab 90 mg, 180 mg, 360 mg</i>	5	PA
<i>dextrose inj 5%, 10%</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%, 0.33%, 0.45%, 0.9%</i>	4	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>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 sulfite inj 50%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>potassium chloride cap er 8 meq, 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	4	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	4	
<i>sevelamer carbonate packet 0.8 gm</i>	4	QL (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	4	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	4	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	4	
<i>sodium chloride preservative free inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	3	
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	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, 16.8 gm, 25.2 gm	3	
Gastrointestinal Agents		
<i>alose tron hcl tab 0.5 mg</i>	4	PA, QL (60 tablets/30 days)
<i>alose tron hcl tab 1 mg</i>	5	PA, QL (60 tablets/30 days)
CHENODAL - chenodiol tab 250 mg*	5	PA
<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>	3	PA (>=65 yr)
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine tab 20 mg, 40 mg</i>	2	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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, 2 mg</i>	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	2	
LUBIPROSTONE - lubiprostone cap 8 mcg	4	QL (120 capsules/30 days)
LUBIPROSTONE - lubiprostone cap 24 mcg	4	QL (60 capsules/30 days)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	3	
<i>metoclopramide hcl tab 5 mg, 10 mg</i>	2	
<i>misoprostol tab 100 mcg, 200 mcg</i>	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg, 25 mg	3	PA
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, 40 mg</i>	2	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg</i>	2	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>sucrafate tab 1 gm</i>	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
<i>ursodiol cap 300 mg</i>	4	
<i>ursodiol tab 250 mg</i>	3	
<i>ursodiol tab 500 mg</i>	4	
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine powder for oral solution</i>	5	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone cap 2 mg, 5 mg, 10 mg</i>	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
VYNDALIN - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit	3	
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	3	
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	2	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3	QL (30 tablets/30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	4	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>tamsulosin hcl cap 0.4 mg</i>	2	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	4	QL (30 capsules/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone elixir 0.5 mg/5ml</i>	4	
<i>dexamethasone soln 0.5 mg/5ml</i>	4	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hidex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	3	
<i>prednisolone syrup 15 mg/5ml</i>	3	
<i>prednisone oral soln 5 mg/5ml</i>	4	
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	2	
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	2	
<i>taperdex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	4	
<i>desmopressin acetate tab 0.1 mg, 0.2 mg</i>	3	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>alyacen 1/35 - norethindrone & 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>amabelz - estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
ANDRODERM - testosterone td patch 24hr 2 mg/24hr, 4 mg/24hr	3	PA, QL (30 patches/30 days)
<i>apri - desogestrel & 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	
<i>abra - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>abra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	4	
<i>aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	4	
<i>aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 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>aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg</i>	4	
<i>aurovela 1.5/30 - norethindrone ace & 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 & ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	
<i>blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>blisovi fe 1.5/30 - norethindrone ace & 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 & ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	
<i>camila - norethindrone tab 0.35 mg</i>	4	
<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	4	
<i>caziant - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	4	
<i>chateal - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg</i>	4	
<i>chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	4	
<i>cyred - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	4	PA
<i>dasetta 1/35 - norethindrone & 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>	4	
<i>delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	4	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	4	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	4	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	4	
<i>DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#</i>	4	
<i>elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	4	
<i>emoquette - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	4	
<i>enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>errin - norethindrone tab 0.35 mg</i>	4	
<i>estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg</i>	4	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg#</i>	2	
<i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	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 20 mg/ml, 40 mg/ml</i>	4	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	4	
<i>falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>femynor - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	4	
<i>hailey 1.5/30 - norethindrone ace & 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>heather - norethindrone tab 0.35 mg</i>	4	
<i>iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	
<i>incassia - norethindrone tab 0.35 mg</i>	4	
<i>introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg</i>	4	
<i>isibloom - desogestrel & 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>	4	
<i>jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>junel fe 1/20 - norethindrone ace & 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 & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	4	
<i>junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	4	
<i>kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	4	
<i>kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg</i>	4	
<i>larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	4	
<i>larin 1.5/30 - norethindrone ace & 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>larissia - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	4	
<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	4	
<i>lessina - levonorgestrel & 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) & eth est tab 0.01mg(7)</i>	4	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 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 & 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 & ethinyl estradiol-fetab 1 mg-20 mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	4	
<i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	4	
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	4	
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	4	
<i>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i>	4	
<i>lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>lyleq - norethindrone tab 0.35 mg</i>	4	
<i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	4	
<i>lyza - norethindrone tab 0.35 mg</i>	4	
<i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml#</i>	4	
<i>megestrol acetate tab 20 mg, 40 mg#</i>	3	
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg#	4	
<i>microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	4	
<i>microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	4	
<i>microgestin 1.5/30 - norethindrone ace & 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 & ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>necon 0.5/35-28 - norethindrone & 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>	4	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>	4	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & 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 & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	4	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 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>	4	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i>	4	
<i>norgestimate & 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, 0.18-35/0.215-35/0.25-35 mg-mcg</i>	4	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	4	
<i>norlyroc - norethindrone tab 0.35 mg</i>	4	
<i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	4	
<i>nortrel 1/35 - norethindrone & 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 & 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 & ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	4	
<i>oxandrolone tab 2.5 mg</i>	3	PA
<i>oxandrolone tab 10 mg</i>	4	PA
<i>philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	
<i>pimtreea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>pirmella 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	4	
<i>pirmella 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	4	
<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm</i>	3	
<i>progesterone cap 100 mg, 200 mg</i>	2	
<i>raloxifene hcl tab 60 mg</i>	3	
<i>reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	4	
<i>setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sharobel - norethindrone tab 0.35 mg</i>	4	
<i>simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>sronyx - levonorgestrel & 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 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	4	
<i>tarina fe 1/20 eq - norethindrone ace & 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, 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 femynor - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	4	
<i>trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	4	
<i>velivet - desogest-ethin est tab 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 & ethinyl estradiol tab 0.1 mg-20 mcg</i>	4	
<i>viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	4	
<i>vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	4	
<i>vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	4	
<i>wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	4	
<i>wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	4	
<i>yuvaferm - estradiol vaginal tab 10 mcg</i>	4	
<i>zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg</i>	4	
<i>zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	1	
<i>levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	2	
<i>SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg</i>	3	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	5	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 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
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*	5	PA
SOMAVERT - pegvisomant for inj 10 mg, 15 mg, 20 mg, 25 mg, 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg, 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - riloncept for inj 220 mg*	5	PA
<i>azathioprine tab 50 mg</i>	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	3	
BENLYSTA - belimumab for iv soln 120 mg, 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3	
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
<i>cyclosporine cap 25 mg, 100 mg</i>	4	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 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	3	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3	
DIPHtheria/TETANUS TOXoids ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml, 300 mg/2ml	5	PA
ENBREL - etanercept for subcutaneous inj 25 mg	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto- injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml, 20 mcg/ml	3	BD
<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3	
<i>gengraf - cyclosporine modified cap 25 mg, 100 mg</i>	4	BD
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	4	BD
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	3	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate inj 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	3	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
INTRON A - interferon alfa-2b for inj 10000000 unit	3	
INTRON A - interferon alfa-2b for inj 18000000 unit	4	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
<i>leflunomide tab 10 mg, 20 mg</i>	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	3	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium tab 2.5 mg</i>	2	
<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, 360 mg</i>	4	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3	BD
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	

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

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	BD
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
<i>sajazir - icatibant acetate inj 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime; >=18 yr)
<i>sirolimus oral soln 1 mg/ml</i>	4	BD
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	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	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	5	PA
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	4	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	3	
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	

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Drug Name	Drug Tier	Requirements/Limits
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	5	PA
XELJANZ - tofacitinib citrate tab 5 mg, 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg, 22 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	3	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 & 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>	3	QL (454 grams/30 days)
<i>procto-pak - hydrocortisone perianal cream 1%</i>	2	
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	3	QL (454 grams/30 days)
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	3	QL (454 grams/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	3	
<i>sulfasalazine tab 500 mg</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg, 70 mg</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg</i>	4	PA
<i>cinacalcet hcl tab 60 mg, 90 mg</i>	5	PA
<i>ibandronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg, 50 mcg, 75 mcg, 100 mcg*	5	PA, QL (2 cartridges/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
Ophthalmic Agents		
<i>ak-poly-bac - bacitracin-polymyxin b ophth oint</i>	2	
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%, 0.15%	3	
<i>atropine sulfate ophth soln 1%</i>	3	
<i>azelastine hcl ophth soln 0.05%</i>	4	
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>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%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37%*	5	PA
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	4	
<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	
GENTAK - gentamicin sulfate ophth oint 0.3%	2	
<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	
LACRISERT - artificial tear ophth insert	4	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i>	3	
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-polymy-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%, 2%, 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%, 0.5%</i>	4	
<i>timolol maleate ophth soln 0.25%, 0.5%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
<i>travoprost ophth soln 0.004%</i>	4	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
Otic Agents		
<i>acetic acid otic soln 2%</i>	3	
<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	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%, 20%</i>	3	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 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
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 canister/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	3	QL (36 grams/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml), 0.63 mg/3ml, 1.25 mg/3ml</i>	3	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	4	
<i>ambrisentan tab 5 mg, 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3	QL (1 package/30 days)
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh, 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i>	3	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh, 200-25 mcg/inh	3	QL (1 package/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 canisters/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	4	BD
<i>cyproheptadine hcl syrup 2 mg/5ml#</i>	3	PA (>=65 yr)
<i>cyproheptadine hcl tab 4 mg#</i>	3	PA (>=65 yr)
DALIRESP - roflumilast tab 250 mcg, 500 mcg	4	PA, QL (30 tablets/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	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
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (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	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/ blister, 100 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/ blister	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 canisters/30 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone- salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	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 25 mg, 50 mg, 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>montelukast sodium chew tab 4 mg, 5 mg</i>	2	
<i>montelukast sodium oral granules packet 4 mg</i>	4	
<i>montelukast sodium tab 10 mg</i>	2	
OFEV - nintedanib esylate cap 100 mg, 150 mg*	5	PA, QL (60 capsules/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg, 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone 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

You can find information 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/dose	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	4	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	3	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh, 200-62.5-25 mcg/inh	3	QL (60 blisters/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	3	QL (36 grams/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	4	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	2	
<i>methocarbamol tab 500 mg, 750 mg#</i>	2	
Sleep Disorder Agents		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>	3	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg, 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	4	QL (30 tablets/30 days)
<i>temazepam cap 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
WAKIX - pitolisant hcl tab 4.45 mg, 17.8 mg	5	PA, QL (60 tablets/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	2	QL (30 tablets/30 days)

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

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg.....	24	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....	60
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg.....	24	albuterol sulfate soln nebu 0.5% (5 mg/ml), 0.63 mg/3ml, 1.25 mg/3ml.....	60
abacavir sulfate soln 20 mg/ml.....	24	albuterol sulfate syrup 2 mg/5ml.....	60
abacavir sulfate tab 300 mg.....	24	albuterol sulfate tab 2 mg, 4 mg.....	60
ABILIFY MAINTENA.....	21	ALCOHOL SWABS.....	28
abiraterone acetate tab 250 mg.....	15	ALECENSA.....	15
acamprosate calcium tab delayed release 333 mg.....	3	alendronate sodium tab 10 mg.....	57
acarbose tab 100 mg.....	28	alendronate sodium tab 35 mg, 70 mg.....	57
acarbose tab 25 mg.....	28	alfuzosin hcl tab er 24hr 10 mg.....	43
acarbose tab 50 mg.....	28	aliskiren fumarate tab 150 mg, 300 mg.....	32
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	38	allopurinol tab 100 mg, 300 mg.....	14
acebutolol hcl cap 200 mg, 400 mg.....	32	alosetron hcl tab 0.5 mg.....	41
acetaminophen w/ codeine soln 120-12 mg/5ml.....	1	alosetron hcl tab 1 mg.....	41
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg.....	1	ALPHAGAN P.....	58
acetaminophen w/ codeine tab 300-60 mg.....	1	alprazolam tab 0.25 mg, 0.5 mg, 1 mg.....	27
acetazolamide cap er 12hr 500 mg.....	32	alprazolam tab 2 mg.....	27
acetazolamide tab 125 mg, 250 mg.....	32	altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	44
acetic acid otic soln 2%.....	59	ALUNBRIG.....	15
acetylcysteine inhal soln 10%, 20%.....	59	alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	44
acitretin cap 10 mg, 17.5 mg, 25 mg.....	38	alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	44
ACTHIB.....	53	amabelz - estradiol & norethindrone acetate tab 1-0.5 mg.....	44
ACTIMMUNE.....	53	amantadine hcl cap 100 mg.....	21
acyclovir cap 200 mg.....	24	amantadine hcl soln 50 mg/5ml.....	21
acyclovir sodium iv soln 50 mg/ml.....	24	AMBISOME.....	13
acyclovir susp 200 mg/5ml.....	24	ambrisentan tab 5 mg, 10 mg.....	60
acyclovir tab 400 mg, 800 mg.....	24	amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml).....	3
ADACEL.....	53	amiloride & hydrochlorothiazide tab 5-50 mg.....	32
adefovir dipivoxil tab 10 mg.....	24	amiloride hcl tab 5 mg.....	32
ADEMPAS.....	59	amiodarone hcl tab 100 mg, 400 mg.....	32
ADVAIR DISKUS.....	59	amiodarone hcl tab 200 mg.....	32
ADVAIR HFA.....	60	amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	11
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	44	amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....	32
ak-poly-bac - bacitracin-polymyxin b ophth oint.....	58	amlodipine besylate tab 2.5 mg, 5 mg, 10 mg.....	32
ala-cort - hydrocortisone cream 1%.....	38	amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....	32
ala-cort - hydrocortisone cream 2.5%.....	38	amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg.....	32
albendazole tab 200 mg.....	20	amnesteem - isotretinoin cap 10 mg, 20 mg, 40 mg.....	38
albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA).....	60		

