

**Premier**

# 2025 Formulary

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## List of Covered Drugs or “Drug List”

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

This formulary was updated on 09/06/2024. For more recent information or other questions, please contact **Blue Advantage (PPO) Member Services at 1-888-234-8266 or, for TTY users, 711**, Monday - Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, the hours of operation are Monday - Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays.

Calls will be returned the next business day, or visit [www.BCBSALMedicare.com](http://www.BCBSALMedicare.com).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

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

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits and/or co-payments/co-insurance may change on January 1 of each year.

The formulary and pharmacy network may change at any time. You will receive notice when necessary.

## Notice of Nondiscrimination

### Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

**Arabic:** أضيأ رفوتت امك. ةين اجملة ةي وغلل ا ةدع اسمل ا تامدخ لكل رفوتت ، ةي برعل ا ثدحتت تنك اذا :ه ابتنا لصتا. أن اجم اه ل ل ل و ص و ل ا ل ه س ي ت ا ق ي س ن ت ب ت ا م و ل ع م ل ا ر ي ف و ت ل ة ب س ا ن م ل ا ة ي ف ا ض ا ل ا ت ا م د خ ل ا و ت ا د ع ا س م ل ا ء ا ل ع ل ا ة م د خ ب ل ا ص ت ا ل ا و ا ( 711 : ي ص ن ل ا ف ت ا ه ل ا ) 1-855-216-3144 م ق ر ل ا ب .

**Chinese:** 注意：如果您说普通话，我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以易读格式向您提供信息。请拨打 1-855-216-3144 (TTY 用户请拨 711) 或致电客户服务部。

**French:** À NOTER: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1 855 216 3144 (TTY : 711) ou contactez le service client.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie +1 855 216 3144 (Durchwahl: 711) oder den Kundendienst an.

**Gujarati:** ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વાનિ મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કોલ કરો.

**Hindi:** ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें।

**Japanese:** ご案内:日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

**Korean:** 주의: 한국어(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144 (TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

**Lao:** ເອົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

**Portuguese:** ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

**Russian:** ВНИМАНИЕ. Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

**Spanish:** ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

**Tagalog:** ATTENTION: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

**Turkish:** DİKKAT Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

**Vietnamese:** CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.

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

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

This document includes a Drug List (formulary) for our plan which is current as of September 06, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

### **What is the Blue Advantage formulary?**

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

### **Can the formulary change?**

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of September 06, 2024. To get updated information about the drugs covered by **Blue Advantage** please contact us. Our contact information appears on the front and back cover pages. In the event that **Blue Advantage** makes a non-maintenance change to the formulary, such as removing a drug from our formulary, or adding prior authorizations, quantity limits and/or step therapy restrictions to a drug, or changing a tiered cost-sharing status, **Blue Advantage** will mail a written notice at least 60 days prior to the change becoming effective. Please keep this notice with your formulary.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

## Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

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

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

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

## Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions.

You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

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

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

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

### **How do I request an exception to the Blue Advantage’s Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You cannot ask us to change the cost-sharing tier for any drug in Cost-Sharing Tier 1 - Preferred Generic, Cost-Sharing Tier 3 - Preferred Brand, and Cost-Sharing Tier 5 - Specialty Tier.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, **Blue Advantage** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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



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

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

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

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

In addition to circumstances impacting new members who may enter a plan with a medication list that contains non-formulary Part D drugs, other circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the Plan Sponsor's formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another.

For these unplanned transitions, members and prescribers must avail themselves of the Plan Sponsor's exceptions and appeals processes. Coverage determinations are processed and redeterminations are made as expeditiously as the member's health condition requires.

In order to prevent a temporary gap in care when a member is discharged to home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from a long-term care facility, and does not have access to the remainder of the previously dispensed prescription, a one-time override of the "refill too soon" edits is processed for each medication which would be impacted due to a member being admitted to or discharged from a long-term care facility. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a refill upon admission or discharge.

## **For more information**

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

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

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

## Blue Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by **Blue Advantage**. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

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

Contact your plan for details.

Drug Name	Drug Tier	Requirements/Limits
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**Column 1**, the *Drug Name* column, provides information such as drug name and if the drug is BRAND or generic.

**Column 2**, the *Drug Tier* column, provides information on which of the 5 tiers the drug has been assigned. Member cost-sharing is based on drug tier assignment, day supply, and pharmacy selected.

**Tier 1 = Preferred Generic**

**Tier 2 = Generic**

**Tier 3 = Preferred Brand**

**Tier 4 = Non-Preferred Drug**

**Tier 5 = Specialty**

**Column 3**, the *Requirements/Limits* columns, indicates if a drug has any additional requirements or limits under Utilization Management including *Prior Authorization*, *Quantity Limits*, and *Step Therapy*.

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

**PA** = Prior Authorization

**QL** = Quantity Limits

**ST** = Step Therapy

\* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at **1-888-234-8266** (TTY users **711**), Monday - Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, the hours of operation are Monday - Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day.

# = 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.

† = Split-Fill (partial day supply); This high-cost medication is indicated with a cross (†) for you to request a 2-week supply (partial fill) of medication versus a full month. This partial fill may allow for copay savings if the medicine causes severe side effects, and you stop taking it or have a dosage change. If there are no

side effects, you may only pay the rest of your monthly copay when you pick up the remaining 2-week supply, if applicable.

Generally, we will cover your prescriptions only if they are filled at one of our network pharmacies. Some of our network pharmacies are also preferred. You may go to either preferred cost-sharing pharmacies or standard cost-sharing pharmacies to receive your covered prescription drugs. Your costs will typically be less at preferred pharmacies.

The table below describes your share of the cost for **Blue Advantage Premier** when you get a covered Part D prescription drug for a one-month (30-day) supply at a Preferred Cost-Sharing Pharmacy, a one-month (30-day) supply at a Preferred Mail-Order Pharmacy, a long-term (100-day) supply from a Preferred Cost-Sharing Pharmacy or a long-term (100-day) supply from a Preferred Mail-Order Pharmacy on all covered Part D Drugs.

Drug Tiers	One-month (30-day) supply (or less) at a Preferred Cost-Sharing Pharmacy	One-month (30-day) supply (or less) at a Preferred Mail Order Pharmacy	Long-Term (100-day) supply (or less) at a Preferred Cost-Sharing Pharmacy	Long-Term (100-day) supply (or less) at a Preferred Mail Order Pharmacy
Tier 1 Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$8 copay	\$8 copay	\$16 copay	\$16 copay
Tier 3 Preferred Brand	\$40 copay	\$40 copay	\$80 copay	\$80 copay
Tier 4 Non-Preferred Drug*	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 5 Specialty*	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

\*Note: Tiers 4 and 5 – have coinsurance applied and do not have a reduced copay for drugs purchased at a Mail-Order or Preferred Pharmacy.

The table below describes your share of the cost for **Blue Advantage Premier** when you get a covered Part D prescription drug for a one-month (30-day) supply at a Standard Cost-Sharing Pharmacy, a one-month (30-day) supply at a Standard Mail-Order Pharmacy, a one-month (31-day) supply at a Long-Term Care Pharmacy, a long-term (100-day) supply from a Standard Cost-Sharing Pharmacy or a long-term (100-day) supply from a Standard Mail-Order Pharmacy on all covered Part D Drugs.

Drug Tiers	One-month (30-day) supply (or less) at a Standard Cost-Sharing Pharmacy	One-month (30-day) supply (or less) at a Standard Mail Order Pharmacy	One-month (31-day) supply (or less) at a Long-Term Care Pharmacy	Long-Term (100-day) supply (or less) at a Standard Cost-Sharing Pharmacy	Long-Term (100-day) supply (or less) at a Standard Mail Order Pharmacy
Tier 1 Preferred Generic	\$7 copay	\$7 copay	\$7 copay	\$21 copay	\$14 copay
Tier 2 Generic	\$15 copay	\$15 copay	\$15 copay	\$45 copay	\$30 copay
Tier 3 Preferred Brand	\$47 copay	\$47 copay	\$47 copay	\$141 copay	\$94 copay
Tier 4 Non-Preferred Drug*	38% coinsurance	38% coinsurance	38% coinsurance	38% coinsurance	38% coinsurance
Tier 5 Specialty*	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

\*Note: Tiers 4 and 5 – have coinsurance applied and do not have a reduced copay for drugs purchased at a Mail-Order or Preferred Pharmacy.

An Abbreviations Key for prescription drug dosages is provided below as a quick reference for our list of formulary drugs beginning on page 1.

### Prescription Drug Dosage Restrictions Abbreviations Key

KEY		KEY	
<b>act</b>	actuation	<b>gm</b>	gram
<b>ad</b>	adsorbed	<b>gu</b>	genitourinary
<b>adjuv</b>	adjuvant	<b>hr</b>	hour
<b>aepb</b>	aerosol powder blister	<b>im</b>	intramuscular
<b>aer, aers, aero</b>	aerosol	<b>inh, inhal</b>	inhalation
<b>a fib/afl</b>	atrial fibrillation/atrial flutter	<b>inj</b>	injection
<b>app</b>	applicator	<b>ir</b>	index of reactivity
<b>ba, breath act, breath activ</b>	breath activated	<b>iv</b>	intravenous
<b>bau</b>	bioequivalent allergy unit	<b>l</b>	liter
<b>cap, caps</b>	capsules	<b>la</b>	long acting
<b>cart</b>	cartridge	<b>lf, lfu</b>	flocculation units
<b>cd</b>	continuous delivery	<b>lipo</b>	lipophilic
<b>chew tab</b>	chewable tablets	<b>liq, liqd</b>	liquid
<b>conc</b>	concentrate	<b>maint</b>	maintenance
<b>conj</b>	conjugate, conjugated	<b>mcg</b>	microgram
<b>cpcr</b>	controlled release capsule	<b>meq</b>	milliequivalent
<b>crm</b>	cream	<b>mg</b>	milligram
<b>crys</b>	crystals	<b>misc</b>	miscellaneous
<b>deter</b>	deterrent	<b>ml</b>	milliliter
<b>disint, disintegr</b>	disintegrating	<b>mu</b>	million units
<b>dr</b>	delayed-release	<b>nebu</b>	nebules
<b>ec</b>	enteric coated	<b>oc</b>	oral contraceptive
<b>el, elu</b>	enzyme-linked immunosorbent assay	<b>oint</b>	ointment
<b>emul</b>	emulsion	<b>omv</b>	outer membrane vesicles
<b>er, extend-release, extended, extended rel</b>	extended-release	<b>op, ophth</b>	ophthalmic
<b>ext</b>	extract	<b>osm</b>	osmotic
<b>glob, ig</b>	immunoglobulin	<b>pah</b>	pulmonary arterial hypertension
		<b>pak</b>	pack
		<b>pf</b>	preservative-free
		<b>pfu</b>	plaque forming units

KEY	
<b>pmdd</b>	premenstrual dysphoric disorder
<b>pow, powd</b>	powder
<b>pref, prefill</b>	prefilled
<b>pttw</b>	patch twice weekly
<b>ptwk</b>	patch weekly
<b>recomb</b>	recombinant
<b>refrig</b>	refrigerate
<b>sl</b>	sublingual
<b>sol, soln</b>	solution
<b>sqcm</b>	square centimeter
<b>supp, suppos</b>	suppositories
<b>sus, susp</b>	suspension

KEY	
<b>syr</b>	syringe
<b>tab, tabs</b>	tablets
<b>tbc</b>	controlled release tablet
<b>tbdp</b>	dispersible tablet
<b>tbec</b>	enteric coated tablet
<b>tbpk</b>	tablet pack
<b>td</b>	transdermal
<b>ther</b>	therapy
<b>tl</b>	translingual
<b>unt, ut</b>	unit
<b>va</b>	vaginal
<b>vac, vacc</b>	vaccine

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Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tablets/30 days)
<i>bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	3	PA, QL (60 films/30 days)
<i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	4	QL (48 mls/30 days)
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 capsules/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg	4	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	3	
<i>diclofenac sodium soln 1.5%</i>	3	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	QL (90 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, 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>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg, 500 mg</i>	4	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	4	QL (30 tablets/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	2	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	PA, QL (120 lozenges/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl 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, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 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 5-300 mg</i>	4	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tablets/30 days)
<b>HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg</b>	4	QL (150 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibu - ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibu - ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibu - ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>indomethacin cap 25 mg#</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#</i>	2	QL (120 capsules/30 days)
<i>levorphanol tartrate tab 2 mg</i>	5	QL (120 tablets/30 days)
<b>LEVORPHANOL TARTRATE - levorphanol tartrate tab 3 mg</b>	5	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 oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg, 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	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
<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>	2	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	2	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, 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	3	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tablets/30 days)
<b>Anesthetics</b>		
<i>lidocaine hcl laryngotracheal soln 4%</i>	4	
<i>lidocaine hcl soln 4%</i>	4	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine oint 5%</i>	3	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	PA, QL (60 grams/30 days)
<i>lidocan - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine ii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine iii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
ZTLIDO - lidocaine patch 1.8% (36 mg)	4	PA, QL (90 patches/30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
<i>disulfiram tab 250 mg, 500 mg</i>	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml, 300 mg/1.5ml	5	
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	3	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
<b>Antibacterials</b>		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	

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 sodium for iv soln 10 gm</i>	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	2	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3	
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	2	
<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>aztreonam for inj 2 gm</i>	5	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	4	
<i>cefazolin sodium (bulk) for inj 100 gm</i>	4	
<i>cefazolin sodium (bulk) for inj 300 gm</i>	4	
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 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>	2	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm</i>	4	
<i>cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefixime cap 400 mg</i>	4	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 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 for susp 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg, 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime for inj 1 gm, 6 gm</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 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>	2	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg, 500 mg</i>	2	
<i>cephalexin cap 750 mg</i>	4	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
<i>CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin tab er 24hr 500 mg</i>	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 (base equiv)</i>	4	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 900 mg/6ml, 9 gm/60ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<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	

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
DALVANCE - dalbavancin hcl for iv soln 500 mg (base equivalent)	5	
<i>daptomycin for iv soln 500 mg</i>	4	
<i>demeclocycline hcl tab 150 mg, 300 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	2	
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, 100 mg</i>	2	
<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 cap 150 mg</i>	4	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	4	
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	4	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
ERY - erythromycin pads 2%	4	
<i>ery-tab - erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	4	
<i>erythrocin lactobionate - erythromycin lactobionate for inj 500 mg</i>	4	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml</i>	4	
<i>erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin soln 2%</i>	2	
<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	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit, 2400000 unit	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
LENTOCILIN - penicillin g benzathine for intramuscular susp 1200000 unit	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	PA
<i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i>	3	
<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i>	3	
<i>meropenem iv for soln 500 mg, 1 gm</i>	3	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole cap 375 mg</i>	4	
<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	
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	4	
<i>mondoxylene nl - doxycycline monohydrate cap 100 mg</i>	2	
<i>moxifloxacin hcl iv solution 400 mg/250ml (base equiv)</i>	4	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	4	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg#</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	2	
<i>NUZYRA - omadacycline tosylate iv for soln 100 mg (base equivalent)</i>	5	
<i>NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)</i>	5	
<i>ofloxacin tab 400 mg</i>	3	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	4	
<i>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose, 60000 unit/ml in dextrose</i>	4	
<i>PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit</i>	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tab 250 mg, 500 mg</i>	1	
<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	
SULFADIAZINE - sulfadiazine tab 500 mg	5	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	1	
<i>tazicef - ceftazidime for inj 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 6 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	5	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	4	
<i>tinidazole tab 250 mg, 500 mg</i>	3	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 10 gm (base equivalent)</i>	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
<b>Anticonvulsants</b>		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg	5	QL (30 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 600 mg, 800 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	QL (2 bottles/30 days)
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	5	QL (60 tablets/30 days)
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine tab 200 mg</i>	3	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA (>=65 yr), QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	5	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 10 mg, 20 mg</i>	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<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>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>epitol - carbamazepine tab 200 mg</i>	3	
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg, 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	5	QL (2 bottles/28 days)
FYCOMPA - perampanel tab 2 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	QL (30 tablets/30 days)
<i>gabapentin cap 100 mg</i>	2	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	3	
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i>	4	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	3	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	2	
LIBERVANT - diazepam buccal film 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	5	QL (10 films/30 days)
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	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>	2	
<i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
<i>primidone tab 50 mg, 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 (>=65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	5	PA (>=65 yr), QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	3	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
<i>vigadrone - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigadrone - vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
<i>vigpoder - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg, 50 mg, 100 mg</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
<b>Antidementia Agents</b>		
ADLARITY - donepezil hydrochloride td patch weekly 5 mg/day, 10 mg/day	4	
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg, 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	3	
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	
<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>	3	PA (<=29 yr)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr)
<i>memantine hcl tab 5 mg, 10 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	3	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antidepressants</b>		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#</i>	3	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</i>	3	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
<i>doxepin hcl conc 10 mg/ml#</i>	3	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	PA, QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	3	QL (600 mls/30 days)
<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	2	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	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	4	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg#</i>	4	QL (60 tablets/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>	1	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	4	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
<b>Antiemetics</b>		
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	4	BD