AMOXAPINE.....	11	<i>aprepitant capsule therapy pack 80 & 125</i>	
<i>amoxicillin (trihydrate) cap 250 mg, 500</i>		<i>mg.....</i>	13
<i>mg.....</i>	3	<i>apri - desogestrel & ethinyl estradiol tab 0.15 mg-30</i>	
<i>amoxicillin (trihydrate) chew tab 125 mg.....</i>	3	<i>mcg.....</i>	44
<i>amoxicillin (trihydrate) chew tab 250 mg.....</i>	3	APTIOM.....	8
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200</i>		APTIVUS.....	24
<i>mg/5ml, 250 mg/5ml, 400 mg/5ml.....</i>	3	<i>aranelle - norethindrone-eth estradiol tab</i>	
<i>amoxicillin (trihydrate) tab 500 mg, 875</i>		<i>0.5-35/1-35/0.5-35 mg-mcg.....</i>	44
<i>mg.....</i>	3	ARCALYST.....	53
<i>amoxicillin & k clavulanate chew tab 200-28.5</i>		<i>aripiprazole orally disintegrating tab 10 mg, 15</i>	
<i>mg.....</i>	3	<i>mg.....</i>	21
<i>amoxicillin & k clavulanate chew tab 400-57</i>		<i>aripiprazole oral solution 1 mg/ml.....</i>	21
<i>mg.....</i>	3	<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5</i>		<i>mg.....</i>	21
<i>mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml,</i>		<i>aripiprazole tab 2 mg, 5 mg.....</i>	21
<i>600-42.9 mg/5ml.....</i>	3	<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250</i>	
<i>amoxicillin & k clavulanate tab 250-125</i>		<i>mg.....</i>	62
<i>mg.....</i>	3	ARNUITY ELLIPTA.....	60
<i>amoxicillin & k clavulanate tab 500-125 mg, 875-125</i>		<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10</i>	
<i>mg.....</i>	3	<i>mg.....</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 10</i>		ASMANEX HFA.....	60
<i>mg, 15 mg, 20 mg, 25 mg, 30 mg.....</i>	37	ASMANEX TWISTHALER 120 METERED	
<i>amphetamine-dextroamphetamine cap er 24hr 5</i>		DOSES.....	60
<i>mg.....</i>	37	ASMANEX TWISTHALER 14 METERED	
<i>amphetamine-dextroamphetamine tab 20</i>		DOSES.....	60
<i>mg.....</i>	37	ASMANEX TWISTHALER 30 METERED	
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg,</i>		DOSES.....	60
<i>10 mg, 12.5 mg, 15 mg, 30 mg.....</i>	37	ASMANEX TWISTHALER 60 METERED	
AMPHOTERICIN B.....	13	DOSES.....	60
<i>amphotericin b liposome iv for susp 50</i>		<i>aspirin-dipyridamole cap er 12hr 25-200</i>	
<i>mg.....</i>	13	<i>mg.....</i>	31
<i>ampicillin & sulbactam sodium for inj 3 (2-1)</i>		<i>atazanavir sulfate cap 150 mg, 300</i>	
<i>gm.....</i>	4	<i>mg.....</i>	24
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1)</i>		<i>atazanavir sulfate cap 200 mg.....</i>	24
<i>gm.....</i>	4	<i>atenolol & chlorthalidone tab 50-25 mg, 100-25</i>	
<i>ampicillin cap 500 mg.....</i>	4	<i>mg.....</i>	32
<i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2</i>		<i>atenolol tab 25 mg, 50 mg, 100 mg.....</i>	32
<i>gm.....</i>	4	<i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40</i>	
<i>ampicillin sodium for iv soln 1 gm.....</i>	4	<i>mg.....</i>	37
<i>ampicillin sodium for iv soln 2 gm.....</i>	4	<i>atomoxetine hcl cap 60 mg, 80 mg, 100</i>	
<i>anagrelide hcl cap 0.5 mg.....</i>	31	<i>mg.....</i>	37
<i>anagrelide hcl cap 1 mg.....</i>	31	<i>atorvastatin calcium tab 10 mg, 20 mg, 40</i>	
<i>anastrozole tab 1 mg.....</i>	15	<i>mg.....</i>	32
ANDRODERM.....	44	<i>atorvastatin calcium tab 80 mg.....</i>	32
ANORO ELLIPTA.....	60	<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100</i>	
APOKYN.....	21	<i>mg.....</i>	20
<i>apomorphine hcl soln cartridge 30</i>		<i>atovaquone susp 750 mg/5ml.....</i>	20
<i>mg/3ml.....</i>	21	<i>atropine sulfate ophth soln 1%.....</i>	58
APO-VARENICLINE.....	3	ATROVENT HFA.....	60
<i>aprepitant capsule 40 mg, 80 mg, 125</i>		<i>aubra eq - levonorgestrel & ethinyl estradiol tab 0.1</i>	
<i>mg.....</i>	13	<i>mg-20mcg.....</i>	44

<i>aubra - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	44	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	32
AUGMENTED BETAMETHASONE		<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	32
DIPROPIONATE	38	BENLYSTA	53
<i>aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg</i>	45	BENZNIDAZOLE	20
<i>aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	45	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	38
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	45	<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i>	21
<i>aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	44	<i>betaine powder for oral solution</i>	42
<i>aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	44	<i>betamethasone dipropionate augmented cream 0.05%</i>	38
<i>aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	45	<i>betamethasone dipropionate augmented lotion 0.05%</i>	38
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	4	<i>betamethasone dipropionate augmented oint 0.05%</i>	38
<i>avita - tretinoin cream 0.025%</i>	38	<i>betamethasone dipropionate cream 0.05%</i>	38
<i>avita - tretinoin gel 0.025%</i>	38	<i>betamethasone dipropionate lotion 0.05%</i>	38
<i>ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	45	<i>betamethasone dipropionate oint 0.05%</i>	38
AYVAKIT	15	<i>betamethasone dipropionate oint 0.05%</i>	38
<i>azathioprine tab 50 mg</i>	53	<i>betamethasone valerate cream 0.1%</i>	38
<i>azelaic acid gel 15%</i>	38	<i>betamethasone valerate lotion 0.1%</i>	38
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i>	60	<i>betamethasone valerate oint 0.1%</i>	38
<i>azelastine hcl ophth soln 0.05%</i>	58	BETASERON	37
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	4	<i>betaxolol hcl ophth soln 0.5%</i>	58
<i>azithromycin iv for soln 500 mg</i>	4	<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	43
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	4	<i>bexarotene cap 75 mg</i>	15
<i>aztreonam for inj 1 gm</i>	4	<i>bexarotene gel 1%</i>	15
<i>azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	45	BEXSERO	53
B		<i>bicalutamide tab 50 mg</i>	15
BACITRACIN	58	BICILLIN L-A	4
<i>bacitracin-polymyxin b ophth oint</i>	58	BIKTARVY	24
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	58	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	32
<i>baclofen tab 10 mg, 20 mg</i>	24	<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	32
<i>balsalazide disodium cap 750 mg</i>	57	<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	45
BALVERSA	15	<i>blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	45
<i>balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	45	<i>blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	45
BARACLUDE	24	BOOSTRIX	53
BCG VACCINE	53	BOSULIF	15
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	32	BRAFTOVI	15
		BREO ELLIPTA	60
		<i>briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	45
		BRILINTA	31

<i>brimonidine tartrate ophth soln 0.15%</i>	58	<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	45
<i>brimonidine tartrate ophth soln 0.2%</i>	58	<i>candesartan cilexetil tab 16 mg</i>	33
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	58	<i>CAPLYTA</i>	22
<i>BRIVIACT</i>	8	<i>CAPRELSA</i>	15
<i>bromocriptine mesylate tab 2.5 mg</i>	21	<i>captopril tab 12.5 mg</i>	33
<i>BRUKINSA</i>	15	<i>captopril tab 25 mg, 50 mg, 100 mg</i>	33
<i>budesonide delayed release particles cap 3 mg</i>	57	<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	8
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	60	<i>carbamazepine chew tab 100 mg</i>	8
<i>budesonide tab er 24hr 9 mg</i>	57	<i>carbamazepine susp 100 mg/5ml</i>	8
<i>bumetanide inj 0.25 mg/ml</i>	32	<i>carbamazepine tab 200 mg</i>	8
<i>bumetanide tab 0.5 mg, 1 mg</i>	32	<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	8
<i>bumetanide tab 2 mg</i>	33	<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	21
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	3	<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	21
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2 mg, 12-3 mg</i>	3	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	21
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	3	<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	21
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	3	<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	21
<i>buprenorphine hcl sl tab 2 mg, 8 mg</i>	3	<i>carglumic acid soluble tab 200 mg</i>	40
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	<i>carteolol hcl ophth soln 1%</i>	58
<i>bupropion hcl tab 100 mg</i>	11	<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	33
<i>bupropion hcl tab 75 mg</i>	11	<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	33
<i>bupropion hcl tab er 12hr 100 mg</i>	11	<i>caspofungin acetate for iv soln 50 mg, 70 mg</i>	13
<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	11	<i>cataflam - diclofenac potassium tab 50 mg</i>	1
<i>bupropion hcl tab er 24hr 150 mg</i>	11	<i>caziant - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	45
<i>bupropion hcl tab er 24hr 300 mg</i>	11	<i>cefaclor cap 250 mg</i>	4
<i>bupirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg</i>	27	<i>cefaclor cap 500 mg</i>	4
<i>bupirone hcl tab 7.5 mg</i>	28	<i>cefadroxil cap 500 mg</i>	4
<i>BYDUREON BCISE</i>	28	<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	4
C		<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4
<i>cabergoline tab 0.5 mg</i>	52	<i>cefazolin sodium for inj 2 gm</i>	4
<i>CABOMETYX</i>	15	<i>cefazolin sodium for inj 500 mg, 1 gm</i>	4
<i>calcipotriene cream 0.005%</i>	38	<i>cefazolin sodium for iv soln 1 gm</i>	4
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	38	<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	57	<i>cefdinir cap 300 mg</i>	4
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	57	<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	4
<i>calcitriol oral soln 1 mcg/ml</i>	57		
<i>calcium acetate cap 667 mg (169 mg ca)</i>	40		
<i>calcium acetate tab 667 mg</i>	40		
<i>CALQUENCE</i>	15		
<i>camila - norethindrone tab 0.35 mg</i>	45		