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl conc 100 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl conc 30 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	4	PA (>=65 yr)
<i>compro - prochlorperazine suppos 25 mg</i>	4	
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	4	BD
<i>granisetron hcl tab 1 mg</i>	3	BD
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	2	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	4	PA (>=65 yr)
<i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl suppos 12.5 mg, 25 mg#</i>	4	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>	3	PA (>=65 yr)
<i>promethegan - promethazine hcl suppos 12.5 mg, 25 mg#</i>	4	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	PA (>=65 yr)
<b>Antifungals</b>		
<i>AMPHOTERICIN B - amphotericin b for iv soln 50 mg</i>	4	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>caspofungin 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 gel 0.77%</i>	3	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
<i>CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)</i>	5	PA
<i>CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg), 186 mg (isavuconazole 100 mg)</i>	5	PA
<i>econazole nitrate cream 1%</i>	4	
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	2	
<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	

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>flucytosine cap 250 mg, 500 mg</i>	5	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>klayesta - nystatin topical powder 100000 unit/gm</i>	2	
<i>micafungin sodium for iv soln 50 mg, 100 mg</i>	4	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystop - nystatin topical powder 100000 unit/gm</i>	2	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	4	PA
<i>posaconazole susp 40 mg/ml</i>	5	PA
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%, 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg, 200 mg</i>	4	PA
<b>Antigout Agents</b>		
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>probenecid tab 500 mg</i>	3	
<b>Antimigraine Agents</b>		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
<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)

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
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 (base equiv), 2.5 mg (base equiv)</i>	2	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 (base eq), 10 mg (base eq)</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	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>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	2	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	3	PA, QL (16 tablets/30 days)
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide tab er 180 mg</i>	4	
<i>pyridostigmine bromide tab 60 mg</i>	3	
<b>Antimycobacterials</b>		
<i>cycloserine cap 250 mg</i>	5	
<i>dapsone tab 25 mg, 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
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 (base equiv), 100 mg (base equiv)*	5	
TRECATOR - ethionamide tab 250 mg	4	
<b>Antineoplastics</b>		
<i>abiraterone acetate tab 250 mg†</i>	5	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 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
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	1	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg†	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg†	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	5	PA, QL (30 tablets/30 days)
<i>bexarotene cap 75 mg†</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg</i>	2	
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg†	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*†	5	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	3	BD
<i>cyclophosphamide cap 25 mg, 50 mg</i>	4	BD
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)†	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)†</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>exemestane tab 25 mg</i>	4	
EXKIVITY - mobocertinib succinate cap 40 mg*†	5	PA, QL (120 capsules/30 days)
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
<i>gefitinib tab 250 mg†</i>	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
<i>hydroxyurea cap 500 mg</i>	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 (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)†</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)†</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
INLYTA - axitinib tab 1 mg*†	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)

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
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
KANJINTI - trastuzumab-anns for iv soln 150 mg, 420 mg	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
LEUKERAN - chlorambucil tab 2 mg	5	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg*†	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>mercaptopurine tab 50 mg</i>	3	
MESNEX - mesna tab 400 mg	5	
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*†	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg†	5	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg†	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	5	PA, QL (30 tablets/30 days)
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg, 420 mg	5	PA
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	5	PA
<i>pazopanib hcl tab 200 mg (base equiv)†</i>	5	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	5	PA, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg†	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg†	5	PA, QL (120 capsules/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg†	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
ROZLYTREK - entrectinib cap 100 mg†	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCSEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	
<i>sorafenib tosylate tab 200 mg (base equivalent)†</i>	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 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 (base equivalent)†</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)†</i>	5	PA, QL (30 capsules/30 days)

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
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSE - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i>	2	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)†	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg (base equivalent), 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	5	PA, QL (30 capsules/30 days)
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 (base equivalent)</i>	5	
<i>torpenz - everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg, 420 mg	5	PA
<i>tretinoin cap 10 mg</i>	5	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	5	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*†	5	PA, QL (180 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
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)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	5	PA, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg*†	5	PA, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
<b>Antiparasitics</b>		
<i>albendazole tab 200 mg</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	4	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	3	
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>	2	
<i>ivermectin tab 3 mg</i>	3	PA
<i>mefloquine hcl tab 250 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (20 tablets/30 days)

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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
<b>Antiparkinson Agents</b>		
<i>amantadine hcl cap 100 mg</i>	3	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
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 cap 5 mg (base equivalent)</i>	4	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa tab 25 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone tab 200 mg</i>	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	4	
<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 (base equiv), 1 mg (base equiv)</i>	4	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	3	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>trihexyphenidyl hcl tab 2 mg, 5 mg#</i>	2	PA (>=65 yr)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antipsychotics</b>		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	5	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	4	PA (>=65 yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	2	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	3	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	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	PA (>=65 yr)

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

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
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	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg <i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	3	PA (>=65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg <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>	3	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 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 (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	3	PA (>=65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	5	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	4	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	5	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	3	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	3	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	4	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq)	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg (base eq)	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg (base eq)	5	PA (>=65 yr), QL (1 vial/28 days)
<b>Antispasticity Agents</b>		
<i>baclofen tab 5 mg, 10 mg, 20 mg</i>	2	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	4	
<i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)</i>	1	
<b>Antivirals</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir oint 5%</i>	4	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg, 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	QL (60 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-riopivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	5	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)

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

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
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	4	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	5	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	5	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdv tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYM TUZA - 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>	3	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg (base equiv), 50 mg (base equiv)	5	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5	QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
<i>zidovudine cap 100 mg</i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	4	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
<b>Anxiolytics</b>		
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	3	PA (>=65 yr), QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	3	PA (>=65 yr), QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	3	PA (>=65 yr), QL (180 tablets/30 days)
<i>diazepam conc 5 mg/ml</i>	2	PA (>=65 yr), QL (240 mls/30 days)
<i>diazepam intensol - diazepam conc 5 mg/ml</i>	2	PA (>=65 yr), QL (240 mls/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral soln 1 mg/ml</i>	2	PA (>=65 yr), QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	3	PA (>=65 yr)
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine pamoate cap 25 mg, 50 mg#</i>	3	PA (>=65 yr)
<i>lorazepam conc 2 mg/ml</i>	2	PA (>=65 yr), QL (150 mls/30 days)
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	2	PA (>=65 yr), QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg, 1 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	2	PA (>=65 yr), QL (150 tablets/30 days)
<i>oxazepam cap 10 mg, 15 mg, 30 mg</i>	4	PA (>=65 yr), QL (120 capsules/30 days)
<b>Bipolar Agents</b>		
<i>lithium carbonate cap 150 mg, 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg, 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	4	
<b>Blood Glucose Regulators</b>		
<i>acarbose tab 25 mg</i>	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	PA
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	PA, QL (4 pens/28 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>	1	QL (120 tablets/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	4	QL (4 kits/30 days)
<i>glucagon hcl for inj 1 mg</i>	4	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)
<i>glyburide-metformin tab 1.25-250 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg#</i>	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	4	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	3	
INSULIN SYRINGE/NEEDLE	3	PA
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)

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
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
<i>nateglinide tab 60 mg</i>	2	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	2	QL (90 tablets/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/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
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#</i>	3	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	2	QL (90 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	1	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
<b>Blood Products and Modifiers</b>		
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml, 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	5	PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA - ticagrelor tab 60 mg, 90 mg	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
<i>cilostazol tab 50 mg, 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)</i>	4	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	4	QL (120 capsules/30 days)
<i>dipyridamole tab 25 mg, 50 mg, 75 mg#</i>	4	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)

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
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
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
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	3	
heparin sodium (porcine) pf inj 5000 unit/ml	3	
heparin sodium (porcine) pf inj 1000 unit/ml	3	
jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	3	
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml, 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
tranexamic acid tab 650 mg	3	
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5	PA
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
UDENYCA ONBODY - pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml	5	PA
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
XARELTO - rivaroxaban 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)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4	
<b>Cardiovascular Agents</b>		
acebutolol hcl cap 200 mg, 400 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
acetazolamide cap er 12hr 500 mg	4	
acetazolamide tab 125 mg, 250 mg	2	
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	4	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
amiodarone hcl tab 100 mg, 400 mg	4	
amiodarone hcl tab 200 mg	2	
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	4	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	1	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	2	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg, 100-25 mg	1	
atenolol tab 25 mg, 50 mg, 100 mg	1	
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	1	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)	1	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
betaxolol hcl tab 10 mg, 20 mg	3	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	2	
bisoprolol fumarate tab 5 mg, 10 mg	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg, 1 mg, 2 mg	2	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg	1	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	1	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	3	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	3	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	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 (base equiv)	3	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	3	PA, QL (60 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>	2	
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	3	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<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
EDARBI - azilsartan medoxomil tab 40 mg, 80 mg	4	QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg	4	QL (30 tablets/30 days)
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	1	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone tab 25 mg, 50 mg</i>	3	
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg, 54 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg, 160 mg</i>	2	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	2	
<i>fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)</i>	4	QL (60 capsules/30 days)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	4	QL (30 tablets/30 days)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	1	
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	4	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	QL (60 tablets/30 days)
<i>guanfacine hcl tab 1 mg, 2 mg#</i>	3	
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	4	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	4	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isradipine cap 2.5 mg, 5 mg</i>	4	
KERENDIA - finerenone tab 10 mg, 20 mg	3	PA, QL (30 tablets/30 days)
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

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>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg, 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	1	QL (60 tablets/30 days)
<i>matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>methazolamide tab 25 mg</i>	3	
<i>methazolamide tab 50 mg</i>	4	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	4	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	3	
<i>minoxidil tab 2.5 mg, 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	3	
<i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)</i>	3	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</i>	3	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg, 30 mg</i>	4	
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	4	
<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	4	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin oint 0.4%</i>	4	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 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>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</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>olmesartan medoxomil tab 5 mg</i>	1	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	2	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	4	
<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</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg, 10 mg</i>	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>	2	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	4	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<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>	3	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)

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>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sorine - sotalol hcl tab 120 mg, 160 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>	2	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	2	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tablets/30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	QL (60 capsules/30 days)
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	4	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	2	
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
<i>verapamil hcl cap er 24hr 100 mg</i>	4	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	4	
<i>verapamil hcl cap er 24hr 300 mg</i>	4	
<i>verapamil hcl cap er 24hr 360 mg</i>	4	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	1	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	5	PA, QL (90 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg, 18 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 30 mg, 36 mg, 42 mg, 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg, 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)

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
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>	3	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg†</i>	3	PA
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	4	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	4	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	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>	4	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	4	PA, QL (60 capsules/30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
<i>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	3	QL (30 capsules/30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	PA, QL (450 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	PA, QL (900 mls/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	3	PA, QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
<i>riluzole tab 50 mg</i>	4	
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
VUMERITY - dioximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
<b>Dental and Oral Agents</b>		
cevimeline hcl cap 30 mg	4	
chlorhexidine gluconate soln 0.12%	1	
kourzeq - triamcinolone acetonide dental paste 0.1%	3	
oralone dental paste - triamcinolone acetonide dental paste 0.1%	3	
perio gard - chlorhexidine gluconate soln 0.12%	1	
pilocarpine hcl tab 5 mg, 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	3	
<b>Dermatological Agents</b>		
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	
alclometasone dipropionate cream 0.05%	3	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	2	QL (120 grams/30 days)
amnesteam - isotretinoin cap 10 mg, 20 mg, 40 mg	4	
azelaic acid gel 15%	3	
AZELEX - azelaic acid cream 20%	4	
benzoyl peroxide-erythromycin gel 5-3%	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	3	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	4	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	2	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	2	QL (135 grams/30 days)
calcipotriene cream 0.005%	4	QL (120 grams/30 days)
calcipotriene oint 0.005%	4	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3	QL (120 mls/30 days)
calcitrene - calcipotriene oint 0.005%	4	QL (120 grams/30 days)
claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	
clindamycin phosphate-benzoyl peroxide gel 1-5%	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (200 mls/28 days)
<i>clodan - clobetasol propionate shampoo 0.05%</i>	4	QL (236 mls/30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	4	
<i>desonide cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%, 0.25%</i>	4	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	4	QL (120 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	PA
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	3	
EFUDEX - fluorouracil cream 5%	3	
FINACEA - azelaic acid foam 15%	3	
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	
<i>fluorouracil soln 5%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate oint 0.05%</i>	4	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	4	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	4	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	4	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	4	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	2	PA
<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>ivermectin cream 1%</i>	4	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>malathion lotion 0.5%</i>	4	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%, 1%</i>	3	
<i>metronidazole lotion 0.75%</i>	4	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	4	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 20 mg, 30 mg*	5	PA
<i>permethrin cream 5%</i>	3	
<i>podofilox soln 0.5%</i>	3	
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd - silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene cream 0.1%</i>	4	PA
<i>tazarotene gel 0.05%, 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	3	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>	2	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 0.5%</i>	2	QL (454 grams/30 days)
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA, QL (360 tablets/30 days)
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	4	
<i>deferasirox granules packet 90 mg, 180 mg, 360 mg†</i>	5	PA
<i>deferasirox tab for oral susp 125 mg†</i>	4	PA
<i>deferasirox tab for oral susp 250 mg, 500 mg†</i>	5	PA
<i>deferasirox tab 90 mg†</i>	3	PA
<i>deferasirox tab 180 mg, 360 mg†</i>	5	PA
<i>dextrose inj 5%, 10%</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%, 0.45%, 0.9%</i>	4	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental)	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental)	5	QL (120 packets/30 days)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kionex - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<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>lanthanum carbonate chew tab 750 mg (elemental)</i>	4	QL (180 tablets/30 days)
<i>magnesium sulfate inj 50%</i>	4	
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	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	3	
<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 irrigation soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	4	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg†</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	5	QL (180 tablets/30 days)
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	3	
<b>Gastrointestinal Agents</b>		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg</i>	3	
<i>constulose - lactulose solution 10 gm/15ml</i>	2	
<i>dicyclomine hcl cap 10 mg#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	4	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	2	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	4	PA (>=65 yr)
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)</i>	2	QL (30 capsules/30 days)
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine tab 20 mg, 40 mg</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>gavilyte-n/ flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>glycopyrrolate tab 1 mg, 2 mg</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	4	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	4	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg, 5 mg#</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
<i>misoprostol tab 100 mcg, 200 mcg</i>	3	
MOVANTI - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	QL (30 tablets/30 days)
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NIZATIDINE - nizatidine cap 150 mg	4	
<i>nizatidine cap 300 mg</i>	2	
OALIVA - obeticholic acid tab 5 mg, 10 mg*†	5	PA, QL (30 tablets/30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg, 40 mg</i>	1	QL (60 capsules/30 days)