cefepime hcl for inj 1 gm, 2 gm.....	4	CHENODAL.....	41
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....	4	chlorhexidine gluconate soln 0.12%.....	38
cefepime hcl for iv soln 2 gm.....	4	chloroquine phosphate tab 250 mg.....	20
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	4	chloroquine phosphate tab 500 mg.....	20
cefepime hcl iv soln 1 gm/50ml.....	4	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	13
cefepime hcl iv soln 2 gm/100ml.....	4	CHLORPROMAZINE	
cefixime cap 400 mg.....	4	HYDROCHLORIDE.....	13
cefoxitin sodium for iv soln 1 gm, 2 gm.....	4	chlorthalidone tab 25 mg, 50 mg.....	33
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....	4	cholestyramine light powder 4 gm/ dose.....	33
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	4	cholestyramine light powder packets 4 gm.....	33
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	4	cholestyramine powder 4 gm/dose.....	33
cefpodoxime proxetil tab 100 mg, 200 mg.....	4	cholestyramine powder packets 4 gm.....	33
cefprozil tab 250 mg, 500 mg.....	4	ciclodan - ciclopirox solution 8%.....	13
ceftazidime for inj 1 gm, 6 gm.....	5	ciclopirox olamine cream 0.77%.....	13
ceftazidime for iv soln 1 gm and dextrose 5% (50ml).....	5	ciclopirox olamine susp 0.77%.....	13
ceftazidime for iv soln 2 gm.....	5	ciclopirox solution 8%.....	13
ceftazidime for iv soln 2 gm and dextrose 5% (50ml).....	5	cilostazol tab 50 mg, 100 mg.....	31
ceftriaxone sodium (bulk) for inj 100 gm.....	5	CIMDUO.....	25
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm.....	5	cinacalcet hcl tab 30 mg.....	57
ceftriaxone sodium for iv soln 1 gm, 2 gm.....	5	cinacalcet hcl tab 60 mg, 90 mg.....	57
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	5	ciprofloxacin 200 mg/100ml in d5w.....	5
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	5	ciprofloxacin 400 mg/200ml in d5w.....	5
ceftriaxone sodium in dextrose inj 20 mg/ ml.....	5	CIPROFLOXACIN HCL.....	5
ceftriaxone sodium in dextrose inj 40 mg/ ml.....	5	ciprofloxacin hcl ophth soln 0.3%.....	58
cefuroxime axetil tab 250 mg, 500 mg.....	5	ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg.....	5
cefuroxime sodium for inj 750 mg.....	5	citalopram hydrobromide oral soln 10 mg/5ml.....	11
cefuroxime sodium for iv soln 1.5 gm.....	5	citalopram hydrobromide tab 10 mg, 20 mg.....	11
celecoxib cap 400 mg.....	1	citalopram hydrobromide tab 40 mg.....	11
celecoxib cap 50 mg, 100 mg, 200 mg.....	1	claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	38
CELONTIN.....	8	CLARITHROMYCIN.....	5
cephalexin cap 250 mg, 500 mg.....	5	clarithromycin tab 250 mg, 500 mg.....	5
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	5	CLEMASTINE FUMARATE.....	60
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	45	clindacin etz pledgets - clindamycin phosphate swab 1%.....	5
chateal - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg.....	45	clindacin-p - clindamycin phosphate swab 1%.....	5
CHEMET.....	40	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	5
		clindamycin palmitate hcl for soln 75 mg/5ml.....	5
		clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml.....	5
		clindamycin phosphate swab 1%.....	5
		clindamycin phosphate vaginal cream 2%.....	5

<i>clobazam suspension 2.5 mg/ml</i>	8	<i>cromolyn sodium ophth soln 4%</i>	58
<i>clobazam tab 10 mg, 20 mg</i>	8	<i>cromolyn sodium oral conc 100 mg/5ml</i>	42
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg</i>	11	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	60
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	28	<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	45
<i>clonazepam orally disintegrating tab 2 mg</i>	28	<i>cyclobenzaprine hcl tab 5 mg, 10 mg</i>	62
<i>clonazepam tab 0.5 mg, 1 mg</i>	28	CYCLOPHOSPHAMIDE.....	16
<i>clonazepam tab 2 mg</i>	28	<i>cyclophosphamide cap 25 mg, 50 mg</i>	16
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	33	<i>cyclosporine cap 25 mg, 100 mg</i>	53
<i>clonidine hcl tab er 12hr 0.1 mg</i>	37	<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	53
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	33	<i>cyclosporine modified oral soln 100 mg/ml</i>	53
<i>clopidogrel bisulfate tab 75 mg</i>	31	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	60
<i>clorazepate dipotassium tab 15 mg</i>	28	<i>cyproheptadine hcl tab 4 mg</i>	60
<i>clorazepate dipotassium tab 3.75 mg</i>	28	<i>cyred - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	45
<i>clorazepate dipotassium tab 7.5 mg</i>	28	<i>cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	45
<i>clotrimazole cream 1%</i>	13	CYSTADROPS.....	58
<i>clotrimazole troche 10 mg</i>	13	CYSTAGON.....	42
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	38	CYSTARAN.....	58
CLOZAPINE ODT.....	22	D	
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	22	<i>dalfampridine tab er 12hr 10 mg</i>	37
<i>clozapine tab 100 mg</i>	22	DALIRESP.....	60
<i>clozapine tab 200 mg</i>	22	<i>danazol cap 50 mg, 100 mg, 200 mg</i>	45
<i>clozapine tab 25 mg, 50 mg</i>	22	<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	24
COARTEM.....	20	<i>dapsone tab 25 mg, 100 mg</i>	15
<i>colchicine tab 0.6 mg</i>	14	DAPTACEL.....	53
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	14	<i>daptomycin for iv soln 500 mg</i>	5
<i>colestipol hcl granule packets 5 gm</i>	33	<i>dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	45
<i>colestipol hcl granules 5 gm</i>	33	<i>dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	45
<i>colestipol hcl tab 1 gm</i>	33	DAURISMO.....	16
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	5	<i>deblitane - norethindrone tab 0.35 mg</i>	45
COMBIVENT RESPIMAT.....	60	<i>deferasirox tab 90 mg, 180 mg, 360 mg</i>	40
COMETRIQ.....	16	<i>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg</i>	40
COMPLERA.....	25	DELSTRIGO.....	25
<i>compro - prochlorperazine suppos 25 mg</i>	13	<i>delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	45
<i>constulose - lactulose solution 10 gm/15ml</i>	41	DENGVAIXA.....	53
COPAXONE.....	37	DESCOVY.....	25
COPIKTRA.....	16	<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	11
CORLANOR.....	33	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	44
COSENTYX.....	53		
COSENTYX SENSOREADY PEN.....	53		
COTELLIC.....	16		
CREON.....	42		

desmopressin acetate tab 0.1 mg, 0.2 mg.....	44	dicloxacillin sodium cap 500 mg.....	5
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	45	dicyclomine hcl cap 10 mg.....	41
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg.....	45	dicyclomine hcl oral soln 10 mg/5ml.....	41
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	45	dicyclomine hcl tab 20 mg.....	41
desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg.....	11	DIFICID.....	5
dexamethasone elixir 0.5 mg/5ml.....	43	difluprednate ophth emulsion 0.05%.....	58
dexamethasone sodium phosphate ophth soln 0.1%.....	58	digitek - digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	33
dexamethasone soln 0.5 mg/5ml.....	43	digox - digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	33
dexamethasone tab 0.5 mg.....	43	digoxin oral soln 0.05 mg/ml.....	33
dexamethasone tab 0.75 mg.....	43	digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	33
dexamethasone tab 1.5 mg, 4 mg, 6 mg.....	44	dihydroergotamine mesylate nasal spray 4 mg/ml.....	14
dexamethasone tab 1 mg.....	44	DILANTIN.....	8
dexamethasone tab 2 mg.....	44	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	33
dexamethasone tab therapy pack 1.5 mg (21).....	43	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	33
dexamethasone tab therapy pack 1.5 mg (35).....	43	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	33
dexamethasone tab therapy pack 1.5 mg (51).....	43	diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	33
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	37	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	33
dextroamphetamine sulfate tab 10 mg.....	37	diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg.....	33
dextroamphetamine sulfate tab 5 mg.....	37	dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	33
dextrose 2.5% w/ sodium chloride 0.45%.....	40	dimethyl fumarate capsule delayed release 120 mg, 240 mg.....	37
dextrose 5% w/ sodium chloride 0.2%, 0.33%, 0.45%, 0.9%.....	40	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	37
dextrose inj 5%, 10%.....	40	diphenoxylate w/ atropine tab 2.5-0.025 mg.....	41
DIACOMIT.....	8	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	53
diazepam oral soln 1 mg/ml.....	28	disulfiram tab 250 mg.....	3
DIAZEPAM RECTAL GEL.....	8	disulfiram tab 500 mg.....	3
diazepam tab 2 mg, 5 mg, 10 mg.....	28	divalproex sodium cap delayed release sprinkle 125 mg.....	9
diazoxide susp 50 mg/ml.....	28	divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	9
diclofenac potassium tab 50 mg.....	1	divalproex sodium tab er 24 hr 250 mg, 500 mg.....	9
diclofenac sodium gel 1%.....	1	dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	33
diclofenac sodium ophth soln 0.1%.....	58	donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	10
diclofenac sodium tab delayed release 25 mg.....	1		
diclofenac sodium tab delayed release 50 mg.....	1		
diclofenac sodium tab delayed release 75 mg.....	1		
diclofenac sodium tab er 24hr 100 mg.....	1		
dicloxacillin sodium cap 250 mg.....	5		

<i>donepezil hydrochloride tab 5 mg, 10 mg</i>	10	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	25
<i>dorzolamide hcl ophth soln 2%</i>	58	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	25
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	58	<i>efavirenz tab 600 mg</i>	25
<i>dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr</i>	45	ELIGARD.....	52
DOVATO.....	25	<i>elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	46
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	33	ELIQUIS.....	31
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>	62	ELIQUIS STARTER PACK.....	31
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	11	EMCYT.....	16
<i>doxepin hcl conc 10 mg/ml</i>	11	EMGALITY.....	14
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	6	<i>emoquette - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	46
<i>doxycycline hyclate cap 100 mg</i>	5	EMSAM.....	11
<i>doxycycline hyclate cap 50 mg</i>	5	<i>emtricitabine caps 200 mg</i>	25
<i>doxycycline hyclate for inj 100 mg</i>	6	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	25
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	6	EMTRIVA.....	25
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	6	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	33
<i>doxycycline monohydrate tab 150 mg</i>	6	<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	33
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>	6	ENBREL.....	54
DRIZALMA SPRINKLE.....	11	ENBREL MINI.....	54
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	13	ENBREL SURECLICK.....	54
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	45	<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	46	<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	45	<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i>	1
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	33	<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1
DUAVEE.....	46	ENGERIX-B.....	54
DULERA.....	60	<i>enoxaparin sodium inj 300 mg/3ml</i>	31
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i>	11	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	31
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	11	<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	46
DUPIXENT.....	54	<i>enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	46
<i>dutasteride cap 0.5 mg</i>	43	<i>entacapone tab 200 mg</i>	21
E		<i>entecavir tab 0.5 mg, 1 mg</i>	25
<i>ec-naproxen - naproxen tab ec 375 mg</i>	1	ENTRESTO.....	33
<i>ec-naproxen - naproxen tab ec 500 mg</i>	1	<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	41
EDURANT.....	25	EPCLUSA.....	25
<i>efavirenz cap 200 mg</i>	25	EPIDIOLEX.....	9
<i>efavirenz cap 50 mg</i>	25	<i>epinastine hcl ophth soln 0.05%</i>	58

EPINEPHRINE.....	60	etodolac cap 300 mg.....	1
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	61	etodolac tab 400 mg, 500 mg.....	1
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak).....	61	etravirine tab 100 mg.....	25
epitol - carbamazepine tab 200 mg.....	9	etravirine tab 200 mg.....	25
EPIVIR HBV.....	25	EULEXIN.....	16
EPRONTIA.....	9	euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg.....	51
ergotamine w/ caffeine tab 1-100 mg.....	14	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	54
ERIVEDGE.....	16	everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	16
ERLEADA.....	16	everolimus tab 5 mg.....	16
erlotinib hcl tab 100 mg, 150 mg.....	16	everolimus tab for oral susp 2 mg, 5 mg.....	16
erlotinib hcl tab 25 mg.....	16	everolimus tab for oral susp 3 mg.....	16
errin - norethindrone tab 0.35 mg.....	46	EVOTAZ.....	25
ertapenem sodium for inj 1 gm.....	6	exemestane tab 25 mg.....	16
ery-tab - erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	6	EXKIVITY.....	16
ERYTHROCIN LACTOBIONATE.....	6	ezetimibe tab 10 mg.....	34
erythromycin lactobionate for inj 500 mg.....	6	F	
erythromycin ophth oint 5 mg/gm.....	58	falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	46
erythromycin soln 2%.....	6	famciclovir tab 125 mg, 250 mg, 500 mg.....	25
erythromycin tab 250 mg, 500 mg.....	6	famotidine for susp 40 mg/5ml.....	41
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	6	famotidine tab 20 mg, 40 mg.....	41
erythromycin w/ delayed release particles cap 250 mg.....	6	FANAPT.....	22
ESBRIET.....	61	FANAPT TITRATION PACK.....	22
escitalopram oxalate soln 5 mg/5ml.....	11	FARXIGA.....	28
escitalopram oxalate tab 20 mg.....	11	felbamate susp 600 mg/5ml.....	9
escitalopram oxalate tab 5 mg, 10 mg.....	11	felbamate tab 400 mg, 600 mg.....	9
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg.....	46	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	34
estradiol & norethindrone acetate tab 1-0.5 mg.....	46	femynor - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	46
estradiol tab 0.5 mg, 1 mg, 2 mg.....	46	fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	34
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	46	fenofibrate tab 145 mg, 160 mg.....	34
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	46	fenofibrate tab 48 mg, 54 mg.....	34
estradiol vaginal cream 0.1 mg/gm.....	46	fentanyl citrate lozenge on a handle 200 mcg.....	1
estradiol vaginal tab 10 mcg.....	46	fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	1
estradiol valerate im in oil 20 mg/ml, 40 mg/ ml.....	46	fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/ hr, 75 mcg/hr, 100 mcg/hr.....	1
ethambutol hcl tab 100 mg, 400 mg.....	15	FETZIMA.....	11
ethosuximide cap 250 mg.....	9	FETZIMA TITRATION PACK.....	11
ethosuximide soln 250 mg/5ml.....	9	FINACEA.....	38
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	46	finasteride tab 5 mg.....	43
etodolac cap 200 mg.....	1	FINTEPLA.....	9
		FIRMAGON.....	52

<i>flac - fluocinolone acetonide (otic) oil</i>		<i>fosinopril sodium tab 10 mg, 20 mg, 40</i>	
0.01%.....	59	mg.....	34
<i>flecainide acetate tab 50 mg, 100 mg, 150</i>		FOTIVDA.....	16
mg.....	34	<i>furosemide inj 10 mg/ml.....</i>	34
FLOVENT DISKUS.....	61	<i>furosemide oral soln 10 mg/ml.....</i>	34
FLOVENT HFA.....	61	<i>furosemide oral soln 8 mg/ml.....</i>	34
<i>fluconazole for susp 10 mg/ml, 40 mg/</i>		<i>furosemide tab 20 mg, 40 mg, 80 mg.....</i>	34
ml.....	13	FUZEON.....	25
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400</i>		FYCOMPA.....	9
mg/200ml.....	13	G	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200</i>		<i>gabapentin cap 100 mg.....</i>	9
mg.....	13	<i>gabapentin cap 300 mg.....</i>	9
<i>flucytosine cap 250 mg, 500 mg.....</i>	13	<i>gabapentin cap 400 mg.....</i>	9
<i>fludrocortisone acetate tab 0.1 mg.....</i>	44	<i>gabapentin oral soln 250 mg/5ml.....</i>	9
<i>flunisolide nasal soln 25 mcg/act</i>		<i>gabapentin tab 600 mg.....</i>	9
(0.025%).....	61	<i>gabapentin tab 800 mg.....</i>	9
<i>fluocinolone acetonide (otic) oil 0.01%.....</i>	59	GALANTAMINE HYDROBROMIDE.....	10
<i>fluocinonide cream 0.05%.....</i>	38	<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg,</i>	
<i>fluocinonide emulsified base cream</i>		24 mg.....	10
0.05%.....	38	<i>galantamine hydrobromide tab 4 mg, 8 mg, 12</i>	
<i>fluocinonide gel 0.05%.....</i>	38	mg.....	10
<i>fluorometholone ophth susp 0.1%.....</i>	58	GAMUNEX-C.....	54
FLUOROURACIL.....	39	GARDASIL 9.....	54
<i>fluorouracil cream 5%.....</i>	39	GATTEX.....	41
<i>fluoxetine hcl cap 10 mg.....</i>	11	GAUZE PADS 2" X 2".....	28
<i>fluoxetine hcl cap 20 mg.....</i>	11	GAVILYTE-C.....	41
<i>fluoxetine hcl cap 40 mg.....</i>	12	<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>fluoxetine hcl solution 20 mg/5ml.....</i>	12	for soln 236 gm.....	41
<i>fluoxetine hcl tab 10 mg.....</i>	12	<i>gavilyte-n/ flavor pack - peg 3350-kcl-sod bicarb-nacl</i>	
<i>fluoxetine hcl tab 20 mg.....</i>	12	for soln 420 gm.....	42
<i>fluphenazine decanoate inj 25 mg/ml.....</i>	22	GAVRETO.....	16
FLUPHENAZINE HCL.....	22	<i>gemfibrozil tab 600 mg.....</i>	34
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10</i>		<i>generlac - lactulose (encephalopathy) solution 10</i>	
mg.....	22	gm/15ml.....	42
FLUPHENAZINE HYDROCHLORIDE.....	22	<i>gengraf - cyclosporine modified cap 25 mg, 100</i>	
<i>flurbiprofen sodium ophth soln 0.03%.....</i>	58	mg.....	54
<i>flurbiprofen tab 100 mg.....</i>	1	<i>gengraf - cyclosporine modified oral soln 100 mg/</i>	
<i>flutamide cap 125 mg.....</i>	16	ml.....	54
FLUTICASONE PROPIONATE/ SALMETEROL.....	61	GENTAK.....	58
<i>fluticasone propionate cream 0.05%.....</i>	39	<i>gentamicin sulfate cream 0.1%.....</i>	39
<i>fluticasone propionate nasal susp 50 mcg/</i>		<i>gentamicin sulfate inj 40 mg/ml.....</i>	6
act.....	61	<i>gentamicin sulfate oint 0.1%.....</i>	39
<i>fluticasone propionate oint 0.005%.....</i>	39	<i>gentamicin sulfate ophth soln 0.3%.....</i>	58
<i>fluvoxamine maleate tab 100 mg.....</i>	12	GENTAMICIN SULFATE PEDIATRIC.....	6
<i>fluvoxamine maleate tab 25 mg, 50</i>		GENVOYA.....	25
mg.....	12	GILOTRIF.....	16
<i>fondaparinux sodium subcutaneous inj 2.5</i>		<i>glimepiride tab 1 mg.....</i>	28
mg/0.5ml.....	31	<i>glimepiride tab 2 mg.....</i>	28
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml,</i>		<i>glimepiride tab 4 mg.....</i>	28
7.5 mg/0.6ml, 10 mg/0.8ml.....	31	<i>glipizide-metformin hcl tab 2.5-250 mg.....</i>	29
<i>fosamprenavir calcium tab 700 mg.....</i>	25		

glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg.....	29	HEMADY.....	44
glipizide tab 10 mg.....	29	heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml.....	31
glipizide tab 5 mg.....	28	heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml.....	31
glipizide tab er 24hr 10 mg.....	28	heparin sodium (porcine) pf inj 5000 unit/0.5ml.....	31
glipizide tab er 24hr 2.5 mg.....	28	heparin sodium (porcine) pf inj 5000 unit/ml.....	31
glipizide tab er 24hr 5 mg.....	28	HETLIOZ.....	62
glipizide xl - glipizide tab er 24hr 10 mg.....	29	HIBERIX.....	54
glipizide xl - glipizide tab er 24hr 2.5 mg.....	29	hidex 6-day - dexamethasone tab therapy pack 1.5 mg (21).....	44
glipizide xl - glipizide tab er 24hr 5 mg.....	29	HUMALOG.....	29
GLUCAGEN HYPOKIT.....	29	HUMALOG JUNIOR KWIKPEN.....	29
glyburide micronized tab 1.5 mg.....	29	HUMALOG KWIKPEN.....	29
glyburide micronized tab 3 mg.....	29	HUMALOG MIX 50/50.....	29
glyburide micronized tab 6 mg.....	29	HUMALOG MIX 50/50 KWIKPEN.....	29
glyburide tab 1.25 mg.....	29	HUMALOG MIX 75/25.....	29
glyburide tab 2.5 mg.....	29	HUMALOG MIX 75/25 KWIKPEN.....	29
glyburide tab 5 mg.....	29	HUMIRA.....	54
glycopyrrolate tab 1 mg, 2 mg.....	42	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	54
GLYXAMBI.....	29	HUMIRA PEN.....	54
GRANIX.....	31	HUMIRA PEN-CD/UC/HS STARTER.....	54
griseofulvin microsize susp 125 mg/5ml.....	13	HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	54
griseofulvin microsize tab 500 mg.....	13	HUMIRA PEN-PS/UV STARTER.....	55
griseofulvin ultramicrosize tab 125 mg, 250 mg.....	13	HUMULIN 70/30.....	29
guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg.....	37	HUMULIN 70/30 KWIKPEN.....	29
H		HUMULIN N.....	29
HAEGARDA.....	54	HUMULIN N KWIKPEN.....	29
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	46	HUMULIN R.....	29
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24).....	46	HUMULIN R U-500 (CONCENTRATE).....	29
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	46	HUMULIN R U-500 KWIKPEN.....	29
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg.....	46	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	34
halobetasol propionate cream 0.05%.....	39	hydrochlorothiazide cap 12.5 mg.....	34
halobetasol propionate oint 0.05%.....	39	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	34
haloperidol decanoate im soln 50 mg/ml, 100 mg/ml.....	22	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	1
haloperidol lactate inj 5 mg/ml.....	22	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....	1
haloperidol lactate oral conc 2 mg/ml.....	22	hydrocodone-acetaminophen tab 5-325 mg.....	1
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg.....	22	hydrocortisone cream 1%.....	39
haloperidol tab 20 mg.....	22	hydrocortisone cream 2.5%.....	39
HARVONI.....	25	hydrocortisone enema 100 mg/60ml.....	57
HAVRIX.....	54	hydrocortisone lotion 2.5%.....	39
heather - norethindrone tab 0.35 mg.....	46	hydrocortisone oint 1%.....	39
		hydrocortisone oint 2.5%.....	39

<i>hydrocortisone perianal cream 1%</i>	57	INSULIN SYRINGE/NEEDLE.....	29
<i>hydrocortisone perianal cream 2.5%</i>	57	INTELENCE.....	25
<i>hydrocortisone tab 5 mg, 10 mg, 20</i>		INTRALIPID.....	40
<i>mg</i>	44	INTRON A.....	55
<i>hydrocortisone w/ acetic acid otic soln</i>		<i>introvale - levonorgestrel & ethinyl estradiol (91-day)</i>	
<i>1-2%</i>	59	<i>tab 0.15-0.03 mg</i>	46
<i>hydromorphone hcl inj 2 mg/ml</i>	1	INVEGA HAFYERA.....	22
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	INVEGA SUSTENNA.....	22
<i>hydromorphone hcl preservative free inj 10 mg/</i>		INVEGA TRINZA.....	22
<i>ml</i>	1	IPOL INACTIVATED IPV.....	55
<i>hydromorphone hcl preservative free inj 2 mg/</i>		<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>ml</i>	1	<i>mg/3ml</i>	61
<i>hydromorphone hcl tab 2 mg, 4 mg, 8</i>		<i>ipratropium bromide inhal soln 0.02%</i>	61
<i>mg</i>	1	<i>ipratropium bromide nasal soln 0.03% (21 mcg/</i>	
<i>hydroxychloroquine sulfate tab 200 mg</i>	20	<i>spray)</i>	61
<i>hydroxyurea cap 500 mg</i>	16	<i>ipratropium bromide nasal soln 0.06% (42 mcg/</i>	
<i>hydroxyzine hcl tab 25 mg, 50 mg</i>	28	<i>spray)</i>	61
I		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg,</i>	
<i>ibandronate sodium tab 150 mg</i>	57	<i>300-12.5 mg</i>	34
IBRANCE.....	16	<i>irbesartan tab 75 mg, 150 mg, 300 mg</i>	34
<i>ibu - ibuprofen tab 400 mg</i>	1	IRESSA.....	17
<i>ibu - ibuprofen tab 600 mg</i>	1	ISENTRESS.....	25
<i>ibu - ibuprofen tab 800 mg</i>	1	ISENTRESS HD.....	25
<i>ibuprofen susp 100 mg/5ml</i>	2	<i>isibloom - desogestrel & ethinyl estradiol tab 0.15</i>	
<i>ibuprofen tab 400 mg</i>	2	<i>mg-30 mcg</i>	46
<i>ibuprofen tab 600 mg</i>	2	<i>isoniazid tab 100 mg</i>	15
<i>ibuprofen tab 800 mg</i>	2	<i>isoniazid tab 300 mg</i>	15
<i>icatibant acetate inj 30 mg/3ml</i>	55	<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30</i>	
<i>iclevia - levonorgestrel & ethinyl estradiol (91-day)</i>		<i>mg</i>	34
<i>tab 0.15-0.03 mg</i>	46	<i>isosorbide mononitrate tab 10 mg, 20</i>	
ICLUSIG.....	16	<i>mg</i>	34
IDHIFA.....	16	<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg,</i>	
<i>imatinib mesylate tab 100 mg</i>	16	<i>120 mg</i>	34
<i>imatinib mesylate tab 400 mg</i>	16	<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg,</i>	
IMBRUVICA.....	16	<i>40 mg</i>	39
IMIPENEM/CILASTATIN.....	6	<i>itraconazole cap 100 mg</i>	13
<i>imipenem-cilastatin intravenous for soln 500</i>		<i>ivermectin cream 1%</i>	39
<i>mg</i>	6	<i>ivermectin tab 3 mg</i>	20
<i>imipramine hcl tab 10 mg, 25 mg, 50</i>		IXIARO.....	55
<i>mg</i>	12	J	
<i>imiquimod cream 5%</i>	39	JAKAFI.....	17
IMOVAX RABIES (H.D.C.V.).....	55	<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5</i>	
IMPAVIDO.....	6	<i>mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10</i>	
<i>incassia - norethindrone tab 0.35 mg</i>	46	<i>mg</i>	31
INCRELEX.....	44	JANUMET.....	30
INCRUSE ELLIPTA.....	61	JANUMET XR.....	30
<i>indapamide tab 1.25 mg, 2.5 mg</i>	34	JANUVIA.....	30
INFANRIX.....	55	JARDIANCE.....	30
INLYTA.....	17	<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02</i>	
INQOVI.....	17	<i>mg</i>	46
INREBIC.....	17	<i>jencycla - norethindrone tab 0.35 mg</i>	46