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>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tablets/30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	3	QL (30 tablets/30 days)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
<i>sucralfate susp 1 gm/10ml</i>	4	
<i>sucralfate tab 1 gm</i>	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg, 500 mg</i>	4	
VIBERZI - eluxadoline tab 75 mg, 100 mg	5	PA, QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine powder for oral solution</i>	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 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	
CRYSVITA - burosumab-twza inj 10 mg/ml, 20 mg/ml, 30 mg/ml	5	PA
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
ENDARI - glutamine (sickle cell) powd pack 5 gm*	5	PA
<i>glutamine (sickle cell) powd pack 5 gm</i>	5	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	3	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg†</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg†</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
<i>yargesa - miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	5	PA, QL (120 capsules/30 days)
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	2	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)</i>	4	QL (30 tablets/30 days)
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tablets/30 days)
GEMTESA - vibegron tab 75 mg	4	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>silodosin cap 4 mg, 8 mg</i>	3	QL (30 capsules/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
<i>solifenacin succinate tab 5 mg, 10 mg</i>	2	QL (30 tablets/30 days)
<i>tadalafil tab 2.5 mg, 5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	4	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate tab 1 mg, 2 mg</i>	3	QL (60 tablets/30 days)
<i>tropium chloride tab 20 mg</i>	3	QL (60 tablets/30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</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 phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<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, 20 mg, 50 mg</i>	1	
<i>prednisone tab 5 mg, 10 mg</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	4	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</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
PREGNYL - chorionic gonadotropin for im inj 10000 unit	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>afirmelle - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>altavera - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>alyacen 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>amethia - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	3	
<i>apri - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>aubra eq - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20mcg</i>	3	
<i>aurovela fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i>	3	
<i>aurovela fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>aurovela 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1mg-20 mcg</i>	3	
<i>aurovela 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>aviane - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>ayuna - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>azurette - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>balziva - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>blisovi fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>blisovi fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>briellyn - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>camila - norethindrone tab 0.35 mg</i>	3	
<i>camrese - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>chateal eq - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#</i>	4	
<i>cryselle-28 - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
<i>cyred eq - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	4	PA
<i>dasetta 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab0.01mg(7)	3	
deblitane - norethindrone tab 0.35 mg	3	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml	3	PA
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml	3	PA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	3	
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#	3	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	3	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	3	
emzahh - norethindrone tab 0.35 mg	3	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
errin - norethindrone tab 0.35 mg	3	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg#	4	
estradiol tab 0.5 mg, 1 mg, 2 mg#	1	
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)#	4	
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#	3	
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#	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>estradiol valerate im in oil 10 mg/ml, 20 mg/ml</i>	3	
<i>estradiol valerate im in oil 40 mg/ml</i>	4	
<i>ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</i>	4	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>gemmily - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	3	
<i>hailey fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>hailey fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	3	
<i>hailey 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	3	
<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>heather - norethindrone tab 0.35 mg</i>	3	
<i>iclevia - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>incassia - norethindrone tab 0.35 mg</i>	3	
<i>introvale - levonorgestrel &amp; ethinyl estradiol (91-day) tab0.15-0.03 mg</i>	3	
<i>isibloom - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>jaimiess - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>jencycla - norethindrone tab 0.35 mg</i>	3	
<i>jolessa - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>juleber - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>junel fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>junel fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>junel 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>junel 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>kaitlib fe - norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	3	
<i>kalliga - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>kariva - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>kelnor 1/35 - ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	3	
<i>kelnor 1/50 - ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>kurvelo - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30mcg</i>	3	
<i>larin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>larin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>larin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>larin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>layolis fe - norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	3	
<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>lessina - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	3	
<i>levora 0.15/30-28 - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>loestrin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i>	3	
<i>loestrin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>loestrin 1/20-21 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>loestrin 1.5/30-21 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>low-ogestrel - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30mcg</i>	3	
<i>luteria - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>lyleq - norethindrone tab 0.35 mg</i>	3	
<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>	3	
<i>lyza - norethindrone tab 0.35 mg</i>	3	
<i>marlissa - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	4	
<i>megestrol acetate tab 20 mg, 40 mg#</i>	3	
<i>MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg#</i>	4	
<i>merzee - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20mcg (24)</i>	3	
<i>microgestin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>microgestin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>microgestin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>microgestin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>mili - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>mimvey - estradiol &amp; norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>mono-lynyah - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>necon 0.5/35-28 - norethindrone &amp; ethinyl estradiol tab 0.5mg-35 mcg</i>	3	
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>nora-be - norethindrone tab 0.35 mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>	3	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	3	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	3	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	3	
<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>	3	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<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>	3	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
<i>norlyroc - norethindrone tab 0.35 mg</i>	3	
<i>nortrel 0.5/35 (28) - norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	3	
<i>nortrel 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>nylia 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>nymyo - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	3	
<i>philith - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>pimtreea - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>portia-28 - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#</i>	3	
<i>PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm</i>	3	
<i>PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#</i>	3	
<i>PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#</i>	3	
<i>progesterone cap 100 mg, 200 mg</i>	2	
<i>raloxifene hcl tab 60 mg</i>	2	
<i>reclipsen - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
sharobel - norethindrone tab 0.35 mg	3	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	3	
taysofy - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	3	
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml	3	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
testosterone td gel 12.5 mg/act (1%)	4	PA, QL (4 pump bottles/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	4	PA, QL (30 packets/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	4	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	4	PA, QL (2 pump bottles/30 days)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg- mcg	3	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3	
<i>turqoz - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
<i>TYBLUME - levonorgestrel &amp; ethinyl estradiol chew tab 0.1 mg-20 mcg</i>	3	
<i>tydemy - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#</i>	3	
<i>velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	3	
<i>vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>vienva - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>viorele - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>volnea - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>vyfemla - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>vylibra - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>wera - norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	3	
<i>wymzya fe - norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>yuvaferm - estradiol vaginal tab 10 mcg</i>	3	
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>zovia 1/35 - ethynodiol diacetate &amp; ethinyl estradiol tab 1mg-35 mcg</i>	3	
<i>zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	3	
<i>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>	3	

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	2	
SYNTHROID - <i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	3	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline tab 0.5 mg</i>	3	
ELIGARD - <i>leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</i>	5	PA
ELIGARD - <i>leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</i>	5	PA
ELIGARD - <i>leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</i>	5	PA
ELIGARD - <i>leuprolide acetate for subcutaneous inj kit 7.5 mg</i>	4	PA
FIRMAGON - <i>degarelix acetate for inj 80 mg (base equiv), 120 mg/ vial (240 mg dose)</i>	4	
LEUPROLIDE ACETATE - <i>leuprolide acetate (3 month) for inj 22.5 mg</i>	5	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
LUPRON DEPOT (1-MONTH) - <i>leuprolide acetate for inj kit 3.75 mg, 7.5 mg</i>	5	PA
LUPRON DEPOT (4-MONTH) - <i>leuprolide acetate (4 month) for inj kit 30 mg</i>	5	PA
LUPRON DEPOT-PED (1-MONTH) - <i>leuprolide acetate for inj pediatric kit 7.5 mg</i>	5	PA
LUPRON DEPOT-PED (3-MONTH) - <i>leuprolide acetate (3 month) for inj pediatric kit 11.25 mg</i>	5	PA
LUPRON DEPOT-PED (6-MONTH) - <i>leuprolide acet (6 month) for im inj pediatric kit 45 mg</i>	5	PA
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA

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
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv)*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml, 90 mg/0.3ml, 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg, 22.5 mg	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole tab 5 mg, 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
<b>Immunological Agents</b>		
ABRYSCO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	QL (1 vaccine/365 days)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1	
ARCALYST - riloncept for inj 220 mg*	5	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=60 yr)
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
<i>azathioprine tab 50 mg</i>	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
<i>cyclosporine cap 25 mg</i>	3	BD
<i>cyclosporine cap 100 mg</i>	4	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	1	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 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 subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg	4	BD
ENVARUSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	1	
<i>everolimus tab 0.25 mg</i>	4	BD
<i>everolimus tab 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	5	BD, PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm, 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	1	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1	
<i>gengraf - cyclosporine modified cap 25 mg, 100 mg</i>	3	BD
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	5	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab 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 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1	
IXCHIQ - chikungunya virus vaccine live for im solution	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	

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
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
<i>leflunomide tab 10 mg, 20 mg</i>	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=60 yr)
<i>mycophenolate mofetil cap 250 mg</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil tab 500 mg</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PREHEVBRIIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	1	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
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVERT - rabies vaccine, pcec for inj	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
REZUROCK - belumosudil mesylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	5	PA
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	1	
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
<i>sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	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 soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA
STAMARIL - yellow fever vaccine for inj suspension	1	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	5	PA
<i>tacrolimus cap 0.5 mg, 1 mg</i>	2	BD
<i>tacrolimus cap 5 mg</i>	4	BD

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

Drug Name	Drug Tier	Requirements/Limits
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalitis vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	1	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	1	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	1	
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>mesalamine cap dr 400 mg</i>	4	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 capsules/30 days)
<i>mesalamine cap er 500 mg</i>	4	QL (240 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
<i>mesalamine tab delayed release 800 mg</i>	4	QL (180 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>proctocort - hydrocortisone perianal cream 1%</i>	2	
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg, 70 mg</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
<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 (base equiv), 60 mg (base equiv)</i>	4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	QL (1 tablet/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	4	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg, 30 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	3	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<b>Ophthalmic Agents</b>		
<i>atropine sulfate ophth soln 1%</i>	3	
<i>azelastine hcl ophth soln 0.05%</i>	3	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	3	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.1%, 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>brinzolamide ophth susp 1%</i>	4	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)*	5	PA
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	4	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	3	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	3	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
<i>ketorolac tromethamine ophth soln 0.4%, 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% (base eq) (2 times daily) (generic for Moxeza)</i>	4	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i>	4	
NATACYN - natamycin ophth susp 5%	4	
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>polycin - bacitracin-polymyxin b ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>prednisolone acetate ophth susp 1%</i>	3	
<i>prednisolone sodium phosphate ophth soln 1%</i>	3	
PROLENSA - bromfenac sodium ophth soln 0.07% (base equivalent)	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)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<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>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMVIY - lotilaner ophth soln 0.25%	5	PA
<b>Otic Agents</b>		
<i>acetic acid otic soln 2%</i>	2	
<i>flac - fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhal soln 10%, 20%</i>	2	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)

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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 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)</i>	3	QL (2 inhalers/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	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/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg, 125 mg*</i>	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
<i>breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	BD
<i>cyproheptadine hcl tab 4 mg#</i>	4	PA (>=65 yr)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (1 inhaler/30 days)
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	3	
FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml, 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	3	QL (2 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone- salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/ act, 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	4	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	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
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
<i>roflumilast tab 250 mcg, 500 mcg</i>	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
<i>tadalafil tab 20 mg (pah)</i>	4	PA, QL (60 tablets/30 days)
<i>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>	2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	3	QL (30 capsules/30 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)

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
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	QL (2 bottles/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	4	QL (2 inhalers/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	4	
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	2	
<i>methocarbamol tab 500 mg, 750 mg#</i>	2	
<b>Sleep Disorder Agents</b>		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	4	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg, 10 mg	3	PA, QL (30 tablets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm*	5	PA, QL (30 packets/30 days)
<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)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>temazepam cap 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 5 mg#</i>	3	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	3	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	2	QL (30 tablets/30 days)

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

## INDEX

## A

<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	29	<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)</i> .....	75
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> .....	29	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i> .....	75
<i>abacavir sulfate tab 300 mg (base equiv)</i> .....	29	<i>albuterol sulfate syrup 2 mg/5ml</i> .....	75
ABILIFY ASIMTUFII.....	26	<i>albuterol sulfate tab 2 mg, 4 mg</i> .....	75
ABILIFY MAINTENA.....	26	<i>alclometasone dipropionate cream 0.05%</i> .....	48
<i>abiraterone acetate tab 250 mg</i> .....	17	<i>alclometasone dipropionate oint 0.05%</i> .....	48
ABRYSVO.....	66	ALCOHOL SWABS.....	33
<i>acamprosate calcium tab delayed release 333 mg</i> .....	3	ALECENSA.....	18
<i>acarbose tab 100 mg</i> .....	33	<i>alendronate sodium tab 10 mg</i> .....	72
<i>acarbose tab 25 mg</i> .....	33	<i>alendronate sodium tab 35 mg, 70 mg</i> .....	72
<i>acarbose tab 50 mg</i> .....	33	<i>alfuzosin hcl tab er 24hr 10 mg</i> .....	55
<i>accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i> .....	48	<i>aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)</i> .....	40
<i>acebutolol hcl cap 200 mg, 400 mg</i> .....	39	<i>allopurinol tab 100 mg, 300 mg</i> .....	16
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	1	<i>alose tron hcl tab 0.5 mg (base equiv)</i> .....	52
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i> .....	1	<i>alose tron hcl tab 1 mg (base equiv)</i> .....	52
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	1	<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i> .....	32
<i>acetazolamide cap er 12hr 500 mg</i> .....	40	<i>alprazolam tab 2 mg</i> .....	32
<i>acetazolamide tab 125 mg, 250 mg</i> .....	40	<i>altavera - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	56
<i>acetic acid otic soln 2%</i> .....	74	ALUNBRIG.....	18
<i>acetylcysteine inhal soln 10%, 20%</i> .....	74	<i>alyacen 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	56
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i> .....	48	<i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> .....	56
ACTHIB.....	66	<i>amantadine hcl cap 100 mg</i> .....	25
ACTIMMUNE.....	66	<i>amantadine hcl soln 50 mg/5ml</i> .....	25
<i>acyclovir cap 200 mg</i> .....	29	<i>ambrisentan tab 5 mg, 10 mg</i> .....	75
<i>acyclovir oint 5%</i> .....	29	<i>amethia - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	56
<i>acyclovir sodium iv soln 50 mg/ml</i> .....	29	<i>amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....	57
<i>acyclovir susp 200 mg/5ml</i> .....	29	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i> .....	4
<i>acyclovir tab 400 mg, 800 mg</i> .....	29	<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	40
ADACEL.....	66	<i>amiloride hcl tab 5 mg</i> .....	40
<i>adefovir dipivoxil tab 10 mg</i> .....	29	<i>amiodarone hcl tab 100 mg, 400 mg</i> .....	40
ADEMPAS.....	74	<i>amiodarone hcl tab 200 mg</i> .....	40
ADLARITY.....	12	<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i> .....	13
ADVAIR HFA.....	75	<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> .....	40
<i>afirmelle - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	56		
AIMOVIG.....	16		
AKEEGA.....	17		
<i>ala-cort - hydrocortisone cream 1%</i> .....	48		
<i>albendazole tab 200 mg</i> .....	24		

<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> .....	40	<i>ampicillin sodium for inj 1 gm</i> .....	4
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i> .....	40	<i>ampicillin sodium for iv soln 10 gm</i> .....	5
<i>amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i> .....	40	<i>ampicillin sodium for iv soln 1 gm</i> .....	4
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i> .....	40	<i>anagrelide hcl cap 0.5 mg, 1 mg</i> .....	38
<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> .....	40	<i>anastrozole tab 1 mg</i> .....	18
<i>amnesteem - isotretinoin cap 10 mg, 20 mg, 40 mg</i> .....	48	ANORO ELLIPTA.....	75
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg</i> .....	13	APOKYN.....	25
AMOXICILLIN/CLAVULANATE POTASSIUM ER.....	4	<i>apomorphine hcl soln cartridge 30 mg/3ml</i> .....	25
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i> .....	4	<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i> .....	14
<i>amoxicillin (trihydrate) chew tab 125 mg</i> .....	4	<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	14
<i>amoxicillin (trihydrate) chew tab 250 mg</i> .....	4	<i>apri - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	57
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> .....	4	APTIOM.....	9
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i> .....	4	APTIVUS.....	29
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i> .....	4	<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> .....	57
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> .....	4	ARANESP ALBUMIN FREE.....	38
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> .....	4	ARCALYST.....	66
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	4	AREXVY.....	66
<i>amoxicillin &amp; k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i> .....	4	ARIKAYCE.....	5
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i> .....	46	<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i> .....	26
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	46	<i>aripiprazole oral solution 1 mg/ml</i> .....	26
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i> .....	46	<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i> .....	26
AMPHOTERICIN B.....	15	<i>aripiprazole tab 2 mg, 5 mg</i> .....	26
<i>amphotericin b liposome iv for susp 50 mg</i> .....	15	ARISTADA.....	26
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	4	ARISTADA INITIO.....	26
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....	4	<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i> .....	78
<i>ampicillin cap 500 mg</i> .....	4	ARNUITY ELLIPTA.....	75
		<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i> .....	26
		<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	57
		ASMANEX HFA.....	75
		ASMANEX TWISTHALER 120 METERED DOSES.....	75
		ASMANEX TWISTHALER 14 METERED DOSES.....	75
		ASMANEX TWISTHALER 30 METERED DOSES.....	75
		ASMANEX TWISTHALER 60 METERED DOSES.....	75
		<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	38
		<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</i> .....	29



<i>atazanavir sulfate cap 200 mg (base equiv)</i> .....	29	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	75
<i>atenolol &amp; chlorthalidone tab 50-25 mg, 100-25 mg</i> .....	40	<i>azelastine hcl ophth soln 0.05%</i> .....	72
<i>atenolol tab 25 mg, 50 mg, 100 mg</i> .....	40	AZELEX.....	48
ATGAM.....	66	AZITHROMYCIN.....	5
<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i> .....	46	<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i> .....	5
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i> .....	46	<i>azithromycin iv for soln 500 mg</i> .....	5
<i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)</i> .....	40	<i>azithromycin tab 250 mg, 500 mg, 600 mg</i> .....	5
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	40	<i>aztreonam for inj 1 gm</i> .....	5
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i> .....	24	<i>aztreonam for inj 2 gm</i> .....	5
<i>atovaquone susp 750 mg/5ml</i> .....	24	<i>azurette - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> .....	57
<i>atropine sulfate ophth soln 1%</i> .....	72	<b>B</b>	
ATROVENT HFA.....	75	<i>bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> .....	1
<i>aubra eq - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20mcg</i> .....	57	BACITRACIN.....	72
AUGTYRO.....	18	<i>bacitracin-polymyxin b ophth oint</i> .....	72
<i>aurovela 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1mg-20 mcg</i> .....	57	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	72
<i>aurovela 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	57	<i>baclofen tab 5 mg, 10 mg, 20 mg</i> .....	29
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	57	<i>balsalazide disodium cap 750 mg</i> .....	71
<i>aurovela fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i> .....	57	BALVERSA.....	18
<i>aurovela fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	57	<i>balziva - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> .....	57
AURYXIA.....	51	BAQSIMI ONE PACK.....	33
AUSTEDO.....	46	BAQSIMI TWO PACK.....	33
AUSTEDO XR.....	46	BARACLUDE.....	29
AUSTEDO XR PATIENT TITRATION KIT.....	46	BCG VACCINE.....	66
AUVELITY.....	13	BELBUCA.....	1
<i>aviane - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	57	BELSOMRA.....	78
<i>avidoxy - doxycycline monohydrate tab 100 mg</i> .....	5	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> .....	40
AVONEX.....	46	<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> .....	40
AVONEX PEN.....	46	BENLYSTA.....	66
<i>ayuna - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	57	BENZNIDAZOLE.....	24
AYVAKIT.....	18	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	48
<i>azathioprine tab 50 mg</i> .....	66	<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i> .....	25
<i>azelaic acid gel 15%</i> .....	48	BESIVANCE.....	72
		BESREMI.....	66
		<i>betaine powder for oral solution</i> .....	54
		BETAMETHASONE DIPROPIONATE AUGMENTED.....	48
		<i>betamethasone dipropionate augmented cream 0.05%</i> .....	48
		<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	48

<i>betamethasone dipropionate augmented oint</i> 0.05%.....	48	<i>brimonidine tartrate-timolol maleate ophth soln</i> 0.2-0.5%.....	73
<i>betamethasone dipropionate cream</i> 0.05%.....	48	<i>brinzolamide ophth susp 1%</i> .....	73
<i>betamethasone dipropionate lotion</i> 0.05%.....	48	BRIVIACT.....	9
<i>betamethasone dipropionate oint</i> 0.05%.....	48	<i>bromfenac sodium ophth soln 0.07% (base</i> <i>equivalent)</i> .....	73
<i>betamethasone valerate cream 0.1% (base</i> <i>equivalent)</i> .....	48	<i>bromfenac sodium ophth soln 0.09% (base equiv)</i> <i>(once-daily)</i> .....	73
<i>betamethasone valerate lotion 0.1% (base</i> <i>equivalent)</i> .....	48	<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i> .....	25
<i>betamethasone valerate oint 0.1% (base</i> <i>equivalent)</i> .....	48	<i>bromocriptine mesylate tab 2.5 mg (base</i> <i>equivalent)</i> .....	25
BETASERON.....	47	BRUKINSA.....	18
<i>betaxolol hcl ophth soln 0.5%</i> .....	72	<i>budesonide delayed release particles cap 3</i> <i>mg</i> .....	71
<i>betaxolol hcl tab 10 mg, 20 mg</i> .....	40	<i>budesonide-formoterol fumarate dihyd aerosol</i> <i>80-4.5 mcg/act, 160-4.5 mcg/act</i> .....	75
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50</i> <i>mg</i> .....	55	<i>budesonide inhalation susp 0.25 mg/2ml, 0.5</i> <i>mg/2ml, 1 mg/2ml</i> .....	75
BETOPTIC-S.....	72	<i>budesonide tab er 24hr 9 mg</i> .....	71
<i>bexarotene cap 75 mg</i> .....	18	<i>bumetanide inj 0.25 mg/ml</i> .....	40
<i>bexarotene gel 1%</i> .....	18	<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i> .....	40
BEXSERO.....	66	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> <i>(base equiv)</i> .....	3
<i>bicalutamide tab 50 mg</i> .....	18	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base</i> <i>equiv), 8-2 mg (base equiv), 12-3 mg (base</i> <i>equiv)</i> .....	3
BICILLIN L-A.....	5	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> <i>(base equiv)</i> .....	3
BIKTARVY.....	29	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base</i> <i>equiv)</i> .....	4
<i>bimatoprost ophth soln 0.03%</i> .....	72	<i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg</i> <i>(base equiv)</i> .....	3
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg,</i> <i>5-6.25 mg, 10-6.25 mg</i> .....	40	<i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr,</i> <i>10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i> .....	1
<i>bisoprolol fumarate tab 5 mg, 10 mg</i> .....	40	<i>bupropion hcl (smoking deterrent) tab er 12hr 150</i> <i>mg</i> .....	4
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg (24)</i> .....	57	<i>bupropion hcl tab 100 mg</i> .....	13
<i>blisovi fe 1/20 - norethindrone ace &amp; ethinyl</i> <i>estradiol-fe tab 1 mg-20 mcg</i> .....	57	<i>bupropion hcl tab 75 mg</i> .....	13
<i>blisovi fe 1.5/30 - norethindrone ace &amp; ethinyl</i> <i>estradiol-fe tab 1.5 mg-30 mcg</i> .....	57	<i>bupropion hcl tab er 12hr 100 mg</i> .....	13
BOOSTRIX.....	66	<i>bupropion hcl tab er 12hr 150 mg, 200</i> <i>mg</i> .....	13
<i>bosentan tab 62.5 mg, 125 mg</i> .....	75	<i>bupropion hcl tab er 24hr 150 mg</i> .....	13
BOSULIF.....	18	<i>bupropion hcl tab er 24hr 300 mg</i> .....	13
BRAFTOVI.....	18	<i>bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30</i> <i>mg</i> .....	32
BREO ELLIPTA.....	75	<i>butalbital-acetaminophen-caffeine tab 50-325-40</i> <i>mg</i> .....	1
<i>breyana - budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i> .....	75	<i>butalbital-aspirin-caffeine cap 50-325-40</i> <i>mg</i> .....	1
<i>breyana - budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i> .....	75	<i>butorphanol tartrate nasal soln 10 mg/</i> <i>ml</i> .....	1
BREZTRI AEROSPHERE.....	75		
<i>brillyn - norethindrone &amp; ethinyl estradiol tab 0.4</i> <i>mg-35 mcg</i> .....	57		
BRILINTA.....	38		
<i>brimonidine tartrate ophth soln 0.1%,</i> <i>0.15%</i> .....	72		
<i>brimonidine tartrate ophth soln 0.2%</i> .....	72		

BYDUREON BCISE.....	33	31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg.....	25
<b>C</b>		carbidopa tab 25 mg.....	25
cabergoline tab 0.5 mg.....	65	carglumic acid soluble tab 200 mg.....	51
CABLIVI.....	38	carteolol hcl ophth soln 1%.....	73
CABOMETYX.....	18	cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg.....	40
calcipotriene cream 0.005%.....	48	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	41
calcipotriene oint 0.005%.....	48	caspofungin acetate for iv soln 50 mg, 70 mg.....	15
calcipotriene soln 0.005% (50 mcg/ml).....	48	CAYSTON.....	75
calcitonin (salmon) nasal soln 200 unit/act.....	72	cefaclor cap 250 mg.....	5
calcitrene - calcipotriene oint 0.005%.....	48	cefaclor cap 500 mg.....	5
calcitriol cap 0.25 mcg, 0.5 mcg.....	72	cefadroxil cap 500 mg.....	5
calcitriol oral soln 1 mcg/ml.....	72	cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	5
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	51	cefadroxil tab 1 gm.....	5
calcium acetate (phosphate binder) tab 667 mg.....	51	cefazolin sodium (bulk) for inj 100 gm.....	5
CALQUENCE.....	18	cefazolin sodium (bulk) for inj 300 gm.....	5
camila - norethindrone tab 0.35 mg.....	57	cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....	5
camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	57	cefazolin sodium for inj 500 mg, 1 gm, 10 gm.....	5
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	57	cefazolin sodium for iv soln 1 gm.....	5
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	40	cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml).....	5
candesartan cilexetil tab 32 mg.....	40	cefdinir cap 300 mg.....	5
candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....	40	cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	5
CAPLYTA.....	26	cefepime hcl for inj 1 gm.....	5
CAPRELSA.....	18	cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....	5
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	40	cefepime hcl for iv soln 2 gm.....	5
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	9	cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	5
carbamazepine chew tab 100 mg.....	10	cefepime hcl iv soln 1 gm/50ml.....	5
carbamazepine susp 100 mg/5ml.....	10	cefepime hcl iv soln 2 gm/100ml.....	5
carbamazepine tab 200 mg.....	10	cefixime cap 400 mg.....	5
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	10	cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm.....	5
carbidopa & levodopa orally disintegrating tab 10-100 mg.....	25	cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....	5
carbidopa & levodopa orally disintegrating tab 25-100 mg.....	25	cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	5
carbidopa & levodopa orally disintegrating tab 25-250 mg.....	25	cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	5
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg.....	25	cefpodoxime proxetil tab 100 mg, 200 mg.....	5
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	25	cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	5
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg,		cefprozil tab 250 mg, 500 mg.....	5

ceftazidime for inj 1 gm, 6 gm.....	6	ciclopirox gel 0.77%.....	15
ceftazidime for iv soln 2 gm.....	6	ciclopirox olamine cream 0.77% (base equiv).....	15
ceftriaxone sodium (bulk) for inj 100 gm.....	6	ciclopirox olamine susp 0.77% (base equiv).....	15
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm.....	6	ciclopirox shampoo 1%.....	15
ceftriaxone sodium for iv soln 1 gm, 2 gm.....	6	ciclopirox solution 8%.....	15
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	6	cilostazol tab 50 mg, 100 mg.....	38
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	6	CIMDUO.....	29
ceftriaxone sodium in dextrose inj 20 mg/ml.....	6	cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg.....	53
ceftriaxone sodium in dextrose inj 40 mg/ml.....	6	cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv).....	72
cefuroxime axetil tab 250 mg, 500 mg.....	6	cinacalcet hcl tab 90 mg (base equiv).....	72
cefuroxime sodium for inj 750 mg.....	6	CINRYZE.....	66
cefuroxime sodium for iv soln 1.5 gm.....	6	ciprofloxacin 200 mg/100ml in d5w.....	6
celecoxib cap 400 mg.....	1	ciprofloxacin 400 mg/200ml in d5w.....	6
celecoxib cap 50 mg, 100 mg, 200 mg.....	1	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	73
cephalexin cap 250 mg, 500 mg.....	6	ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....	6
cephalexin cap 750 mg.....	6	ciprofloxacin hcl tab 750 mg (base equiv).....	6
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	6	citalopram hydrobromide oral soln 10 mg/5ml.....	13
CEREZYME.....	54	citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv).....	13
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	75	citalopram hydrobromide tab 40 mg (base equiv).....	13
cevimeline hcl cap 30 mg.....	48	claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	48
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	57	CLARITHROMYCIN.....	6
CHEMET.....	51	clarithromycin tab 250 mg, 500 mg.....	6
CHENODAL.....	53	clarithromycin tab er 24hr 500 mg.....	6
chlorhexidine gluconate soln 0.12%.....	48	clindacin etz pledgets - clindamycin phosphate swab 1%.....	6
chloroquine phosphate tab 250 mg.....	24	clindacin-p - clindamycin phosphate swab 1%.....	6
chloroquine phosphate tab 500 mg.....	24	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	6
chlorpromazine hcl conc 100 mg/ml.....	15	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	6
chlorpromazine hcl conc 30 mg/ml.....	15	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	48
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	15	clindamycin phosphate gel 1%.....	6
chlorthalidone tab 25 mg, 50 mg.....	41	clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml.....	6
cholestyramine light powder 4 gm/dose.....	41	clindamycin phosphate inj 900 mg/6ml, 9 gm/60ml.....	6
cholestyramine light powder packets 4 gm.....	41	clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml.....	6
cholestyramine powder 4 gm/dose.....	41		
cholestyramine powder packets 4 gm.....	41		
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	41		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	41		
CHORIONIC GONADOTROPIN.....	56		
ciclodan - ciclopirox solution 8%.....	15		

<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i> .....	6	<i>clozapine orally disintegrating tab 150 mg</i> .....	26
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i> .....	6	<i>clozapine orally disintegrating tab 200 mg</i> .....	26
<i>clindamycin phosphate lotion 1%</i> .....	6	<i>clozapine orally disintegrating tab 25 mg, 100 mg</i> .....	26
<i>clindamycin phosphate soln 1%</i> .....	6	<i>clozapine tab 100 mg</i> .....	26
<i>clindamycin phosphate swab 1%</i> .....	6	<i>clozapine tab 200 mg</i> .....	26
<i>clindamycin phosphate vaginal cream 2%</i> .....	6	<i>clozapine tab 25 mg, 50 mg</i> .....	26
<i>clobazam suspension 2.5 mg/ml</i> .....	10	COARTEM.....	24
<i>clobazam tab 10 mg, 20 mg</i> .....	10	CODEINE SULFATE.....	1
<i>clobetasol propionate cream 0.05%</i> .....	49	<i>codeine sulfate tab 30 mg</i> .....	1
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i> .....	49	<i>colchicine tab 0.6 mg</i> .....	16
<i>clobetasol propionate emollient base cream 0.05%</i> .....	49	<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	16
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i> .....	49	<i>colestipol hcl granule packets 5 gm</i> .....	41
<i>clobetasol propionate gel 0.05%</i> .....	49	<i>colestipol hcl granules 5 gm</i> .....	41
<i>clobetasol propionate oint 0.05%</i> .....	49	<i>colestipol hcl tab 1 gm</i> .....	41
<i>clobetasol propionate shampoo 0.05%</i> .....	49	<i>colistimethate sod for inj 150 mg (colistin base activity)</i> .....	6
<i>clobetasol propionate soln 0.05%</i> .....	49	COMBIPATCH.....	57
<i>clodan - clobetasol propionate shampoo 0.05%</i> .....	49	COMBIVENT RESPIMAT.....	75
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg</i> .....	13	COMETRIQ.....	18
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> .....	32	COMPLERA.....	29
<i>clonazepam orally disintegrating tab 2 mg</i> .....	32	<i>compro - prochlorperazine suppos 25 mg</i> .....	15
<i>clonazepam tab 0.5 mg, 1 mg</i> .....	32	<i>constulose - lactulose solution 10 gm/15ml</i> .....	53
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i> .....	41	COPAXONE.....	47
<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	47	COPIKTRA.....	18
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> .....	41	CORLANOR.....	41
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	38	COSENTYX.....	67
<i>clorazepate dipotassium tab 15 mg</i> .....	32	COSENTYX SENSOREADY PEN.....	67
<i>clorazepate dipotassium tab 3.75 mg</i> .....	32	COSENTYX UNOREADY.....	67
<i>clorazepate dipotassium tab 7.5 mg</i> .....	32	COTELLIC.....	18
<i>clotrimazole cream 1%</i> .....	15	CREON.....	54
<i>clotrimazole soln 1%</i> .....	15	CRESEMBA.....	15
<i>clotrimazole troche 10 mg</i> .....	15	<i>cromolyn sodium ophth soln 4%</i> .....	73
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	49	<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	54
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....	49	<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	76
CLOZAPINE ODT.....	26	<i>cryselle-28 - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	57
		CRYSVITA.....	54
		<i>cyclobenzaprine hcl tab 5 mg, 10 mg</i> .....	78
		CYCLOPHOSPHAMIDE.....	18
		<i>cyclophosphamide cap 25 mg, 50 mg</i> .....	18
		<i>cycloserine cap 250 mg</i> .....	17
		CYCLOSET.....	33
		<i>cyclosporine cap 100 mg</i> .....	67
		<i>cyclosporine cap 25 mg</i> .....	67

cyclosporine modified cap 25 mg, 50 mg, 100 mg.....	67	depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml.....	58
cyclosporine modified oral soln 100 mg/ml.....	67	depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml.....	58
cyproheptadine hcl tab 4 mg.....	76	DESCOVY.....	29
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	57	desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	13
CYSTADROPS.....	73	desmopressin acetate inj 4 mcg/ml.....	56
CYSTAGON.....	54	desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	56
CYSTARAN.....	73	desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	56
<b>D</b>		desmopressin acetate tab 0.1 mg, 0.2 mg.....	56
dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....	38	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	58
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....	38	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	58
dalfampridine tab er 12hr 10 mg.....	47	desonide cream 0.05%.....	49
DALVANCE.....	7	desonide oint 0.05%.....	49
danazol cap 50 mg, 100 mg, 200 mg.....	57	desoximetasone cream 0.05%, 0.25%.....	49
dantrolene sodium cap 25 mg, 50 mg, 100 mg.....	29	desoximetasone gel 0.05%.....	49
dapsone tab 25 mg, 100 mg.....	17	desoximetasone oint 0.25%.....	49
DAPTACEL.....	67	desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	13
daptomycin for iv soln 500 mg.....	7	dexamethasone elixir 0.5 mg/5ml.....	56
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	55	dexamethasone sodium phosphate ophth soln 0.1%.....	73
darunavir tab 600 mg.....	29	dexamethasone soln 0.5 mg/5ml.....	56
darunavir tab 800 mg.....	29	dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg.....	56
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	57	dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	47
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	58	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	47
DAURISMO.....	18	dextroamphetamine sulfate cap er 24hr 5 mg.....	47
daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	58	dextroamphetamine sulfate tab 10 mg.....	47
DAYVIGO.....	78	dextroamphetamine sulfate tab 5 mg.....	47
deblitane - norethindrone tab 0.35 mg.....	58	dextrose 2.5% w/ sodium chloride 0.45%.....	51
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	51	dextrose 5% w/ sodium chloride 0.2%, 0.45%, 0.9%.....	51
deferasirox tab 180 mg, 360 mg.....	51	dextrose inj 5%, 10%.....	51
deferasirox tab 90 mg.....	51	DIACOMIT.....	10
deferasirox tab for oral susp 125 mg.....	51	diazepam conc 5 mg/ml.....	32
deferasirox tab for oral susp 250 mg, 500 mg.....	51	diazepam intensol - diazepam conc 5 mg/ml.....	32
DELSTRIGO.....	29	diazepam oral soln 1 mg/ml.....	33
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	58	DIAZEPAM RECTAL GEL.....	10
demeclocycline hcl tab 150 mg, 300 mg.....	7		
DENG VAXIA.....	67		
DEPO-ESTRADIOL.....	58		
DEPO-SUBQ PROVERA 104.....	58		