JENTADUETO.....	30	<i>klor-con 10 - potassium chloride tab er 10</i>	
JENTADUETO XR.....	30	<i>meq.....</i>	40
<i>jolesa - levonorgestrel & ethinyl estradiol (91-day)</i>		<i>klor-con 8 - potassium chloride tab er 8 meq (600</i>	
<i>tab 0.15-0.03 mg.....</i>	46	<i>mg).....</i>	40
<i>juleber - desogestrel & ethinyl estradiol tab 0.15</i>		<i>klor-con m10 - potassium chloride</i>	
<i>mg-30 mcg.....</i>	47	<i>microencapsulated crys ertab 10</i>	
JULUCA.....	25	<i>meq.....</i>	40
<i>junel 1/20 - norethindrone ace & ethinyl estradiol tab</i>		<i>klor-con m15 - potassium chloride</i>	
<i>1 mg-20 mcg.....</i>	47	<i>microencapsulated crys ertab 15</i>	
<i>junel 1.5/30 - norethindrone ace & ethinyl estradiol</i>		<i>meq.....</i>	40
<i>tab 1.5 mg-30 mcg.....</i>	47	<i>klor-con m20 - potassium chloride</i>	
<i>junel fe 1/20 - norethindrone ace & ethinyl estradiol-</i>		<i>microencapsulated crys ertab 20</i>	
<i>fe tab 1 mg-20 mcg.....</i>	47	<i>meq.....</i>	40
<i>junel fe 1.5/30 - norethindrone ace & ethinyl</i>		KLOXXADO.....	3
<i>estradiol-fe tab 1.5 mg-30 mcg.....</i>	47	KORLYM.....	52
<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe</i>		KOSELUGO.....	17
<i>tab 1 mg-20 mcg (24).....</i>	47	<i>kurvelo - levonorgestrel & ethinyl estradiol tab 0.15</i>	
K		<i>mg-30mcg.....</i>	47
<i>kalliga - desogestrel & ethinyl estradiol tab 0.15</i>		L	
<i>mg-30 mcg.....</i>	47	<i>labetalol hcl tab 100 mg, 200 mg, 300</i>	
KALYDECO.....	61	<i>mg.....</i>	34
<i>kariva - desogest-eth estrad & eth estrad tab</i>		<i>lacosamide iv inj 200 mg/20ml (10 mg/</i>	
<i>0.15-0.02/0.01 mg(21/5).....</i>	47	<i>ml).....</i>	9
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45%</i>		<i>lacosamide oral solution 10 mg/ml.....</i>	9
<i>inj.....</i>	40	<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2%</i>		<i>mg.....</i>	9
<i>inj.....</i>	40	LACRISERT.....	58
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45%</i>		<i>lactic acid (ammonium lactate) cream</i>	
<i>inj.....</i>	40	<i>12%.....</i>	39
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj.....</i>	40	<i>lactic acid (ammonium lactate) lotion</i>	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45%</i>		<i>12%.....</i>	39
<i>inj.....</i>	40	<i>lactulose (encephalopathy) solution 10</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45%</i>		<i>gm/15ml.....</i>	42
<i>inj.....</i>	40	<i>lactulose solution 10 gm/15ml.....</i>	42
<i>kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol</i>		LAGEVRIO.....	26
<i>tab 1 mg-35 mcg.....</i>	47	<i>lamivudine oral soln 10 mg/ml.....</i>	26
<i>kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol</i>		<i>lamivudine tab 100 mg (hbv).....</i>	26
<i>tab 1 mg-50 mcg.....</i>	47	<i>lamivudine tab 150 mg.....</i>	26
KERENDIA.....	34	<i>lamivudine tab 300 mg.....</i>	26
<i>ketoconazole cream 2%.....</i>	13	<i>lamivudine-zidovudine tab 150-300 mg.....</i>	26
<i>ketoconazole shampoo 2%.....</i>	14	<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200</i>	
<i>ketoconazole tab 200 mg.....</i>	14	<i>mg.....</i>	9
<i>ketorolac tromethamine ophth soln</i>		<i>lamotrigine tab chewable dispersible 5 mg, 25</i>	
<i>0.4%.....</i>	58	<i>mg.....</i>	9
<i>ketorolac tromethamine ophth soln</i>		LANTUS.....	30
<i>0.5%.....</i>	58	LANTUS SOLOSTAR.....	30
KINRIX.....	55	<i>lapatinib ditosylate tab 250 mg.....</i>	17
KISQALI.....	17	<i>larin 1/20 - norethindrone ace & ethinyl estradiol tab</i>	
KISQALI FEMARA 200 DOSE.....	17	<i>1 mg-20 mcg.....</i>	47
KISQALI FEMARA 400 DOSE.....	17	<i>larin 1.5/30 - norethindrone ace & ethinyl estradiol</i>	
KISQALI FEMARA 600 DOSE.....	17	<i>tab 1.5 mg-30 mcg.....</i>	47

<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	47	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	47
<i>larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	47	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	47
<i>larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	47	<i>levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	47
<i>larissia - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	47	<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	51
<i>LATANOPROST ophth soln 0.005%</i>	58	<i>levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	51
<i>LATUDA</i>	22	<i>levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	51
<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	47	<i>LEXIVA</i>	26
<i>leflunomide tab 10 mg, 20 mg</i>	55	<i>lidocaine hcl laryngotracheal soln 4%</i>	2
<i>lenalidomide cap 15 mg, 25 mg</i>	17	<i>lidocaine hcl soln 4%</i>	2
<i>lenalidomide cap 5 mg, 10 mg</i>	17	<i>lidocaine hcl viscous soln 2%</i>	2
<i>LENVIMA 10 MG DAILY DOSE</i>	17	<i>lidocaine patch 5%</i>	3
<i>LENVIMA 12MG DAILY DOSE</i>	17	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3
<i>LENVIMA 14 MG DAILY DOSE</i>	17	<i>linezolid for susp 100 mg/5ml</i>	6
<i>LENVIMA 18 MG DAILY DOSE</i>	17	<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	6
<i>LENVIMA 20 MG DAILY DOSE</i>	17	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	6
<i>LENVIMA 24 MG DAILY DOSE</i>	17	<i>linezolid tab 600 mg</i>	6
<i>LENVIMA 4 MG DAILY DOSE</i>	17	<i>LINZESS</i>	42
<i>LENVIMA 8 MG DAILY DOSE</i>	17	<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	51
<i>lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	47	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	34
<i>letrozole tab 2.5 mg</i>	17	<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	34
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	17	<i>lithium carbonate cap 150 mg, 300 mg</i>	28
<i>leucovorin calcium tab 5 mg</i>	17	<i>lithium carbonate cap 600 mg</i>	28
<i>LEUKERAN</i>	17	<i>lithium carbonate tab 300 mg</i>	28
<i>leuprolide acetate inj kit 5 mg/ml</i>	52	<i>lithium carbonate tab er 300 mg, 450 mg</i>	28
<i>levetiracetam oral soln 100 mg/ml</i>	9	<i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	48
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	9	<i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	48
<i>levobunolol hcl ophth soln 0.5%</i>	58	<i>loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	47
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	42	<i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	48
<i>levocarnitine tab 330 mg</i>	42	<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	48
<i>levocetirizine dihydrochloride tab 5 mg</i>	61	<i>LONSURF</i>	18
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	6		
<i>levofloxacin iv soln 25 mg/ml</i>	6		
<i>levofloxacin oral soln 25 mg/ml</i>	6		
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	6		
<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	47		
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	47		
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	47		

<i>loperamide hcl cap 2 mg</i>	42	<i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	48
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	26	MARPLAN.....	12
<i>lopinavir-ritonavir tab 100-25 mg</i>	26	MATULANE.....	18
<i>lopinavir-ritonavir tab 200-50 mg</i>	26	<i>matzim la - diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	34
<i>lorazepam conc 2 mg/ml</i>	28	<i>meclizine hcl tab 12.5 mg, 25 mg</i>	13
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	28	<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	48
<i>lorazepam tab 0.5 mg, 1 mg</i>	28	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	48
<i>lorazepam tab 2 mg</i>	28	<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	48
LORBRENA.....	18	<i>mefloquine hcl tab 250 mg</i>	20
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	48	<i>megestrol acetate susp 40 mg/ml</i>	48
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	34	<i>megestrol acetate tab 20 mg, 40 mg</i>	48
<i>losartan potassium tab 100 mg</i>	34	MEKINIST.....	18
<i>losartan potassium tab 25 mg, 50 mg</i>	34	MEKTOVI.....	18
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	34	<i>meloxicam tab 15 mg</i>	2
<i>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i>	48	<i>meloxicam tab 7.5 mg</i>	2
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	22	<i>memantine hcl oral solution 2 mg/ml</i>	11
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	47	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	11
LUBIPROSTONE.....	42	<i>memantine hcl tab 5 mg, 10 mg</i>	11
LUMAKRAS.....	18	MENACTRA.....	55
LUMIGAN.....	58	MENEST.....	48
LUPRON DEPOT (1-MONTH).....	52	MENQUADFI.....	55
LUPRON DEPOT (3-MONTH).....	52	MENVEO.....	55
LUPRON DEPOT (4-MONTH).....	52	<i>mercaptapurine tab 50 mg</i>	18
LUPRON DEPOT (6-MONTH).....	52	<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	6
LUPRON DEPOT-PED (1-MONTH).....	52	<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	6
LUPRON DEPOT-PED (3-MONTH).....	52	<i>meropenem iv for soln 500 mg, 1 gm</i>	6
<i>lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	48	<i>mesalamine cap er 24hr 0.375 gm</i>	57
LYBALVI.....	23	<i>mesalamine enema 4 gm</i>	57
<i>lyleq - norethindrone tab 0.35 mg</i>	48	<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	57
<i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	48	<i>mesalamine suppos 1000 mg</i>	57
LYNPARZA.....	18	<i>mesalamine tab delayed release 1.2 gm</i>	57
LYSODREN.....	52	MESNEX.....	18
<i>lyza - norethindrone tab 0.35 mg</i>	48	<i>metformin hcl tab 1000 mg</i>	30
M		<i>metformin hcl tab 500 mg</i>	30
<i>magnesium sulfate inj 50%</i>	40	<i>metformin hcl tab 850 mg</i>	30
<i>malathion lotion 0.5%</i>	39	<i>metformin hcl tab er 24hr 500 mg</i>	30
<i>maraviroc tab 150 mg</i>	26	<i>metformin hcl tab er 24hr 750 mg</i>	30
<i>maraviroc tab 300 mg</i>	26	<i>methadone hcl tab 10 mg</i>	2
MARGENZA.....	18	<i>methadone hcl tab 5 mg</i>	2
		<i>methazolamide tab 25 mg, 50 mg</i>	34
		<i>methenamine hippurate tab 1 gm</i>	6