<i>diazepam rectal gel delivery system 10 mg, 20 mg</i> .....	10	<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	47
<i>diazepam tab 2 mg, 5 mg, 10 mg</i> .....	33	DIPENTUM.....	71
<i>diazoxide susp 50 mg/ml</i> .....	33	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	53
<i>diclofenac potassium tab 50 mg</i> .....	1	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	67
<i>diclofenac sodium (actinic keratoses) gel 3%</i> .....	49	<i>dipyridamole tab 25 mg, 50 mg, 75 mg</i> .....	38
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> .....	1	<i>disulfiram tab 250 mg, 500 mg</i> .....	4
<i>diclofenac sodium ophth soln 0.1%</i> .....	73	<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	10
<i>diclofenac sodium soln 1.5%</i> .....	1	<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i> .....	10
<i>diclofenac sodium tab delayed release 25 mg</i> .....	1	<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i> .....	10
<i>diclofenac sodium tab delayed release 50 mg</i> .....	1	<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i> .....	41
<i>diclofenac sodium tab delayed release 75 mg</i> .....	1	<i>dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....	58
<i>diclofenac sodium tab er 24hr 100 mg</i> .....	1	<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i> .....	12
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....	1	<i>donepezil hydrochloride tab 23 mg</i> .....	12
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....	1	<i>donepezil hydrochloride tab 5 mg, 10 mg</i> .....	12
<i>dicloxacillin sodium cap 250 mg, 500 mg</i> .....	7	<i>dorzolamide hcl ophth soln 2%</i> .....	73
<i>dicyclomine hcl cap 10 mg</i> .....	53	<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	73
<i>dicyclomine hcl oral soln 10 mg/5ml</i> .....	53	<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> .....	58
<i>dicyclomine hcl tab 20 mg</i> .....	53	DOVATO.....	29
DIFICID.....	7	<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i> .....	41
<i>difluprednate ophth emulsion 0.05%</i> .....	73	<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i> .....	13
<i>digoxin oral soln 0.05 mg/ml</i> .....	41	<i>doxepin hcl conc 10 mg/ml</i> .....	13
<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> .....	41	<i>doxy 100 - doxycycline hyclate for inj 100 mg</i> .....	7
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> .....	16	<i>doxycycline (rosacea) cap delayed release 40 mg</i> .....	49
DILANTIN.....	10	<i>doxycycline hyclate cap 50 mg, 100 mg</i> .....	7
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i> .....	41	<i>doxycycline hyclate for inj 100 mg</i> .....	7
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> .....	41	<i>doxycycline hyclate tab 20 mg, 100 mg</i> .....	7
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> .....	41	<i>doxycycline monohydrate cap 150 mg</i> .....	7
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> .....	41	<i>doxycycline monohydrate cap 50 mg, 100 mg</i> .....	7
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i> .....	41	<i>doxycycline monohydrate tab 150 mg</i> .....	7
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> .....	41	<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i> .....	7
<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> .....	41	<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i> .....	15
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i> .....	47	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	58

<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	58	<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i> .....	41
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	58	ENBREL.....	67
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	58	ENBREL MINI.....	67
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i> .....	41	ENBREL SURECLICK.....	67
DUAVEE.....	58	ENDARI.....	54
DULERA.....	76	<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i> .....	1
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)</i> .....	13	<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i> .....	1
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> .....	13	<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	1
DUPIXENT.....	67	ENGERIX-B.....	67
<i>dutasteride cap 0.5 mg</i> .....	55	<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....	58
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	55	<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> .....	38
<b>E</b>		<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....	58
<i>ec-naproxen - naproxen tab ec 375 mg</i> .....	1	<i>enskyce - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	58
<i>ec-naproxen - naproxen tab ec 500 mg</i> .....	1	<i>entacapone tab 200 mg</i> .....	25
<i>econazole nitrate cream 1%</i> .....	15	<i>entecavir tab 0.5 mg, 1 mg</i> .....	30
EDARBI.....	41	ENTRESTO.....	41
EDARBYCLOR.....	41	<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i> .....	53
EDURANT.....	30	ENVARBUS XR.....	67
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	30	EPIDIOLEX.....	10
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i> .....	30	<i>epinastine hcl ophth soln 0.05%</i> .....	73
<i>efavirenz tab 600 mg</i> .....	30	EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL).....	76
EFUDEX.....	49	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	76
ELELYSO.....	54	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i> .....	76
ELIGARD.....	65	<i>epitol - carbamazepine tab 200 mg</i> .....	10
<i>elinest - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	58	<i>eplerenone tab 25 mg, 50 mg</i> .....	42
ELIQUIS.....	38	EPRONTIA.....	10
ELIQUIS STARTER PACK.....	38	<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	17
<i>eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr</i> .....	58	ERIVEDGE.....	18
EMGALITY.....	16	ERLEADA.....	18
EMSAM.....	13	<i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)</i> .....	19
<i>emtricitabine caps 200 mg</i> .....	30	<i>erlotinib hcl tab 25 mg (base equivalent)</i> .....	19
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg</i> .....	30	<i>errin - norethindrone tab 0.35 mg</i> .....	58
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	30	<i>ertapenem sodium for inj 1 gm (base equivalent)</i> .....	7
EMTRIVA.....	30	ERVEBO.....	67
<i>emzahh - norethindrone tab 0.35 mg</i> .....	58	ERY.....	7
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i> .....	41		



ery-tab - erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	7	etodolac tab er 24hr 400 mg, 500 mg.....	1
erythrocin lactobionate - erythromycin lactobionate for inj 500 mg.....	7	etodolac tab er 24hr 600 mg.....	1
ERYTHROCIN STEARATE.....	7	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	59
erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml.....	7	etravirine tab 100 mg, 200 mg.....	30
erythromycin lactobionate for inj 500 mg.....	7	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.....	64
erythromycin ophth oint 5 mg/gm.....	73	everolimus tab 0.25 mg.....	67
erythromycin soln 2%.....	7	everolimus tab 0.5 mg, 0.75 mg, 1 mg.....	67
erythromycin tab 250 mg, 500 mg.....	7	everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	19
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	7	everolimus tab 5 mg.....	19
erythromycin w/ delayed release particles cap 250 mg.....	7	everolimus tab for oral susp 2 mg, 5 mg.....	19
escitalopram oxalate soln 5 mg/5ml (base equiv).....	13	everolimus tab for oral susp 3 mg.....	19
escitalopram oxalate tab 20 mg (base equiv).....	13	EVOTAZ.....	30
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv).....	13	exemestane tab 25 mg.....	19
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq).....	53	EXKIVITY.....	19
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg.....	58	EXTENCILLINE.....	7
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg.....	58	EYSUVIS.....	73
estradiol tab 0.5 mg, 1 mg, 2 mg.....	58	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	42
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%).....	58	ezetimibe tab 10 mg.....	42
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	58	<b>F</b>	
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.....	58	falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	59
estradiol vaginal cream 0.1 mg/gm.....	59	famciclovir tab 125 mg, 250 mg, 500 mg.....	30
estradiol vaginal tab 10 mcg.....	59	famotidine for susp 40 mg/5ml.....	53
estradiol valerate im in oil 10 mg/ml, 20 mg/ml.....	59	famotidine tab 20 mg, 40 mg.....	53
estradiol valerate im in oil 40 mg/ml.....	59	FANAPT.....	26
ESTRING.....	59	FANAPT TITRATION PACK.....	26
ethambutol hcl tab 100 mg, 400 mg.....	17	FARXIGA.....	33
ethosuximide cap 250 mg.....	10	FASENRA.....	76
ethosuximide soln 250 mg/5ml.....	10	FASENRA PEN.....	76
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	59	felbamate susp 600 mg/5ml.....	10
etodolac cap 200 mg.....	1	felbamate tab 400 mg, 600 mg.....	10
etodolac cap 300 mg.....	1	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	42
etodolac tab 400 mg, 500 mg.....	1	fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	42
		fenofibrate tab 145 mg, 160 mg.....	42
		fenofibrate tab 48 mg, 54 mg.....	42
		fentanyl citrate lozenge on a handle 200 mcg.....	1
		fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	2
		fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr.....	2
		FETZIMA.....	13

FETZIMA TITRATION PACK.....	13	<i>fluticasone propionate nasal susp 50 mcg/</i>	
FINACEA.....	49	<i>act</i> .....	76
<i>finasteride tab 5 mg</i> .....	55	<i>fluticasone propionate oint 0.005%</i> .....	49
<i> fingolimod hcl cap 0.5 mg (base equiv)</i> .....	47	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/</i>	
FINTEPLA.....	10	<i>act, 250-50 mcg/act, 500-50 mcg/act</i> .....	76
FIRMAGON.....	65	<i>fluvastatin sodium cap 20 mg (base equivalent), 40</i>	
<i>flac - fluocinolone acetonide (otic) oil</i>		<i>mg (base equivalent)</i> .....	42
0.01%.....	74	<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>	
<i>flecainide acetate tab 50 mg, 100 mg, 150</i>		<i>equivalent)</i> .....	42
<i>mg</i> .....	42	<i>fluvoxamine maleate tab 100 mg</i> .....	13
<i>fluconazole for susp 10 mg/ml, 40 mg/</i>		<i>fluvoxamine maleate tab 25 mg, 50</i>	
<i>ml</i> .....	15	<i>mg</i> .....	13
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400</i>		<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>mg/200ml</i> .....	15	<i>mg/0.5ml</i> .....	38
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200</i>		<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml,</i>	
<i>mg</i> .....	15	<i>7.5 mg/0.6ml, 10 mg/0.8ml</i> .....	38
<i>flucytosine cap 250 mg, 500 mg</i> .....	16	<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>fludrocortisone acetate tab 0.1 mg</i> .....	56	<i>equiv)</i> .....	30
<i>flunisolide nasal soln 25 mcg/act</i>		<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5</i>	
<i>(0.025%)</i> .....	76	<i>mg, 20-12.5 mg</i> .....	42
<i>fluocinolone acetonide (otic) oil 0.01%</i> .....	74	<i>fosinopril sodium tab 10 mg, 20 mg, 40</i>	
<i>fluocinolone acetonide cream 0.01%</i> .....	49	<i>mg</i> .....	42
<i>fluocinolone acetonide cream 0.025%</i> .....	49	FOSRENOL.....	51
<i>fluocinolone acetonide oil 0.01% (body oil), 0.01%</i>		FOTIVDA.....	19
<i>(scalp oil)</i> .....	49	FRUZAQLA.....	19
<i>fluocinolone acetonide oint 0.025%</i> .....	49	FULPHILA.....	39
<i>fluocinolone acetonide soln 0.01%</i> .....	49	<i>furosemide inj 10 mg/ml</i> .....	42
<i>fluocinonide cream 0.05%</i> .....	49	<i>furosemide oral soln 10 mg/ml</i> .....	42
<i>fluocinonide emulsified base cream</i>		<i>furosemide oral soln 8 mg/ml</i> .....	42
0.05%.....	49	<i>furosemide tab 20 mg, 40 mg, 80 mg</i> .....	42
<i>fluocinonide gel 0.05%</i> .....	49	FUZEON.....	30
<i>fluocinonide oint 0.05%</i> .....	49	FYCOMPA.....	10
<i>fluocinonide soln 0.05%</i> .....	49	<b>G</b>	
<i>fluorometholone ophth susp 0.1%</i> .....	73	<i>gabapentin cap 100 mg</i> .....	10
FLUOROURACIL.....	49	<i>gabapentin cap 300 mg</i> .....	10
<i>fluorouracil soln 5%</i> .....	49	<i>gabapentin cap 400 mg</i> .....	10
FLUOXETINE DR.....	13	<i>gabapentin oral soln 250 mg/5ml</i> .....	10
<i>fluoxetine hcl cap 10 mg</i> .....	13	<i>gabapentin tab 600 mg</i> .....	10
<i>fluoxetine hcl cap 20 mg</i> .....	13	<i>gabapentin tab 800 mg</i> .....	10
<i>fluoxetine hcl cap 40 mg</i> .....	13	GALANTAMINE HYDROBROMIDE.....	12
<i>fluoxetine hcl solution 20 mg/5ml</i> .....	13	<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg,</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i> .....	26	<i>24 mg</i> .....	12
FLUPHENAZINE HCL.....	27	<i>galantamine hydrobromide tab 4 mg, 8 mg, 12</i>	
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10</i>		<i>mg</i> .....	12
<i>mg</i> .....	27	GAMMAGARD LIQUID.....	67
FLUPHENAZINE HYDROCHLORIDE.....	27	GAMMAGARD S/D IGA LESS THAN 1MCG/	
<i>flurbiprofen sodium ophth soln 0.03%</i> .....	73	ML.....	68
<i>flurbiprofen tab 100 mg</i> .....	2	GAMMAPLEX.....	68
FLUTICASONE PROPIONATE/ SALMETEROL.....	76	GAMUNEX-C.....	68
<i>fluticasone propionate cream 0.05%</i> .....	49	GARDASIL 9.....	68
FLUTICASONE PROPIONATE HFA.....	76	<i>gatifloxacin ophth soln 0.5%</i> .....	73