<i>methimazole tab 5 mg, 10 mg</i>	53	<i>mimvey - estradiol & norethindrone acetate tab 1-0.5 mg</i>	48
<i>methocarbamol tab 500 mg, 750 mg</i>	62	<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	6
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	55	<i>minoxidil tab 2.5 mg, 10 mg</i>	35
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	55	<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	12
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	55	<i>mirtazapine tab 15 mg</i>	12
<i>methotrexate sodium tab 2.5 mg</i>	55	<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	12
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	37	<i>misoprostol tab 100 mcg, 200 mcg</i>	42
<i>methylphenidate hcl tab er 20 mg</i>	37	<i>M-M-R II</i>	55
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	44	<i>modafinil tab 100 mg, 200 mg</i>	62
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	44	<i>moexipril hcl tab 7.5 mg, 15 mg</i>	35
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	42	<i>MOLINDONE HYDROCHLORIDE</i>	23
<i>metoclopramide hcl tab 5 mg, 10 mg</i>	42	<i>mometasone furoate cream 0.1%</i>	39
<i>metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	34	<i>mometasone furoate oint 0.1%</i>	39
<i>metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg</i>	34	<i>mometasone furoate solution 0.1% (lotion)</i>	39
<i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg</i>	34	<i>mondoxylene nl - doxycycline monohydrate cap 100 mg</i>	7
<i>metronidazole cream 0.75%</i>	39	<i>mono-lynyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	48
<i>metronidazole gel 0.75%</i>	39	<i>montelukast sodium chew tab 4 mg, 5 mg</i>	61
<i>metronidazole gel 1%</i>	39	<i>montelukast sodium oral granules packet 4 mg</i>	61
<i>metronidazole iv soln 500 mg/100ml</i>	6	<i>montelukast sodium tab 10 mg</i>	61
<i>metronidazole lotion 0.75%</i>	39	<i>morphine sulfate tab 15 mg</i>	2
<i>metronidazole tab 250 mg, 500 mg</i>	6	<i>morphine sulfate tab 30 mg</i>	2
<i>metronidazole vaginal gel 0.75%</i>	6	<i>morphine sulfate tab er 100 mg, 200 mg</i>	2
<i>metyrosine cap 250 mg</i>	35	<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i>	2
<i>mexiletine hcl cap 150 mg</i>	35	<i>MOVANTIK</i>	42
<i>mexiletine hcl cap 200 mg, 250 mg</i>	35	<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic fo r Moxeza)</i>	59
<i>micafungin sodium for iv soln 100 mg</i>	14	<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	58
<i>micafungin sodium for iv soln 50 mg</i>	14	<i>moxifloxacin hcl tab 400 mg</i>	7
<i>microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	48	<i>mupirocin calcium cream 2%</i>	39
<i>microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	48	<i>mupirocin oint 2%</i>	39
<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	48	<i>mycophenolate mofetil cap 250 mg</i>	55
<i>microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	48	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	55
<i>microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	48	<i>mycophenolate mofetil tab 500 mg</i>	55
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	35	<i>mycophenolate sodium tab dr 180 mg, 360 mg</i>	55
<i>miglustat cap 100 mg</i>	42	<i>myorisan - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	39
<i>mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	48	<i>MYRBETRIQ</i>	43
		N	
		<i>nabumetone tab 500 mg</i>	2

<i>nabumetone tab 750 mg</i>	2	<i>nevirapine tab 200 mg</i>	26
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	7	<i>nevirapine tab er 24hr 100 mg</i>	26
<i>nafcillin sodium for iv soln 10 gm</i>	7	<i>nevirapine tab er 24hr 400 mg</i>	26
<i>nafcillin sodium for iv soln 1 gm</i>	7	<i>niacin tab er 500 mg</i>	35
<i>nafcillin sodium for iv soln 2 gm</i>	7	<i>niacin tab er 750 mg, 1000 mg</i>	35
<i>nafcillin sodium in dextrose inj 1 gm/50ml</i>	7	NICOTROL INHALER.....	3
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	7	NICOTROL NS.....	3
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	3	<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	35
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	35
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	3	<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	48
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	3	<i>nilutamide tab 150 mg</i>	18
<i>naltrexone hcl tab 50 mg</i>	3	<i>nimodipine cap 30 mg</i>	35
<i>naproxen sodium tab 275 mg</i>	2	NINLARO.....	18
<i>naproxen sodium tab 550 mg</i>	2	<i>nitazoxanide tab 500 mg</i>	20
<i>naproxen susp 125 mg/5ml</i>	2	<i>nitisinone cap 2 mg, 5 mg, 10 mg</i>	43
<i>naproxen tab 250 mg</i>	2	NITRO-BID.....	35
<i>naproxen tab 375 mg</i>	2	<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg</i>	7
<i>naproxen tab 500 mg</i>	2	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	7
<i>naproxen tab ec 375 mg</i>	2	<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	35
<i>naproxen tab ec 500 mg</i>	2	<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	35
<i>naratriptan hcl tab 1 mg, 2.5 mg</i>	14	NIZATIDINE.....	42
NARCAN.....	3	<i>nizatidine cap 300 mg</i>	42
NATACYN.....	59	<i>nora-be - norethindrone tab 0.35 mg</i>	48
<i>nateglinide tab 120 mg</i>	30	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	49
<i>nateglinide tab 60 mg</i>	30	<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>	48
NATPARA.....	57	<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	48
NAYZILAM.....	9	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	49
<i>necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg</i>	48	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	49
NEFAZODONE HYDROCHLORIDE.....	12	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	49
<i>nelarabine iv soln 5 mg/ml</i>	18	<i>norethindrone acetate tab 5 mg</i>	49
NEOMYCIN/POLYMYXIN/GRAMICIDIN.....	59	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	49
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	59	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i>	49
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	59	<i>norethindrone tab 0.35 mg</i>	49
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	59	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	49
<i>neomycin-polymyxin-hc otic soln 1%</i>	59		
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	59		
<i>neomycin sulfate tab 500 mg</i>	7		
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	59		
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	59		
NERLYNX.....	18		
<i>nevirapine susp 50 mg/5ml</i>	26		

<i>norgestimate-eth estrad tab</i>		ODEFSEY.....	26
0.18-25/0.215-25/0.25-25 mg-mcg,		ODOMZO.....	18
0.18-35/0.215-35/0.25-35 mg-mcg.....	49	OFEV.....	61
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30</i>		<i>ofloxacin ophth soln 0.3%.....</i>	59
mcg.....	49	<i>ofloxacin otic soln 0.3%.....</i>	59
<i>norlyroc - norethindrone tab 0.35 mg.....</i>	49	<i>olanzapine for im inj 10 mg.....</i>	23
<i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol</i>		<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15</i>	
<i>tab 0.5 mg-35 mcg.....</i>	49	mg, 20 mg.....	23
<i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1</i>		<i>olanzapine tab 15 mg, 20 mg.....</i>	23
mg-35 mcg.....	49	<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10</i>	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab</i>		mg.....	23
0.5-35/0.75-35/1-35 mg-mcg.....	49	<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
NORTRIPTYLINE HCL.....	12	20-12.5 mg, 40-12.5 mg, 40-25 mg.....	35
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75</i>		<i>olmesartan medoxomil tab 20 mg, 40</i>	
mg.....	12	mg.....	35
NORVIR.....	26	<i>olmesartan medoxomil tab 5 mg.....</i>	35
NOXAFIL.....	14	<i>omega-3-acid ethyl esters cap 1 gm.....</i>	35
NUBEQA.....	18	<i>omeprazole cap delayed release 10</i>	
NUDEXTA.....	37	mg.....	42
NUPLAZID.....	23	<i>omeprazole cap delayed release 20 mg, 40</i>	
NURTEC.....	14	mg.....	42
NUTRILIPID.....	41	OMNITROPE.....	44
<i>nyamyc - nystatin topical powder 100000 unit/</i>		<i>ondansetron hcl tab 24 mg.....</i>	13
gm.....	14	<i>ondansetron hcl tab 4 mg, 8 mg.....</i>	13
<i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1</i>		<i>ondansetron orally disintegrating tab 4 mg, 8</i>	
mg-35 mcg.....	49	mg.....	13
<i>nylia 7/7/7 - norethindrone-eth estradiol tab</i>		ONUREG.....	18
0.5-35/0.75-35/1-35 mg-mcg.....	49	OPSUMIT.....	61
<i>nymyo - norgestimate & ethinyl estradiol tab 0.25</i>		<i>oralone dental paste - triamcinolone acetonide</i>	
mg-35 mcg.....	49	<i>dental paste 0.1%.....</i>	38
<i>nystatin cream 100000 unit/gm.....</i>	14	ORFADIN.....	43
<i>nystatin oint 100000 unit/gm.....</i>	14	ORGOVYX.....	52
<i>nystatin susp 100000 unit/ml.....</i>	14	ORKAMBI.....	61
<i>nystatin tab 500000 unit.....</i>	14	<i>oseltamivir phosphate cap 30 mg.....</i>	26
<i>nystatin topical powder 100000 unit/</i>		<i>oseltamivir phosphate cap 45 mg, 75</i>	
gm.....	14	mg.....	26
<i>nystop - nystatin topical powder 100000 unit/</i>		<i>oseltamivir phosphate for susp 6 mg/</i>	
gm.....	14	ml.....	26
O		<i>oxandrolone tab 10 mg.....</i>	49
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03</i>		<i>oxandrolone tab 2.5 mg.....</i>	49
mg.....	49	<i>oxcarbazepine susp 300 mg/5ml (60 mg/</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100</i>		ml).....	9
mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml),		<i>oxcarbazepine tab 150 mg, 300 mg, 600</i>	
500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/		mg.....	9
ml).....	52	<i>oxybutynin chloride syrup 5 mg/5ml.....</i>	43
<i>octreotide acetate subcutaneous soln pref syr 100</i>		<i>oxybutynin chloride tab 5 mg.....</i>	43
mcg/ml.....	52	<i>oxybutynin chloride tab er 24hr 10 mg.....</i>	43
<i>octreotide acetate subcutaneous soln pref syr 500</i>		<i>oxybutynin chloride tab er 24hr 15 mg.....</i>	43
mcg/ml.....	52	<i>oxybutynin chloride tab er 24hr 5 mg.....</i>	43
<i>octreotide acetate subcutaneous soln pref syr 50</i>		<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30</i>	
mcg/ml.....	52	mg.....	2
		<i>oxycodone hcl tab 5 mg.....</i>	2

oxycodone w/ acetaminophen tab 10-325 mg.....	2	pentoxifylline tab er 400 mg.....	35
oxycodone w/ acetaminophen tab 2.5-325 mg.....	2	perindopril erbumine tab 2 mg, 4 mg, 8 mg.....	35
oxycodone w/ acetaminophen tab 5-325 mg.....	2	perigard - chlorhexidine gluconate soln 0.12%.....	38
oxycodone w/ acetaminophen tab 7.5-325 mg.....	2	permethrin cream 5%.....	39
OZEMPIC.....	30	perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	13
P		PERSERIS.....	23
pacerone - amiodarone hcl tab 100 mg, 400 mg.....	35	phenelzine sulfate tab 15 mg.....	12
pacerone - amiodarone hcl tab 200 mg.....	35	phenobarbital elixir 20 mg/5ml.....	9
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	23	phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	9
paliperidone tab er 24hr 6 mg.....	23	phenoxybenzamine hcl cap 10 mg.....	35
PANRETIN.....	18	phenytoin chew tab 50 mg.....	9
pantoprazole sodium ec tab 20 mg.....	42	phenytoin infatabs - phenytoin chew tab 50 mg.....	9
pantoprazole sodium ec tab 40 mg.....	42	phenytoin sodium extended cap 100 mg.....	9
paricalcitol cap 1 mcg, 2 mcg, 4 mcg.....	57	phenytoin sodium extended cap 200 mg, 300 mg.....	9
paromomycin sulfate cap 250 mg.....	7	phenytoin susp 125 mg/5ml.....	9
paroxetine hcl oral susp 10 mg/5ml.....	12	philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	49
paroxetine hcl tab 10 mg, 40 mg.....	12	PIFELTRO.....	26
paroxetine hcl tab 20 mg.....	12	pilocarpine hcl ophth soln 1%, 2%, 4%.....	59
paroxetine hcl tab 30 mg.....	12	pilocarpine hcl tab 5 mg, 7.5 mg.....	38
PASER.....	15	pimecrolimus cream 1%.....	39
PAXLOVID.....	26	PIMOZIDE.....	23
PEDIARIX.....	55	pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	49
PEDVAX HIB.....	55	pindolol tab 5 mg, 10 mg.....	35
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	42	pioglitazone hcl tab 15 mg.....	30
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	42	pioglitazone hcl tab 30 mg, 45 mg.....	30
PEGASYS.....	55	piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....	7
PEMAZYRE.....	18	piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm).....	7
penicillamine tab 250 mg.....	43	PIQRAY 200MG DAILY DOSE.....	18
penicillin g potassium for inj 5000000 unit, 20000000 unit.....	7	PIQRAY 250MG DAILY DOSE.....	18
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	7	PIQRAY 300MG DAILY DOSE.....	18
penicillin v potassium for soln 125 mg/5ml.....	7	pirfenidone tab 267 mg.....	61
penicillin v potassium for soln 250 mg/5ml.....	7	pirfenidone tab 801 mg.....	61
penicillin v potassium tab 250 mg, 500 mg.....	7	pirmella 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	49
PENTACEL.....	55	pirmella 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	49
pentamidine isethionate for inj soln 300 mg.....	21	podofilox soln 0.5%.....	39
pentamidine isethionate for nebulization soln 300 mg.....	21	polycin - bacitracin-polymyxin b ophth oint.....	59
		polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1%.....	59
		POMALYST.....	18

<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	49	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	21
<i>posaconazole tab delayed release 100 mg</i>	14	<i>primidone tab 50 mg, 250 mg</i>	10
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	41	<i>probenecid tab 500 mg</i>	14
<i>potassium chloride cap er 8 meq, 10 meq</i>	41	<i>prochlorperazine maleate tab 5 mg, 10 mg</i>	13
<i>potassium chloride inj 2 meq/ml</i>	41	<i>prochlorperazine suppos 25 mg</i>	13
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	41	<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	57
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	41	<i>procto-pak - hydrocortisone perianal cream 1%</i>	57
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	41	<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	57
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	41	<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	57
PRADAXA.....	31	<i>progesterone cap 100 mg, 200 mg</i>	49
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	21	PROGRAF.....	55
<i>prasugrel hcl tab 5 mg, 10 mg</i>	31	PROLASTIN-C.....	43
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	35	PROLIA.....	57
<i>pravastatin sodium tab 80 mg</i>	35	PROMACTA.....	31
<i>praziquantel tab 600 mg</i>	21	<i>promethazine hcl syrup 6.25 mg/5ml</i>	13
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	35	<i>promethazine hcl tab 12.5 mg, 50 mg</i>	13
<i>prednisolone acetate ophth susp 1%</i>	59	<i>promethazine hcl tab 25 mg</i>	13
<i>prednisolone sodium phosphate ophth soln 1%</i>	59	<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	35
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	44	<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	35
<i>prednisolone syrup 15 mg/5ml</i>	44	<i>propranolol hcl oral soln 20 mg/5ml</i>	35
<i>prednisone oral soln 5 mg/5ml</i>	44	<i>propranolol hcl oral soln 40 mg/5ml</i>	35
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	44	<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	35
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	44	<i>propylthiouracil tab 50 mg</i>	53
<i>pregabalin cap 225 mg, 300 mg</i>	10	PROQUAD.....	55
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	9	<i>protriptyline hcl tab 5 mg, 10 mg</i>	12
<i>pregabalin soln 20 mg/ml</i>	10	PULMOZYME.....	61
PREHEVBRIO.....	55	PURIXAN.....	18
PREMARIN.....	49	<i>pyrazinamide tab 500 mg</i>	15
<i>prevalite - cholestyramine light powder 4 gm/ dose</i>	35	<i>pyridostigmine bromide tab 60 mg</i>	15
<i>prevalite - cholestyramine light powder packets 4 gm</i>	35	<i>pyrimethamine tab 25 mg</i>	21
PREVYMIS.....	26	Q	
PREZCOBIX.....	26	QINLOCK.....	18
PREZISTA.....	26	QUADRACEL.....	55
PRIFTIN.....	15	QUETIAPINE FUMARATE.....	23
		<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	23
		<i>quetiapine fumarate tab 300 mg, 400 mg</i>	23
		<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	35
		<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	35

<i>quinidine sulfate tab 200 mg</i>	36
<i>quinidine sulfate tab 300 mg</i>	36
<i>quinine sulfate cap 324 mg</i>	21
R	
RABAVERT.....	56
<i>raloxifene hcl tab 60 mg</i>	49
<i>ramelteon tab 8 mg</i>	62
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	36
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	36
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i>	21
<i>reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	49
RECOMBIVAX HB.....	56
RECTIV.....	36
<i>relafen - nabumetone tab 500 mg</i>	2
<i>relafen - nabumetone tab 750 mg</i>	2
RELENZA DISKHALER.....	26
<i>repaglinide tab 0.5 mg</i>	30
<i>repaglinide tab 1 mg</i>	30
<i>repaglinide tab 2 mg</i>	30
REPATHA.....	36
REPATHA PUSHTRONEX SYSTEM.....	36
REPATHA SURECLICK.....	36
RESTASIS.....	59
RESTASIS MULTIDOSE.....	59
RETACRIT.....	32
RETEVMO.....	18
REVLIMID.....	18
REXULTI.....	23
REYATAZ.....	26
<i>ribavirin cap 200 mg</i>	26
<i>ribavirin tab 200 mg</i>	26
<i>rifabutin cap 150 mg</i>	15
<i>rifampin cap 150 mg, 300 mg</i>	15
<i>rifampin for inj 600 mg</i>	15
<i>riluzole tab 50 mg</i>	37
RIMANTADINE HYDROCHLORIDE.....	27
RINVOQ.....	56
RISPERDAL CONSTA.....	23
RISPERIDONE ODT.....	23
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	23
<i>risperidone orally disintegrating tab 4 mg</i>	23
<i>risperidone soln 1 mg/ml</i>	23
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	23
<i>risperidone tab 4 mg</i>	24
<i>ritonavir tab 100 mg</i>	27

<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	11
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	11
<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i>	14
<i>rizatriptan benzoate tab 5 mg, 10 mg</i>	14
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	21
<i>rosadan - metronidazole cream 0.75%</i>	39
<i>rosadan - metronidazole gel 0.75%</i>	39
<i>rosuvastatin calcium tab 40 mg</i>	36
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	36
ROTARIX.....	56
ROTATEQ.....	56
<i>roweepra - levetiracetam tab 500 mg</i>	10
ROZLYTREK.....	18
RUBRACA.....	18
<i>rufinamide susp 40 mg/ml</i>	10
<i>rufinamide tab 200 mg</i>	10
<i>rufinamide tab 400 mg</i>	10
RUKOBIA.....	27
RYBELSUS.....	30
RYDAPT.....	19

S

<i>sajazir - icatibant acetate inj 30 mg/3ml</i>	56
SANDIMMUNE.....	56
SANTYL.....	39
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i>	43
<i>sapropterin dihydrochloride tab 100 mg</i>	43
SCEMBLIX.....	19
<i>scopolamine td patch 72hr 1 mg/3days</i>	13
SECUADO.....	24
<i>selegiline hcl cap 5 mg</i>	21
<i>selegiline hcl tab 5 mg</i>	21
<i>selenium sulfide lotion 2.5%</i>	39
SELZENTRY.....	27
SEREVENT DISKUS.....	62
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	12
<i>sertraline hcl tab 100 mg</i>	12
<i>sertraline hcl tab 25 mg, 50 mg</i>	12
<i>setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	49
<i>sevelamer carbonate packet 0.8 gm</i>	41
<i>sevelamer carbonate packet 2.4 gm</i>	41
<i>sevelamer carbonate tab 800 mg</i>	41

<i>sharobel - norethindrone tab 0.35 mg</i>	50	<i>sulfacetamide sodium lotion 10%</i>	
SHINGRIX.....	56	(<i>acne</i>).....	40
SIGNIFOR.....	52	<i>sulfacetamide sodium ophth soln 10%</i>	59
<i>sildenafil citrate tab 20 mg</i>	62	<i>sulfacetamide sodium-prednisolone ophth soln</i>	
<i>silver sulfadiazine cream 1%</i>	39	10-0.23(0.25)%.....	59
<i>simliya - desogest-eth estrad & eth estrad tab</i>		<i>sulfadiazine tab 500 mg</i>	7
0.15-0.02/0.01 mg(21/5).....	50	<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
<i>simvastatin tab 20 mg</i>	36	mg/5ml.....	7
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	36	<i>sulfamethoxazole-trimethoprim tab 400-80 mg,</i>	
<i>simvastatin tab 80 mg</i>	36	800-160 mg.....	7
<i>sirolimus oral soln 1 mg/ml</i>	56	<i>sulfasalazine tab 500 mg</i>	57
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	56	<i>sulfasalazine tab delayed release 500</i>	
SIRTURO.....	15	mg.....	57
SIVEXTRO.....	7	<i>sulindac tab 150 mg, 200 mg</i>	2
SKYRIZI.....	56	<i>sumatriptan nasal spray 5 mg/act, 20 mg/</i>	
SKYRIZI PEN.....	56	act.....	14
<i>sodium chloride iv soln 0.45%, 0.9%</i>	41	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	14
<i>sodium chloride preservative free inj</i>		<i>sumatriptan succinate solution auto-injector 4</i>	
0.9%.....	41	mg/0.5ml, 6 mg/0.5ml.....	15
<i>sodium phenylbutyrate oral powder 3 gm/</i>		<i>sumatriptan succinate solution cartridge 4 mg/0.5ml,</i>	
teaspoonful.....	43	6 mg/0.5ml.....	15
<i>sodium phenylbutyrate tab 500 mg</i>	43	<i>sumatriptan succinate tab 25 mg, 50 mg, 100</i>	
<i>sodium polystyrene sulfonate powder</i>	41	mg.....	15
SOLTAMOX.....	19	<i>sunitinib malate cap 12.5 mg</i>	19
SOMAVERT.....	52	<i>sunitinib malate cap 25 mg, 37.5 mg, 50</i>	
<i>sorafenib tosylate tab 200 mg</i>	19	mg.....	19
<i>sorine - sotalol hcl tab 80 mg, 120 mg, 160 mg, 240</i>		SUPRAX.....	7
mg.....	36	SUPREP BOWEL PREP KIT.....	42
<i>sotalol hcl (afib/afI) tab 80 mg, 120 mg, 160</i>		SUTAB.....	42
mg.....	36	<i>syeda - drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240</i>		mg.....	50
mg.....	36	SYMDEKO.....	62
<i>spironolactone & hydrochlorothiazide tab 25-25</i>		SYMPAZAN.....	10
mg.....	36	SYMTUZA.....	27
<i>spironolactone tab 25 mg, 50 mg, 100</i>		SYNAREL.....	52
mg.....	36	SYNJARDY.....	30
<i>sprintec 28 - norgestimate & ethinyl estradiol tab</i>		SYNJARDY XR.....	30
0.25 mg-35 mcg.....	50	SYNRIBO.....	19
SPRITAM.....	10	SYNTHROID.....	51
SPRYCEL.....	19	T	
SPS.....	41	TABLOID.....	19
<i>sronyx - levonorgestrel & ethinyl estradiol tab 0.1</i>		TABRECTA.....	19
mg-20 mcg.....	50	<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	56
<i>ssd - silver sulfadiazine cream 1%</i>	39	<i>tacrolimus oint 0.03%, 0.1%</i>	40
STAMARIL.....	56	TAFINLAR.....	19
STELARA.....	56	TAGRISSO.....	19
STIVARGA.....	19	TALZENNA.....	19
STREPTOMYCIN SULFATE.....	7	<i>tamoxifen citrate tab 10 mg, 20 mg</i>	19
STRIBILD.....	27	<i>tamsulosin hcl cap 0.4 mg</i>	43
<i>subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg,</i>		<i>taperdex 6-day - dexamethasone tab therapy pack</i>	
200 mg.....	10	1.5 mg (21).....	44
<i>sucalfate tab 1 gm</i>	42		

<i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	50	THALOMID.....	19
<i>tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	50	<i>theophylline tab er 12hr 300 mg, 450 mg</i>	62
<i>tarina fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	50	<i>theophylline tab er 24hr 400 mg, 600 mg</i>	62
TASIGNA.....	19	<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	24
<i>tazarotene cream 0.1%</i>	40	<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	24
TAZICEF.....	7	<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	36
<i>tazicef - ceftazidime for inj 1 gm</i>	7	<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	36
<i>tazicef - ceftazidime for iv soln 2 gm</i>	7	<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	36
TAZORAC.....	40	<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	36
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	36	<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	36
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	36	<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i>	36
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	36	<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	10
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	36	TIBSOVO.....	19
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	36	TICOVAC.....	56
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	36	<i>tigecycline for iv soln 50 mg</i>	7
TAZVERIK.....	19	<i>tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	50
TDVAX.....	56	<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	59
TEFLARO.....	7	<i>timolol maleate ophth soln 0.25%, 0.5%</i>	59
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	36	<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	37
<i>temazepam cap 15 mg, 30 mg</i>	62	TIVICAY.....	27
TENIVAC.....	56	TIVICAY PD.....	27
<i>tenofovir disoproxil fumarate tab 300 mg</i>	27	<i>tizanidine hcl tab 2 mg, 4 mg</i>	24
TEPMETKO.....	19	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	59
<i>terazosin hcl cap 1 mg</i>	36	<i>tobramycin nebu soln 300 mg/5ml</i>	62
<i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i>	36	<i>tobramycin ophth soln 0.3%</i>	59
<i>terbinafine hcl tab 250 mg</i>	14	TOBRAMYCIN SULFATE.....	7
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	62	<i>tobramycin sulfate for inj 1.2 gm</i>	7
<i>terconazole vaginal cream 0.4%, 0.8%</i>	14	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	7
<i>terconazole vaginal suppos 80 mg</i>	14	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2 gm/30ml (40 mg/ml)</i>	8
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i>	50	<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	43
TESTOSTERONE ENANTHATE.....	50	<i>topiramate sprinkle cap 15 mg</i>	10
<i>testosterone td gel 12.5 mg/act (1%)</i>	50	<i>topiramate sprinkle cap 25 mg</i>	10
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	50		
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	50		
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	50		
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	50		
<i>testosterone td gel 50 mg/5gm (1%)</i>	50		
<i>tetrabenazine tab 12.5 mg</i>	38		
<i>tetrabenazine tab 25 mg</i>	38		
<i>tetracycline hcl cap 250 mg, 500 mg</i>	7		