GATTEX.....	53	glipizide xl - glipizide tab er 24hr 2.5	
GAUZE PADS 2" X 2".....	33	mg.....	34
<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>glipizide xl - glipizide tab er 24hr 5 mg.....</i>	<i>34</i>
<i>for soln 240 gm.....</i>	<i>53</i>	<i>glucagon (rdna) for inj kit 1 mg.....</i>	<i>34</i>
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>glucagon hcl for inj 1 mg.....</i>	<i>34</i>
<i>for soln 236 gm.....</i>	<i>53</i>	<i>glutamine (sickle cell) powd pack 5 gm.....</i>	<i>54</i>
<i>gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl</i>		<i>glyburide-metformin tab 1.25-250 mg.....</i>	<i>34</i>
<i>for soln 420 gm.....</i>	<i>53</i>	<i>glyburide-metformin tab 2.5-500 mg, 5-500</i>	
GAVRETO.....	19	<i>mg.....</i>	<i>34</i>
gefitinib tab 250 mg.....	19	<i>glyburide micronized tab 1.5 mg.....</i>	<i>34</i>
gemfibrozil tab 600 mg.....	42	<i>glyburide micronized tab 3 mg.....</i>	<i>34</i>
<i>gemmily - norethindrone ace-ethinyl estradiol-fe cap</i>		<i>glyburide micronized tab 6 mg.....</i>	<i>34</i>
<i>1 mg-20 mcg (24).....</i>	<i>59</i>	<i>glyburide tab 1.25 mg.....</i>	<i>34</i>
GEMTESA.....	55	<i>glyburide tab 2.5 mg.....</i>	<i>34</i>
<i>generlac - lactulose (encephalopathy) solution 10</i>		<i>glyburide tab 5 mg.....</i>	<i>34</i>
<i>gm/15ml.....</i>	<i>53</i>	<i>glycopyrrolate tab 1 mg, 2 mg.....</i>	<i>53</i>
<i>gengraf - cyclosporine modified cap 25 mg, 100</i>		GLYXAMBI.....	34
<i>mg.....</i>	<i>68</i>	<i>granisetron hcl tab 1 mg.....</i>	<i>15</i>
<i>gengraf - cyclosporine modified oral soln 100 mg/</i>		GRANIX.....	39
<i>ml.....</i>	<i>68</i>	<i>griseofulvin microsize susp 125</i>	
<i>gentamicin in saline inj 1.2 mg/ml.....</i>	<i>7</i>	<i>mg/5ml.....</i>	<i>16</i>
GENTAMICIN SULFATE/0.9% SODIUM		<i>griseofulvin microsize tab 500 mg.....</i>	<i>16</i>
CHLORIDE.....	7	<i>griseofulvin ultramicrosize tab 125 mg, 250</i>	
<i>gentamicin sulfate cream 0.1%.....</i>	<i>49</i>	<i>mg.....</i>	<i>16</i>
<i>gentamicin sulfate inj 40 mg/ml.....</i>	<i>7</i>	<i>guanfacine hcl tab 1 mg, 2 mg.....</i>	<i>42</i>
<i>gentamicin sulfate oint 0.1%.....</i>	<i>49</i>	<i>guanfacine hcl tab er 24hr 1 mg (base equiv), 2</i>	
<i>gentamicin sulfate ophth soln 0.3%.....</i>	<i>73</i>	<i>mg (base equiv), 3 mg (base equiv), 4 mg (base</i>	
GENVOYA.....	30	<i>equiv).....</i>	<i>47</i>
GILOTRIF.....	19	GVOKE HYPOPEN 1-PACK.....	34
<i>glatiramer acetate soln prefilled syringe 20 mg/</i>		GVOKE HYPOPEN 2-PACK.....	34
<i>ml.....</i>	<i>47</i>	GVOKE KIT.....	34
<i>glatiramer acetate soln prefilled syringe 40 mg/</i>		GVOKE PFS.....	34
<i>ml.....</i>	<i>47</i>		
<i>glatopa - glatiramer acetate soln prefilled syringe 20</i>		<b>H</b>	
<i>mg/ml.....</i>	<i>47</i>	HADLIMA.....	68
<i>glatopa - glatiramer acetate soln prefilled syringe 40</i>		HADLIMA PUSH TOUCH.....	68
<i>mg/ml.....</i>	<i>47</i>	HAEGARDA.....	68
GLEOSTINE.....	19	<i>hailey 1.5/30 - norethindrone ace &amp; ethinyl estradiol</i>	
<i>glimepiride tab 1 mg.....</i>	<i>33</i>	<i>tab 1.5 mg-30 mcg.....</i>	<i>59</i>
<i>glimepiride tab 2 mg.....</i>	<i>33</i>	<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe</i>	
<i>glimepiride tab 4 mg.....</i>	<i>33</i>	<i>tab 1mg-20 mcg (24).....</i>	<i>59</i>
<i>glipizide-metformin hcl tab 2.5-250 mg.....</i>	<i>34</i>	<i>hailey fe 1/20 - norethindrone ace &amp; ethinyl estradiol-</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500</i>		<i>fe tab 1 mg-20 mcg.....</i>	<i>59</i>
<i>mg.....</i>	<i>34</i>	<i>hailey fe 1.5/30 - norethindrone ace &amp; ethinyl</i>	
<i>glipizide tab 10 mg.....</i>	<i>34</i>	<i>estradiol-fetab 1.5 mg-30 mcg.....</i>	<i>59</i>
<i>glipizide tab 5 mg.....</i>	<i>34</i>	<i>halobetasol propionate cream 0.05%.....</i>	<i>49</i>
<i>glipizide tab er 24hr 10 mg.....</i>	<i>34</i>	<i>halobetasol propionate oint 0.05%.....</i>	<i>50</i>
<i>glipizide tab er 24hr 2.5 mg.....</i>	<i>34</i>	<i>haloette - etonogestrel-ethinyl estradiol va ring</i>	
<i>glipizide tab er 24hr 5 mg.....</i>	<i>34</i>	<i>0.12-0.015 mg/24hr.....</i>	<i>59</i>
<i>glipizide xl - glipizide tab er 24hr 10</i>		<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/</i>	
<i>mg.....</i>	<i>34</i>	<i>ml.....</i>	<i>27</i>
		<i>haloperidol lactate inj 5 mg/ml.....</i>	<i>27</i>

<i>haloperidol lactate oral conc 2 mg/ml</i> .....	27	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	2
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i> .....	27	<i>hydrocortisone butyrate cream 0.1%</i> .....	50
HAVRIX.....	68	<i>hydrocortisone butyrate oint 0.1%</i> .....	50
<i>heather - norethindrone tab 0.35 mg</i> .....	59	<i>hydrocortisone butyrate soln 0.1%</i> .....	50
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i> .....	39	<i>hydrocortisone cream 1%</i> .....	50
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i> .....	39	<i>hydrocortisone cream 2.5%</i> .....	50
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i> .....	39	<i>hydrocortisone enema 100 mg/60ml</i> .....	71
HEPLISAV-B.....	68	<i>hydrocortisone lotion 2.5%</i> .....	50
HIBERIX.....	68	<i>hydrocortisone oint 1%</i> .....	50
HUMALOG.....	34	<i>hydrocortisone oint 2.5%</i> .....	50
HUMALOG JUNIOR KWIKPEN.....	34	<i>hydrocortisone perianal cream 1%</i> .....	71
HUMALOG KWIKPEN.....	34	<i>hydrocortisone perianal cream 2.5%</i> .....	71
HUMALOG MIX 50/50 KWIKPEN.....	34	<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i> .....	56
HUMALOG MIX 75/25.....	34	<i>hydrocortisone valerate cream 0.2%</i> .....	50
HUMALOG MIX 75/25 KWIKPEN.....	34	<i>hydrocortisone valerate oint 0.2%</i> .....	50
HUMALOG TEMPO PEN.....	35	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....	74
HUMATIN.....	7	<i>hydromorphone hcl liqd 1 mg/ml</i> .....	2
HUMIRA.....	68	<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i> .....	2
HUMIRA PEN.....	68	<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i> .....	2
HUMIRA PEN-CD/UC/HS STARTER.....	68	<i>hydroxychloroquine sulfate tab 200 mg</i> .....	24
HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	68	<i>hydroxyurea cap 500 mg</i> .....	19
HUMIRA PEN-PS/UV STARTER.....	68	<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	33
HUMULIN 70/30.....	35	<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i> .....	33
HUMULIN 70/30 KWIKPEN.....	35	<i>hydroxyzine pamoate cap 25 mg, 50 mg</i> .....	33
HUMULIN N.....	35		
HUMULIN N KWIKPEN.....	35	<b>I</b>	
HUMULIN R.....	35	<i>ibandronate sodium tab 150 mg (base equivalent)</i> .....	72
HUMULIN R U-500 (CONCENTRATED).....	35	IBRANCE.....	19
HUMULIN R U-500 KWIKPEN.....	35	<i>ibu - ibuprofen tab 400 mg</i> .....	2
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i> .....	42	<i>ibu - ibuprofen tab 600 mg</i> .....	2
<i>hydrochlorothiazide cap 12.5 mg</i> .....	42	<i>ibu - ibuprofen tab 800 mg</i> .....	2
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i> .....	42	<i>ibuprofen susp 100 mg/5ml</i> .....	2
HYDROCODONE/IBUPROFEN.....	2	<i>ibuprofen tab 400 mg</i> .....	2
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	2	<i>ibuprofen tab 600 mg</i> .....	2
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i> .....	2	<i>ibuprofen tab 800 mg</i> .....	2
<i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	2	<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> .....	68
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	2	<i>iclevia - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	59
<i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i> .....	2	ICLUSIG.....	19
<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....	2	<i>icosapent ethyl cap 0.5 gm</i> .....	42
		<i>icosapent ethyl cap 1 gm</i> .....	42
		IDHIFA.....	19
		ILEVRO.....	73

<i>imatinib mesylate tab 100 mg (base equivalent)</i> .....	19	<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i> .....	42
<i>imatinib mesylate tab 400 mg (base equivalent)</i> .....	19	<i>isosorbide mononitrate tab 10 mg</i> .....	42
IMBRUVICA.....	19	<i>isosorbide mononitrate tab 20 mg</i> .....	42
IMIPENEM/CILASTATIN.....	7	<i>isosorbide mononitrate tab er 24hr 120 mg</i> .....	42
<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	7	<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg</i> .....	42
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i> .....	14	ISOTONIC GENTAMICIN.....	7
<i>imiquimod cream 5%</i> .....	50	<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i> .....	50
IMOVAX RABIES (H.D.C.V.).....	68	<i>isradipine cap 2.5 mg, 5 mg</i> .....	42
IMPAVIDO.....	7	<i>itraconazole cap 100 mg</i> .....	16
INBRIJA.....	25	<i>ivermectin cream 1%</i> .....	50
<i>incassia - norethindrone tab 0.35 mg</i> .....	59	<i>ivermectin tab 3 mg</i> .....	24
INCRELEX.....	56	IWILFIN.....	19
INCRUSE ELLIPTA.....	76	IXCHIQ.....	68
<i>indapamide tab 1.25 mg, 2.5 mg</i> .....	42	IXIARO.....	68
<i>indomethacin cap 25 mg</i> .....	2	<b>J</b>	
<i>indomethacin cap 50 mg</i> .....	2	<i>jaimiess - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	59
INFANRIX.....	68	JAKAFI.....	20
INLYTA.....	19	<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i> .....	39
INQOVI.....	19	JANUMET.....	35
INREBIC.....	19	JANUMET XR.....	35
INSULIN INJECTION DEVICE.....	35	JANUVIA.....	35
INSULIN SYRINGE/NEEDLE.....	35	JARDIANCE.....	35
INTELENCE.....	30	<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	59
INTRALIPID.....	51	JAYPIRCA.....	20
<i>introvale - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	59	<i>jencycla - norethindrone tab 0.35 mg</i> .....	59
INVEGA HAFYERA.....	27	JENTADUETO.....	35
INVEGA SUSTENNA.....	27	JENTADUETO XR.....	35
INVEGA TRINZA.....	27	<i>jolessa - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	59
INVELTYS.....	73	<i>juleber - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	59
IPOL INACTIVATED IPV.....	68	JULUCA.....	30
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	76	<i>junel 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	59
<i>ipratropium bromide inhal soln 0.02%</i> .....	76	<i>junel 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	59
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> .....	76	<i>junel fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	59
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> .....	76	<i>junel fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	59
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i> .....	42	<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	59
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i> .....	42	JYNNEOS.....	69
ISENTRESS.....	30		
ISENTRESS HD.....	30		
<i>isibloom - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	59		
<i>isoniazid syrup 50 mg/5ml</i> .....	17		
<i>isoniazid tab 100 mg</i> .....	17		
<i>isoniazid tab 300 mg</i> .....	17		

**K**

<i>kaitlib fe - norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> .....	60
<i>kalliga - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	60
KALYDECO.....	76
KANJINTI.....	20
<i>kariva - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> .....	60
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	51
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	51
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	51
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i> .....	51
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	51
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	51
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	51
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	51
<i>kelnor 1/35 - ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	60
<i>kelnor 1/50 - ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	60
KERENDIA.....	42
KESIMPTA.....	47
<i>ketoconazole cream 2%</i> .....	16
<i>ketoconazole shampoo 2%</i> .....	16
<i>ketoconazole tab 200 mg</i> .....	16
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i> .....	73
KINRIX.....	69
<i>kionex - sodium polystyrene sulfonate oral susp 15 gm/60ml</i> .....	51
KISQALI.....	20
KISQALI FEMARA 200 DOSE.....	20
KISQALI FEMARA 400 DOSE.....	20
KISQALI FEMARA 600 DOSE.....	20
<i>klayesta - nystatin topical powder 100000 unit/gm</i> .....	16
<i>klor-con 10 - potassium chloride tab er 10 meq</i> .....	52
<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i> .....	52
<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i> .....	52

<i>klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq</i> .....	52
<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i> .....	52
KLOXXADO.....	4
KOSELUGO.....	20
<i>kourzeq - triamcinolone acetonide dental paste 0.1%</i> .....	48
KRAZATI.....	20
<i>kurvelo - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30mcg</i> .....	60

**L**

<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i> .....	42
<i>lacosamide oral solution 10 mg/ml</i> .....	10
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i> .....	10
LACRISERT.....	73
<i>lactic acid (ammonium lactate) cream 12%</i> .....	50
<i>lactic acid (ammonium lactate) lotion 12%</i> .....	50
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> .....	53
<i>lactulose solution 10 gm/15ml</i> .....	53
<i>lamivudine oral soln 10 mg/ml</i> .....	30
<i>lamivudine tab 100 mg (hbv)</i> .....	30
<i>lamivudine tab 150 mg</i> .....	30
<i>lamivudine tab 300 mg</i> .....	30
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	30
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i> .....	10
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i> .....	10
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i> .....	10
<i>lansoprazole cap delayed release 15 mg, 30 mg</i> .....	53
<i>lanthanum carbonate chew tab 750 mg (elemental)</i> .....	52
LANTUS.....	35
LANTUS SOLOSTAR.....	35
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> .....	20
<i>larin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	60
<i>larin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	60

larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	60	levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	60
larin fe 1/20 - norethindrone ace & ethinyl estradiol- fe tab 1 mg-20 mcg.....	60	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	60
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	60	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	60
latanoprost ophth soln 0.005%.....	73	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	60
layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	60	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	60
leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	60	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	60
leflunomide tab 10 mg, 20 mg.....	69	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	60
lenalidomide cap 15 mg, 20 mg, 25 mg.....	20	levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	60
lenalidomide cap 5 mg, 10 mg.....	20	LEVORPHANOL TARTRATE.....	2
lenalidomide caps 2.5 mg.....	20	levorphanol tartrate tab 2 mg.....	2
LENTOCILIN.....	7	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.....	65
LENVIMA 10 MG DAILY DOSE.....	20	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.....	64
LENVIMA 12MG DAILY DOSE.....	20	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.....	65
LENVIMA 14 MG DAILY DOSE.....	20	LIBERVANT.....	11
LENVIMA 18 MG DAILY DOSE.....	20	lidocaine hcl laryngotracheal soln 4%.....	3
LENVIMA 20 MG DAILY DOSE.....	20	lidocaine hcl soln 4%.....	3
LENVIMA 24 MG DAILY DOSE.....	20	lidocaine hcl viscous soln 2%.....	3
LENVIMA 4 MG DAILY DOSE.....	20	lidocaine oint 5%.....	3
LENVIMA 8 MG DAILY DOSE.....	20	lidocaine patch 5%.....	3
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	60	lidocaine-prilocaine cream 2.5-2.5%.....	3
letrozole tab 2.5 mg.....	20	lidocan - lidocaine patch 5%.....	3
leucovorin calcium tab 10 mg, 15 mg, 25 mg.....	20	LILETTA.....	55
leucovorin calcium tab 5 mg.....	20	linezolid for susp 100 mg/5ml.....	8
LEUKERAN.....	21	linezolid in sodium chloride iv soln 600 mg/300ml-0.9%.....	8
LEUKINE.....	39	linezolid iv soln 600 mg/300ml (2 mg/ ml).....	8
LEUPROLIDE ACETATE.....	65	linezolid tab 600 mg.....	8
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ ml).....	65	LINZESS.....	53
levetiracetam oral soln 100 mg/ml.....	11	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	65
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	11	lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg.....	47
levetiracetam tab er 24hr 500 mg, 750 mg.....	11	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	42
levobunolol hcl ophth soln 0.5%.....	73		
levocarnitine oral soln 1 gm/10ml (10%).....	54		
levocarnitine tab 330 mg.....	54		
levocetirizine dihydrochloride tab 5 mg.....	76		
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml.....	8		
levofloxacin oral soln 25 mg/ml.....	8		
levofloxacin tab 250 mg, 500 mg, 750 mg.....	8		