<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	10	<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	50
<i>toremifene citrate tab 60 mg</i>	19	<i>tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	50
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	37	<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	50
TOUJEO MAX SOLOSTAR.....	30	<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	50
TOUJEO SOLOSTAR.....	31	<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	50
TRADJENTA.....	31	<i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	50
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	<i>trimethoprim tab 100 mg</i>	8
<i>tramadol hcl tab 50 mg</i>	2	<i>tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	50
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	2	<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i>	12
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	37	TRINTELLIX.....	12
<i>tranexamic acid tab 650 mg</i>	32	<i>tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	50
<i>tranylcypromine sulfate tab 10 mg</i>	12	<i>tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	51
TRAVASOL.....	41	TRIUMEQ.....	27
<i>travoprost ophth soln 0.004%</i>	59	TRIUMEQ PD.....	27
<i>trazodone hcl tab 300 mg</i>	12	<i>trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	51
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	12	<i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	51
TRECTOR.....	15	<i>tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	51
TRELEGY ELLIPTA.....	62	TRIZIVIR.....	27
TRELSTAR MIXJECT.....	53	TROPHAMINE.....	41
<i>tretinoin cap 10 mg</i>	19	TRULICITY.....	31
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	40	TRUMENBA.....	56
<i>tretinoin gel 0.01%, 0.025%</i>	40	TRUSELTIQ.....	19
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	40	TUKYSA.....	19
<i>triamcinolone acetonide dental paste 0.1%</i>	38	TURALIO.....	19
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	40	TWINRIX.....	56
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	40	TYBOST.....	27
<i>triamcinolone acetonide oint 0.5%</i>	40	TYMLOS.....	58
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	37	TYPHIM VI.....	56
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	37	U	
<i>triderm - triamcinolone acetonide cream 0.1%, 0.5%</i>	40	<i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	52
<i>trientine hcl cap 250 mg</i>	41	<i>ursodiol cap 300 mg</i>	42
<i>tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	50	<i>ursodiol tab 250 mg</i>	42
<i>tri femynor - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	50	<i>ursodiol tab 500 mg</i>	42
<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i>	24	V	
TRIFLURIDINE.....	59	<i>valacyclovir hcl tab 500 mg, 1 gm</i>	27
TRIKAFTA.....	62		

VALCHLOR.....	19	VICTOZA.....	31
<i>valganciclovir hcl for soln 50 mg/ml.....</i>	27	<i>vienva - levonorgestrel & ethinyl estradiol tab 0.1</i>	
<i>valganciclovir hcl tab 450 mg.....</i>	27	<i>mg-20 mcg.....</i>	51
<i>valproate sodium oral soln 250 mg/5ml.....</i>	10	<i>vigabatrin powd pack 500 mg.....</i>	10
<i>valproic acid cap 250 mg.....</i>	10	<i>vigabatrin tab 500 mg.....</i>	10
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg,</i>		<i>vigadrone - vigabatrin powd pack 500</i>	
<i>160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25</i>		<i>mg.....</i>	10
<i>mg.....</i>	37	VIIBRYD STARTER PACK.....	12
<i>valsartan tab 320 mg.....</i>	37	<i>vilazodone hcl tab 10 mg, 20 mg, 40</i>	
<i>valsartan tab 40 mg, 80 mg, 160 mg.....</i>	37	<i>mg.....</i>	12
VALTOCO.....	10	<i>vioele - desogest-eth estrad & eth estrad tab</i>	
VANCOMYCIN.....	8	<i>0.15-0.02/0.01 mg(21/5).....</i>	51
VANCOMYCIN HCL.....	8	VIRACEPT.....	27
<i>vancomycin hcl cap 125 mg.....</i>	8	VIREAD.....	27
<i>vancomycin hcl cap 250 mg.....</i>	8	VITRAKVI.....	20
<i>vancomycin hcl for iv soln 1.5 gm.....</i>	8	VIZIMPRO.....	20
<i>vancomycin hcl for iv soln 100 gm.....</i>	8	<i>volnea - desogest-eth estrad & eth estrad tab</i>	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 5</i>		<i>0.15-0.02/0.01 mg(21/5).....</i>	51
<i>gm, 10 gm.....</i>	8	VONJO.....	20
VANCOMYCIN HYDROCHLORIDE.....	8	<i>voriconazole for inj 200 mg.....</i>	14
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE.....	8	<i>voriconazole for susp 40 mg/ml.....</i>	14
VANDAZOLE.....	8	<i>voriconazole tab 50 mg, 200 mg.....</i>	14
VAQTA.....	56	VOSEVI.....	27
VARENICLINE STARTING MONTH BOX.....	3	VOTRIENT.....	20
VARENICLINE TARTRATE.....	3	VRAYLAR.....	24
VARIVAX.....	56	<i>vyfemla - norethindrone & ethinyl estradiol tab 0.4</i>	
VASCEPA.....	37	<i>mg-35 mcg.....</i>	51
<i>velivet - desogest-ethin est tab</i>		<i>vylibra - norgestimate & ethinyl estradiol tab 0.25</i>	
<i>0.1-0.025/0.125-0.025/0.15-0.025mg-</i>		<i>mg-35 mcg.....</i>	51
<i>mg.....</i>	51	VYNDAQEL.....	43
VELTASSA.....	41	W	
VENCLEXTA.....	19	WAKIX.....	62
VENCLEXTA STARTING PACK.....	20	<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg,</i>	
VENLAFAXINE BESYLATE ER.....	12	<i>5 mg, 6 mg, 7.5 mg, 10 mg.....</i>	32
<i>venlafaxine hcl cap er 24hr 150 mg.....</i>	12	WELIREG.....	20
<i>venlafaxine hcl cap er 24hr 37.5 mg.....</i>	12	<i>wera - norethindrone & ethinyl estradiol tab 0.5</i>	
<i>venlafaxine hcl cap er 24hr 75 mg.....</i>	12	<i>mg-35 mcg.....</i>	51
<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg,</i>		<i>wymzya fe - norethindrone & ethinyl estradiol-fe</i>	
<i>100 mg.....</i>	12	<i>chew tab 0.4 mg-35 mcg.....</i>	51
VENTOLIN HFA.....	62	X	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240</i>		XALKORI.....	20
<i>mg.....</i>	37	XARELTO.....	32
<i>verapamil hcl tab 40 mg, 80 mg, 120</i>		XARELTO STARTER PACK.....	32
<i>mg.....</i>	37	XATMEP.....	57
<i>verapamil hcl tab er 120 mg, 180 mg, 240</i>		XCOPRI.....	10
<i>mg.....</i>	37	XELJANZ.....	57
VERSACLOZ.....	24	XELJANZ XR.....	57
VERZENIO.....	20	XGEVA.....	58
<i>vestura - drospirenone-ethinyl estradiol tab 3-0.02</i>		XIFAXAN.....	42
<i>mg.....</i>	51	XIGDUO XR.....	31
		XOFLUZA.....	27

XOLAIR.....	57
XOSPATA.....	20
XPOVIO.....	20
XPOVIO 60 MG TWICE WEEKLY.....	20
XPOVIO 80 MG TWICE WEEKLY.....	20
XTANDI.....	20
XYWAV.....	62

Y

YF-VAX.....	57
<i>yuvaferm - estradiol vaginal tab 10 mcg</i>	51

Z

<i>zafirlukast tab 10 mg, 20 mg</i>	62
<i>zaleplon cap 10 mg</i>	62
<i>zaleplon cap 5 mg</i>	62
ZEJULA.....	20
ZELBORAF.....	20
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	40
ZENPEP.....	43
<i>zenzedi - dextroamphetamine sulfate tab 10 mg</i>	38
<i>zenzedi - dextroamphetamine sulfate tab 5 mg</i>	38
<i>zidovudine cap 100 mg</i>	27
<i>zidovudine syrup 10 mg/ml</i>	27
<i>zidovudine tab 300 mg</i>	27
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	24
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	24
<i>ziprasidone mesylate for inj 20 mg</i>	24
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	58
ZOLINZA.....	20
<i>zolpidem tartrate tab 5 mg, 10 mg</i>	62
<i>zonisamide cap 25 mg, 50 mg, 100 mg</i>	10
<i>zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg</i>	51
<i>zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	51
ZYDELIG.....	20
ZYKADIA.....	20
ZYPREXA RELPREVV.....	24

BlueMedicare RxSM (PDP)

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 1-888-247-4142 (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 llámenos al 1-888-247-4142 (TTY: 711). Alguien que hable inglés le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，帮助您解答关于我们健康或药物计划的任何疑问。要获得口译员服务，请致电 1-888-247-4142 (TTY: 711)。会有讲英文/中文的工作人员帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康保險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 1-888-247-4142 (TTY: 711) 聯絡我們。我們講英語/您的語言的人員將樂意為您提供幫助。這項服務是免費的。

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 1-888-247-4142 (TTY: 711). Maaari kayong tulungan ng isang nakapakagsalita ng English o Tagalog. Ito ay libreng serbisyo.

French: Nous fournissons gratuitement les services d'un interprète pour répondre à toutes les questions que vous pouvez avoir sur notre régime d'assurance maladie ou de médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-247-4142 (TTY: 711). Un interlocuteur qui parle anglais/français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về kế hoạch sức khỏe hoặc thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-247-4142 (TTY: 711) sẽ có nhân viên nói tiếng Anh/Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Die Dolmetscher erreichen Sie unter 1-888-247-4142 (TTY: 711). Man wird Ihnen dort auf Deutsch oder Englisch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 처방약 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-247-4142 (TTY: 711) 번으로 문의해 주십시오. 영어/한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно плана медицинского страхования или плана получения лекарств, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-247-4142 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-английски или на вашем языке. Данная услуга бесплатная.

Arabic: يمكننا تقديم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطة الصحة أو الأدوية الخاصة بنا. وللحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على رقم 1-888-247-4142 (TTY: 711). وسوف يساعدك شخص يتحدث اللغة الإنجليزية / العربية. هذه خدمة مجانية.

Hindi: हमारी स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुफ्त में दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-247-4142 (TTY: 711) पर फोन करें। अंग्रेजी/हिन्दी बोलने वाला व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

BlueMedicare RxSM (PDP)

Multi-language Interpreter Services

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 1-888-247-4142 (TTY: 711). Un nostro incaricato che parla inglese/italiano vi fornirà l'assistenza necessaria. Il servizio è gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que você tiver acerca de nosso plano de saúde ou de medicação. Para obter um intérprete, contate-nos pelo número 1-888-247-4142 (TTY: 711). Você encontrará alguém que fale o idioma inglês ou português para ajudá-lo. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan asirans maladi oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-247-4142 (TTY: 711). Yon moun ki pale Anglè/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 należy zadzwonić pod numer 1-888-247-4142 (TTY: 711). Osoba znająca polski i angielski udzieli Państwu pomocy. Usługa ta jest bezpłatna.

Japanese: 弊社の健康保険または処方薬保険に関するあらゆるご質問にお答えするために、無料の通訳サービスをご用意しております。通訳をご希望の場合は、1-888-247-4142 (TTY: 711) までお電話ください。日本語または英語を話す担当の者が支援いたします。これは無料のサービスです。

Blue Medicare Rx StandardSM (PDP)

An updated formulary is located on our website at **Medicare.BlueCrossNC.com**. You may also call Customer Service for updated formulary information.

This formulary was updated on 10/01/2022.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

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For more recent information or other questions, please contact Customer Service:

Blue Medicare Rx PDP

Phone: 1-888-247-4142 (TTY users should call 711) **Hours: 7 days a week, 8 a.m. – 8 p.m.**

Or visit **Medicare.BlueCrossNC.com**

Visit **Medicare.BlueCrossNC.com**