<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i> .....	43	LUPRON DEPOT-PED (1-MONTH).....	65
<i>lithium carbonate cap 150 mg, 300 mg</i> .....	33	LUPRON DEPOT-PED (3-MONTH).....	65
<i>lithium carbonate cap 600 mg</i> .....	33	LUPRON DEPOT-PED (6-MONTH).....	65
<i>lithium carbonate tab 300 mg</i> .....	33	<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i> .....	27
<i>lithium carbonate tab er 300 mg, 450 mg</i> .....	33	<i>lurasidone hcl tab 80 mg</i> .....	27
<i>lithium oral solution 8 meq/5ml</i> .....	33	<i>lutea - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	61
LIVTENCITY.....	30	LYBALVI.....	27
<i>loestrin 1/20-21 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	60	<i>lyleq - norethindrone tab 0.35 mg</i> .....	61
<i>loestrin 1.5/30-21 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	60	<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> .....	61
<i>loestrin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i> .....	60	LYNPARZA.....	21
<i>loestrin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	60	LYSODREN.....	21
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....	61	LYTGOBI.....	21
LONSURF.....	21	LYUMJEV.....	35
<i>loperamide hcl cap 2 mg</i> .....	53	LYUMJEV KWIKPEN.....	35
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	30	LYUMJEV TEMPO PEN.....	35
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	30	<i>lyza - norethindrone tab 0.35 mg</i> .....	61
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	30	<b>M</b>	
<i>lorazepam conc 2 mg/ml</i> .....	33	<i>magnesium sulfate inj 50%</i> .....	52
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i> .....	33	<i>malathion lotion 0.5%</i> .....	50
<i>lorazepam tab 0.5 mg, 1 mg</i> .....	33	<i>maraviroc tab 150 mg</i> .....	30
<i>lorazepam tab 2 mg</i> .....	33	<i>maraviroc tab 300 mg</i> .....	30
LORBRENA.....	21	<i>marlissa - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	61
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	61	MARPLAN.....	14
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i> .....	43	MATULANE.....	21
<i>losartan potassium tab 100 mg</i> .....	43	<i>matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> .....	43
<i>losartan potassium tab 25 mg, 50 mg</i> .....	43	MAVYRET.....	30
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i> .....	43	<i>meclizine hcl tab 12.5 mg, 25 mg</i> .....	15
<i>low-ogestrel - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30mcg</i> .....	61	<i>medroxyprogesterone acetate im susp 150 mg/ml</i> .....	61
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> .....	27	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> .....	61
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	60	<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i> .....	61
<i>lubiprostone cap 24 mcg</i> .....	53	<i>mefloquine hcl tab 250 mg</i> .....	24
<i>lubiprostone cap 8 mcg</i> .....	53	<i>megestrol acetate susp 40 mg/ml</i> .....	61
LUMAKRAS.....	21	<i>megestrol acetate tab 20 mg, 40 mg</i> .....	61
LUMIGAN.....	73	MEKINIST.....	21
LUMRYZ.....	78	MEKTOVI.....	21
LUPRON DEPOT (1-MONTH).....	65	<i>meloxicam tab 15 mg</i> .....	2
LUPRON DEPOT (4-MONTH).....	65	<i>meloxicam tab 7.5 mg</i> .....	2
		<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i> .....	12
		<i>memantine hcl oral solution 2 mg/ml</i> .....	12
		<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	12



<i>memantine hcl tab 5 mg, 10 mg</i> .....	12	<i>methylphenidate hcl soln 5 mg/5ml</i> .....	47
MENACTRA.....	69	<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i> .....	47
MENEST.....	61	<i>methylphenidate hcl tab er 20 mg</i> .....	47
MENQUADFI.....	69	<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i> .....	56
MENVEO.....	69	<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	56
<i>mercaptapurine tab 50 mg</i> .....	21	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	53
<i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i> .....	8	<i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</i> .....	53
<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i> .....	8	<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i> .....	43
<i>meropenem iv for soln 500 mg, 1 gm</i> .....	8	<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i> .....	43
<i>merzee - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20mcg (24)</i> .....	61	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i> .....	43
<i>mesalamine cap dr 400 mg</i> .....	71	<i>metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i> .....	43
<i>mesalamine cap er 24hr 0.375 gm</i> .....	71	<i>metronidazole cap 375 mg</i> .....	8
<i>mesalamine cap er 500 mg</i> .....	71	<i>metronidazole cream 0.75%</i> .....	50
<i>mesalamine enema 4 gm</i> .....	71	<i>metronidazole gel 0.75%, 1%</i> .....	50
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> .....	71	<i>metronidazole iv soln 500 mg/100ml</i> .....	8
<i>mesalamine suppos 1000 mg</i> .....	71	<i>metronidazole lotion 0.75%</i> .....	50
<i>mesalamine tab delayed release 1.2 gm</i> .....	71	<i>metronidazole tab 250 mg, 500 mg</i> .....	8
<i>mesalamine tab delayed release 800 mg</i> .....	71	<i>metronidazole vaginal gel 0.75%</i> .....	8
MESNEX.....	21	<i>metyrosine cap 250 mg</i> .....	43
<i>metformin hcl tab 1000 mg</i> .....	35	<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i> .....	43
<i>metformin hcl tab 500 mg</i> .....	35	<i>micafungin sodium for iv soln 50 mg, 100 mg</i> .....	16
<i>metformin hcl tab 850 mg</i> .....	35	<i>microgestin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	61
<i>metformin hcl tab er 24hr 500 mg</i> .....	35	<i>microgestin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	61
<i>metformin hcl tab er 24hr 750 mg</i> .....	35	<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	61
<i>methadone hcl tab 10 mg</i> .....	2	<i>microgestin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	61
<i>methadone hcl tab 5 mg</i> .....	2	<i>microgestin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	61
<i>methazolamide tab 25 mg</i> .....	43	<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i> .....	43
<i>methazolamide tab 50 mg</i> .....	43	<i>mifepristone tab 300 mg</i> .....	65
<i>methenamine hippurate tab 1 gm</i> .....	8	<i>miglustat cap 100 mg</i> .....	54
<i>methimazole tab 5 mg, 10 mg</i> .....	66	<i>mili - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	61
<i>methocarbamol tab 500 mg, 750 mg</i> .....	78	<i>mimvey - estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	61
<i>methotrexate sodium for inj 1 gm</i> .....	69	<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i> .....	8
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> .....	69		
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	69		
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i> .....	69		
<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	69		
METHOXSALEN.....	50		
<i>methscopolamine bromide tab 2.5 mg, 5 mg</i> .....	53		
<i>methsuximide cap 300 mg</i> .....	11		
<i>methylphenidate hcl soln 10 mg/5ml</i> .....	47		

<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i> .....	8	MVASI.....	21
<i>minoxidil tab 2.5 mg, 10 mg</i> .....	43	MYALEPT.....	53
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i> .....	14	<i>mycophenolate mofetil cap 250 mg</i> .....	69
<i>mirtazapine tab 15 mg</i> .....	14	<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	69
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i> .....	14	<i>mycophenolate mofetil tab 500 mg</i> .....	69
<i>misoprostol tab 100 mcg, 200 mcg</i> .....	53	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i> .....	69
M-M-R II.....	69	MYHIBBIN.....	69
<i>modafinil tab 100 mg, 200 mg</i> .....	78	MYRBETRIQ.....	55
<i>moexipril hcl tab 7.5 mg, 15 mg</i> .....	43	<b>N</b>	
MOLINDONE HYDROCHLORIDE.....	27	<i>nabumetone tab 500 mg</i> .....	3
<i>mometasone furoate cream 0.1%</i> .....	50	<i>nabumetone tab 750 mg</i> .....	3
<i>mometasone furoate nasal susp 50 mcg/act</i> .....	76	<i>nadolol tab 20 mg, 40 mg, 80 mg</i> .....	43
<i>mometasone furoate oint 0.1%</i> .....	50	<i>nafcillin sodium for inj 1 gm, 2 gm</i> .....	8
<i>mometasone furoate solution 0.1% (lotion)</i> .....	50	<i>nafcillin sodium for iv soln 10 gm</i> .....	8
<i>mondoxyne nl - doxycycline monohydrate cap 100 mg</i> .....	8	<i>nafcillin sodium in dextrose inj 2 gm/100ml</i> .....	8
<i>mono-lynyah - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	61	<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i> .....	4
<i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)</i> .....	76	<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	4
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	76	<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	4
<i>montelukast sodium tab 10 mg (base equiv)</i> .....	76	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	4
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	2	<i>naltrexone hcl tab 50 mg</i> .....	4
<i>morphine sulfate oral soln 10 mg/5ml</i> .....	2	<i>naproxen sodium tab 275 mg</i> .....	3
<i>morphine sulfate oral soln 20 mg/5ml</i> .....	2	<i>naproxen sodium tab 550 mg</i> .....	3
<i>morphine sulfate tab 15 mg</i> .....	2	<i>naproxen susp 125 mg/5ml</i> .....	3
<i>morphine sulfate tab 30 mg</i> .....	2	<i>naproxen tab 250 mg</i> .....	3
<i>morphine sulfate tab er 100 mg, 200 mg</i> .....	2	<i>naproxen tab 375 mg</i> .....	3
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i> .....	2	<i>naproxen tab 500 mg</i> .....	3
MOUNJARO.....	36	<i>naproxen tab ec 375 mg</i> .....	3
MOVANTIK.....	53	<i>naproxen tab ec 500 mg</i> .....	3
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....	8	<i>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)</i> .....	17
<i>moxifloxacin hcl iv solution 400 mg/250ml (base equiv)</i> .....	8	NATACYN.....	73
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i> .....	73	<i>nateglinide tab 120 mg</i> .....	36
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i> .....	73	<i>nateglinide tab 60 mg</i> .....	36
<i>moxifloxacin hcl tab 400 mg (base equiv)</i> .....	8	NAYZILAM.....	11
MRESVIA.....	69	<i>nebevivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)</i> .....	43
MULTAQ.....	43	<i>necon 0.5/35-28 - norethindrone &amp; ethinyl estradiol tab 0.5mg-35 mcg</i> .....	61
<i>mupirocin oint 2%</i> .....	50	NEFAZODONE HYDROCHLORIDE.....	14
		NEOMYCIN/POLYMYXIN/ GRAMICIDIN.....	74
		<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	73
		<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	73

neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	74	NIZATIDINE.....	53
neomycin-polymyxin-hc otic soln 1%.....	74	nizatidine cap 300 mg.....	53
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	74	nora-be - norethindrone tab 0.35 mg.....	61
neomycin sulfate tab 500 mg.....	8	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	61
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	73	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	61
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	73	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	62
NERLYNX.....	21	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg.....	61
NEUPRO.....	25	norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	61
nevirapine susp 50 mg/5ml.....	31	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	62
nevirapine tab 200 mg.....	31	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	62
nevirapine tab er 24hr 400 mg.....	31	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	62
NEXPLANON.....	55	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	62
niacin tab er 500 mg (antihyperlipidemic).....	43	norethindrone acetate tab 5 mg.....	62
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....	43	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	62
nicardipine hcl cap 20 mg, 30 mg.....	43	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....	62
NICOTROL INHALER.....	4	norethindrone tab 0.35 mg.....	62
NICOTROL NS.....	4	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	62
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	43	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.....	62
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	43	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	62
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg.....	61	norlyroc - norethindrone tab 0.35 mg.....	62
nilutamide tab 150 mg.....	21	nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	62
nimodipine cap 30 mg.....	43	nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	62
NINLARO.....	21	nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	62
NIPENT.....	21	nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	14
NISOLDIPINE ER.....	43	nortriptyline hcl soln 10 mg/5ml.....	14
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	43	NORVIR.....	31
nitazoxanide tab 500 mg.....	24	NOVOLIN 70/30.....	36
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	54	NOVOLIN 70/30 FLEXPEN.....	36
NITRO-BID.....	43	NOVOLIN 70/30 FLEXPEN RELION.....	36
nitrofurantoin macrocrystalline cap 50 mg, 100 mg.....	8	NOVOLIN 70/30 RELION.....	36
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	8	NOVOLIN N.....	36
nitroglycerin oint 0.4%.....	43	NOVOLIN N FLEXPEN.....	36
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	43	NOVOLIN N FLEXPEN RELION.....	36
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	43		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/ spray).....	43		
NIVESTYM.....	39		

NOVOLIN N RELION.....	36	<i>octreotide acetate subcutaneous soln pref syr 100</i>	
NOVOLIN R.....	36	<i>mcg/ml.....</i>	65
NOVOLIN R FLEXPEN.....	36	<i>octreotide acetate subcutaneous soln pref syr 500</i>	
NOVOLIN R FLEXPEN RELION.....	36	<i>mcg/ml.....</i>	65
NOVOLIN R RELION.....	36	<i>octreotide acetate subcutaneous soln pref syr 50</i>	
NOVOLOG.....	36	<i>mcg/ml.....</i>	65
NOVOLOG FLEXPEN.....	36	ODEFSEY.....	31
NOVOLOG FLEXPEN RELION.....	36	ODOMZO.....	21
NOVOLOG MIX 70/30.....	36	OFEV.....	77
NOVOLOG MIX 70/30 PREFILLED		<i>ofloxacin ophth soln 0.3%.....</i>	74
FLEXPEN.....	36	<i>ofloxacin otic soln 0.3%.....</i>	74
NOVOLOG MIX 70/30 PREFILLED FLEXPEN		<i>ofloxacin tab 400 mg.....</i>	8
RELION.....	36	OGSIVEO.....	21
NOVOLOG MIX 70/30 RELION.....	36	OJEMDA.....	21
NOVOLOG PENFILL.....	36	OJJAARA.....	21
NOVOLOG RELION.....	36	<i>olanzapine for im inj 10 mg.....</i>	27
NOXAFIL.....	16	<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15</i>	
NUBEQA.....	21	<i>mg, 20 mg.....</i>	27
NUDEXTA.....	47	<i>olanzapine tab 15 mg, 20 mg.....</i>	27
NUPLAZID.....	27	<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10</i>	
NURTEC.....	17	<i>mg.....</i>	27
NUTRILIPID.....	52	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
NUZYRA.....	8	<i>20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg,</i>	
<i>nyamyc - nystatin topical powder 100000 unit/</i>		<i>40-10-12.5 mg, 40-10-25 mg.....</i>	44
<i>gm.....</i>	16	<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
<i>nylia 1/35 - norethindrone &amp; ethinyl estradiol tab 1</i>		<i>20-12.5 mg, 40-12.5 mg, 40-25 mg.....</i>	44
<i>mg-35 mcg.....</i>	62	<i>olmesartan medoxomil tab 20 mg, 40</i>	
<i>nylia 7/7/7 - norethindrone-eth estradiol tab</i>		<i>mg.....</i>	44
<i>0.5-35/0.75-35/1-35 mg-mcg.....</i>	62	<i>olmesartan medoxomil tab 5 mg.....</i>	44
<i>nymyo - norgestimate &amp; ethinyl estradiol tab 0.25</i>		<i>olopatadine hcl nasal soln 0.6%.....</i>	77
<i>mg-35 mcg.....</i>	62	<i>omega-3-acid ethyl esters cap 1 gm.....</i>	44
<i>nystatin cream 100000 unit/gm.....</i>	16	<i>omeprazole cap delayed release 10</i>	
<i>nystatin oint 100000 unit/gm.....</i>	16	<i>mg.....</i>	53
<i>nystatin susp 100000 unit/ml.....</i>	16	<i>omeprazole cap delayed release 20 mg, 40</i>	
<i>nystatin tab 500000 unit.....</i>	16	<i>mg.....</i>	53
<i>nystatin topical powder 100000 unit/</i>		OMNIPOD 5 G6 INTRO KIT (GEN 5).....	37
<i>gm.....</i>	16	OMNIPOD 5 G6 PODS (GEN 5).....	37
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-</i>		OMNIPOD CLASSIC PODS (GEN 3).....	36
<i>%.....</i>	50	OMNIPOD DASH INTRO KIT (GEN 4).....	37
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-</i>		OMNIPOD DASH PDM KIT (GEN 4).....	37
<i>%.....</i>	50	OMNIPOD DASH PODS (GEN 4).....	37
<i>nystop - nystatin topical powder 100000 unit/</i>		OMNIPOD GO 10 UNITS/DAY.....	37
<i>gm.....</i>	16	OMNIPOD GO 15 UNITS/DAY.....	37
<b>O</b>		OMNIPOD GO 20 UNITS/DAY.....	37
OCALIVA.....	53	OMNIPOD GO 25 UNITS/DAY.....	37
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03</i>		OMNIPOD GO 30 UNITS/DAY.....	37
<i>mg.....</i>	62	OMNIPOD GO 35 UNITS/DAY.....	37
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/</i>		OMNIPOD GO 40 UNITS/DAY.....	37
<i>ml).....</i>	65	OMNITROPE.....	56
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100</i>		<i>ondansetron hcl oral soln 4 mg/5ml.....</i>	15
<i>mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 1000</i>		<i>ondansetron hcl tab 4 mg, 8 mg.....</i>	15
<i>mcg/ml (1 mg/ml).....</i>	65		

<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i> .....	15	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> .....	54
ONTRUZANT.....	21	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> .....	54
ONUREG.....	21	<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i> .....	72
OPSUMIT.....	77	<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i> .....	14
OPVEE.....	4	<i>paroxetine hcl tab 10 mg, 40 mg</i> .....	14
<i>oralone dental paste - triamcinolone acetonide dental paste 0.1%</i> .....	48	<i>paroxetine hcl tab 20 mg</i> .....	14
ORENCIA.....	69	<i>paroxetine hcl tab 30 mg</i> .....	14
ORENCIA CLICKJECT.....	69	<i>paroxetine hcl tab er 24hr 12.5 mg</i> .....	14
ORFADIN.....	54	<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg</i> .....	14
ORGOVYX.....	21	PAXLOVID.....	31
ORKAMBI.....	77	<i>pazopanib hcl tab 200 mg (base equiv)</i> .....	22
ORSERDU.....	22	PEDIARIX.....	69
<i>oseltamivir phosphate cap 30 mg (base equiv)</i> .....	31	PEDVAX HIB.....	69
<i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i> .....	31	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	54
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> .....	31	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	54
OTEZLA.....	50	PEGASYS.....	69
<i>oxazepam cap 10 mg, 15 mg, 30 mg</i> .....	33	PEMAZYRE.....	22
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> .....	11	PENBRAYA.....	69
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i> .....	11	<i>penicillamine tab 250 mg</i> .....	55
<i>oxybutynin chloride solution 5 mg/5ml</i> .....	55	<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i> .....	8
<i>oxybutynin chloride tab 5 mg</i> .....	55	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	8
<i>oxybutynin chloride tab er 24hr 10 mg</i> .....	55	PENICILLIN G SODIUM.....	8
<i>oxybutynin chloride tab er 24hr 15 mg</i> .....	55	<i>penicillin v potassium for soln 125 mg/5ml</i> .....	8
<i>oxybutynin chloride tab er 24hr 5 mg</i> .....	55	<i>penicillin v potassium for soln 250 mg/5ml</i> .....	8
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i> .....	3	<i>penicillin v potassium tab 250 mg, 500 mg</i> .....	9
<i>oxycodone hcl tab 5 mg</i> .....	3	PENTACEL.....	69
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	3	<i>pentamidine isethionate for inj soln 300 mg</i> .....	25
<i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i> .....	3	<i>pentamidine isethionate for nebulization soln 300 mg</i> .....	25
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	3	PENTASA.....	72
OZEMPIC.....	37	<i>pentoxifylline tab er 400 mg</i> .....	44
<b>P</b>		<i>perindopril erbumine tab 2 mg</i> .....	44
<i>pacerone - amiodarone hcl tab 100 mg, 400 mg</i> .....	44	<i>perindopril erbumine tab 4 mg</i> .....	44
<i>pacerone - amiodarone hcl tab 200 mg</i> .....	44	<i>perindopril erbumine tab 8 mg</i> .....	44
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i> .....	27	<i>periogard - chlorhexidine gluconate soln 0.12%</i> .....	48
<i>paliperidone tab er 24hr 6 mg</i> .....	27	<i>permethrin cream 5%</i> .....	50
PALYNZIQ.....	54	<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i> .....	15
PANRETIN.....	22		

PERSERIS.....	28	<i>portia-28 - levonorgestrel &amp; ethinyl estradiol tab 0.15</i>	
<i>phenelzine sulfate tab 15 mg.....</i>	14	<i>mg-30 mcg.....</i>	62
<i>phenobarbital elixir 20 mg/5ml.....</i>	11	<i>posaconazole iv soln 300 mg/16.7ml (18 mg/</i>	
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg,</i>		<i>ml).....</i>	16
<i>60 mg, 64.8 mg, 97.2 mg, 100 mg.....</i>	11	<i>posaconazole susp 40 mg/ml.....</i>	16
<i>phenoxybenzamine hcl cap 10 mg.....</i>	44	<i>posaconazole tab delayed release 100</i>	
<i>phenytek - phenytoin sodium extended cap 200 mg,</i>		<i>mg.....</i>	16
<i>300 mg.....</i>	11	POTASSIUM CHLORIDE/DEXTROSE/LACTATED	
<i>phenytoin chew tab 50 mg.....</i>	11	RINGERS.....	52
<i>phenytoin infatabs - phenytoin chew tab 50</i>		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5%</i>	
<i>mg.....</i>	11	<i>inj.....</i>	52
<i>phenytoin sodium extended cap 100 mg, 200 mg,</i>		<i>potassium chloride cap er 8 meq, 10</i>	
<i>300 mg.....</i>	11	<i>meq.....</i>	52
<i>phenytoin susp 125 mg/5ml.....</i>	11	<i>potassium chloride inj 2 meq/ml.....</i>	52
<i>philit - norethindrone &amp; ethinyl estradiol tab 0.4</i>		<i>potassium chloride microencapsulated crys er tab 10</i>	
<i>mg-35 mcg.....</i>	62	<i>meq, 15 meq, 20 meq.....</i>	52
PIFELTRO.....	31	<i>potassium chloride oral soln 10% (20 meq/15ml),</i>	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%.....</i>	74	<i>20% (40 meq/15ml).....</i>	52
<i>pilocarpine hcl tab 5 mg, 7.5 mg.....</i>	48	<i>potassium chloride tab er 8 meq (600 mg), 10 meq,</i>	
PIMOZIDE.....	28	<i>20 meq (1500 mg).....</i>	52
<i>pimtree - desogest-eth estrad &amp; eth estrad tab</i>		<i>potassium citrate tab er 5 meq (540 mg), 10 meq</i>	
<i>0.15-0.02/0.01 mg(21/5).....</i>	62	<i>(1080 mg), 15 meq (1620 mg).....</i>	52
<i>pindolol tab 5 mg, 10 mg.....</i>	44	<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg,</i>	
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4</i>		<i>0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....</i>	25
<i>mg.....</i>	37	<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg,</i>		<i>equiv).....</i>	39
<i>15-850 mg.....</i>	37	<i>pravastatin sodium tab 10 mg, 20 mg, 40</i>	
<i>pioglitazone hcl tab 15 mg (base</i>		<i>mg.....</i>	44
<i>equiv).....</i>	37	<i>pravastatin sodium tab 80 mg.....</i>	44
<i>pioglitazone hcl tab 30 mg (base equiv), 45 mg</i>		<i>praziquantel tab 600 mg.....</i>	25
<i>(base equiv).....</i>	37	<i>prazosin hcl cap 1 mg, 2 mg, 5 mg.....</i>	44
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i>		<i>prednisolone acetate ophth susp 1%.....</i>	74
<i>(3-0.375 gm).....</i>	9	<i>prednisolone sodium phosphate ophth soln</i>	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i>		<i>1%.....</i>	74
<i>(2-0.25 gm), 4.5 gm (4-0.5 gm).....</i>	9	<i>prednisolone sodium phosphate oral soln 25 mg/5ml</i>	
PIQRAY 200MG DAILY DOSE.....	22	<i>(base eq).....</i>	56
PIQRAY 250MG DAILY DOSE.....	22	<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	
PIQRAY 300MG DAILY DOSE.....	22	<i>(base equiv).....</i>	56
<i>pirfenidone cap 267 mg.....</i>	77	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5</i>	
<i>pirfenidone tab 267 mg.....</i>	77	<i>mg/5ml base).....</i>	56
<i>pirfenidone tab 801 mg.....</i>	77	<i>prednisolone soln 15 mg/5ml.....</i>	56
<i>piroxicam cap 10 mg.....</i>	3	<i>prednisone oral soln 5 mg/5ml.....</i>	56
<i>piroxicam cap 20 mg.....</i>	3	<i>prednisone tab 1 mg, 2.5 mg, 20 mg, 50</i>	
PLEGRIDY.....	47	<i>mg.....</i>	56
PLEGRIDY STARTER PACK.....	47	<i>prednisone tab 5 mg, 10 mg.....</i>	56
<i>podofilox soln 0.5%.....</i>	50	<i>prednisone tab therapy pack 5 mg (21), 5 mg (48),</i>	
<i>polycin - bacitracin-polymyxin b ophth</i>		<i>10 mg (21), 10 mg (48).....</i>	56
<i>oint.....</i>	74	<i>pregabalin cap 225 mg, 300 mg.....</i>	11
<i>polymyxin b-trimethoprim ophth soln 10000 unit/</i>		<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150</i>	
<i>ml-0.1%.....</i>	74	<i>mg, 200 mg.....</i>	11
POMALYST.....	22	<i>pregabalin soln 20 mg/ml.....</i>	11
		PREGNYL.....	56

PREGNYL W/DILUENT BENZYL ALCOHOL/ NACL.....	56	<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....</i>	44
PREHEVBRIO.....	69	<i>propylthiouracil tab 50 mg.....</i>	66
PREMARIN.....	62	PROQUAD.....	70
PREMPHASE.....	62	<i>protriptyline hcl tab 5 mg, 10 mg.....</i>	14
PREMPRO.....	62	PULMOZYME.....	77
<i>prevalite - cholestyramine light powder 4 gm/ dose.....</i>	44	PURIXAN.....	22
<i>prevalite - cholestyramine light powder packets 4 gm.....</i>	44	<i>pyrazinamide tab 500 mg.....</i>	17
PREVYMIS.....	31	<i>pyridostigmine bromide tab 60 mg.....</i>	17
PREZCOBIX.....	31	<i>pyridostigmine bromide tab er 180 mg.....</i>	17
PREZISTA.....	31	<i>pyrimethamine tab 25 mg.....</i>	25
PRIFTIN.....	17	<b>Q</b>	
<i>primaquine phosphate tab 26.3 mg (15 mg base).....</i>	25	QINLOCK.....	22
PRIMIDONE.....	11	QUADRACEL.....	70
<i>primidone tab 50 mg, 250 mg.....</i>	11	QUETIAPINE FUMARATE.....	28
PRIORIX.....	70	<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg.....</i>	28
<i>probenecid tab 500 mg.....</i>	16	<i>quetiapine fumarate tab 300 mg, 400 mg.....</i>	28
<i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....</i>	15	<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg.....</i>	28
<i>prochlorperazine suppos 25 mg.....</i>	15	<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg.....</i>	28
PROCRIPT.....	39	<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....</i>	44
<i>proctocort - hydrocortisone perianal cream 1%.....</i>	72	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....</i>	44
<i>procto-med hc - hydrocortisone perianal cream 2.5%.....</i>	72	<i>quinapril-hydrochlorothiazide tab 20-25 mg.....</i>	44
<i>proctosol hc - hydrocortisone perianal cream 2.5%.....</i>	72	<i>quinidine gluconate tab er 324 mg.....</i>	44
<i>proctozone-hc - hydrocortisone perianal cream 2.5%.....</i>	72	<i>quinidine sulfate tab 200 mg.....</i>	44
<i>progesterone cap 100 mg, 200 mg.....</i>	62	<i>quinidine sulfate tab 300 mg.....</i>	44
PROGRAF.....	70	<i>quinine sulfate cap 324 mg.....</i>	25
PROLASTIN-C.....	54	QVAR REDIHALER.....	77
PROLENSA.....	74	<b>R</b>	
PROLIA.....	72	RABAVERT.....	70
PROMACTA.....	39	<i>rabeprazole sodium ec tab 20 mg.....</i>	54
<i>promethazine hcl suppos 12.5 mg, 25 mg.....</i>	15	<i>raloxifene hcl tab 60 mg.....</i>	62
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....</i>	15	<i>ramelteon tab 8 mg.....</i>	78
<i>promethegan - promethazine hcl suppos 12.5 mg, 25 mg.....</i>	15	<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....</i>	44
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....</i>	44	<i>ranolazine tab er 12hr 500 mg, 1000 mg.....</i>	44
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg.....</i>	44	<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv).....</i>	25
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....</i>	44	<i>reclipsen - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg.....</i>	62
<i>propranolol hcl oral soln 20 mg/5ml.....</i>	44	RECOMBIVAX HB.....	70
<i>propranolol hcl oral soln 40 mg/5ml.....</i>	44	REGANEX.....	50
		RELENZA DISKHALER.....	31
		RENFLEXIS.....	70

<i>repaglinide tab 0.5 mg</i> .....	37	<i>rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)</i> .....	17
<i>repaglinide tab 1 mg</i> .....	37	ROCKLATAN.....	74
<i>repaglinide tab 2 mg</i> .....	37	<i>roflumilast tab 250 mcg, 500 mcg</i> .....	77
REPATHA.....	44	<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> .....	25
REPATHA PUSHTRONEX SYSTEM.....	44	<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)</i> .....	25
REPATHA SURECLICK.....	44	<i>rosuvastatin calcium tab 40 mg</i> .....	45
RESTASIS.....	74	<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i> .....	45
RESTASIS MULTIDOSE.....	74	ROTARIX.....	70
RETACRIT.....	39	ROTATEQ.....	70
RETEVMO.....	22	<i>roweepra - levetiracetam tab 500 mg</i> .....	11
REVCOVI.....	54	ROZLYTREK.....	22
REXULTI.....	28	RUBRACA.....	22
REYATAZ.....	31	<i>rufinamide susp 40 mg/ml</i> .....	11
REZLIDHIA.....	22	<i>rufinamide tab 200 mg</i> .....	11
REZUROCK.....	70	<i>rufinamide tab 400 mg</i> .....	11
RHOPRESSA.....	74	RUKOBIA.....	31
RIABNI.....	22	RUXIENCE.....	22
<i>ribavirin cap 200 mg</i> .....	31	RYBELSUS.....	37
<i>ribavirin tab 200 mg</i> .....	31	RYDAPT.....	22
RIDAURA.....	70	RYTARY.....	25
<i>rifabutin cap 150 mg</i> .....	17	<b>S</b>	
<i>rifampin cap 150 mg, 300 mg</i> .....	17	<i>sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> .....	70
<i>rifampin for inj 600 mg</i> .....	17	SANDIMMUNE.....	70
<i>riluzole tab 50 mg</i> .....	47	SANTYL.....	50
RINVOQ.....	70	<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i> .....	54
RINVOQ LQ.....	70	<i>sapropterin dihydrochloride tab 100 mg</i> .....	54
<i>risedronate sodium tab 150 mg</i> .....	72	SCEMBLIX.....	22
<i>risedronate sodium tab 35 mg</i> .....	72	<i>scopolamine td patch 72hr 1 mg/3days</i> .....	15
<i>risedronate sodium tab 5 mg, 30 mg</i> .....	72	SECUADO.....	28
<i>risedronate sodium tab delayed release 35 mg</i> .....	72	<i>selegiline hcl cap 5 mg</i> .....	25
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i> .....	28	<i>selegiline hcl tab 5 mg</i> .....	25
<i>risperidone microspheres for im extended rel susp 50 mg</i> .....	28	<i>selenium sulfide lotion 2.5%</i> .....	50
RISPERIDONE ODT.....	28	SELZENTRY.....	31
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i> .....	28	SEREVENT DISKUS.....	77
<i>risperidone orally disintegrating tab 4 mg</i> .....	28	<i>sertraline hcl oral concentrate for solution 20 mg/ml</i> .....	14
<i>risperidone soln 1 mg/ml</i> .....	28	<i>sertraline hcl tab 100 mg</i> .....	14
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> .....	28	<i>sertraline hcl tab 25 mg, 50 mg</i> .....	14
<i>risperidone tab 4 mg</i> .....	28	<i>setlakin - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	63
<i>ritonavir tab 100 mg</i> .....	31	<i>sevelamer carbonate packet 0.8 gm</i> .....	52
<i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i> .....	12	<i>sevelamer carbonate packet 2.4 gm</i> .....	52
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i> .....	12		
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)</i> .....	17		



sevelamer carbonate tab 800 mg.....	52	sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	63
sharobel - norethindrone tab 0.35 mg.....	63	SPRITAM.....	11
SHINGRIX.....	70	SPRYCEL.....	22
SIGNIFOR.....	66	sps - sodium polystyrene sulfonate oral susp 15 gm/60ml.....	52
SIGNIFOR LAR.....	66	sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	63
sildenafil citrate tab 20 mg.....	77	ssd - silver sulfadiazine cream 1%.....	50
silodosin cap 4 mg, 8 mg.....	55	STAMARIL.....	70
silver sulfadiazine cream 1%.....	50	STELARA.....	70
SIMBRINZA.....	74	STIOLTO RESPIMAT.....	77
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	63	STIVARGA.....	22
simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	63	STRENSIQ.....	55
simvastatin tab 20 mg.....	45	STREPTOMYCIN SULFATE.....	9
simvastatin tab 5 mg, 10 mg, 40 mg.....	45	STRIBILD.....	31
simvastatin tab 80 mg.....	45	SUBLOCADE.....	4
sirolimus oral soln 1 mg/ml.....	70	subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg.....	11
sirolimus tab 0.5 mg, 1 mg, 2 mg.....	70	sucalfate susp 1 gm/10ml.....	54
SIRTURO.....	17	sucalfate tab 1 gm.....	54
SIVEXTRO.....	9	sulfacetamide sodium lotion 10% (acne).....	50
SKYLA.....	55	sulfacetamide sodium ophth oint 10%.....	74
SKYRIZI.....	70	sulfacetamide sodium ophth soln 10%.....	74
SKYRIZI PEN.....	70	sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....	74
sodium chloride irrigation soln 0.9%.....	52	SULFADIAZINE.....	9
sodium chloride iv soln 0.45%, 0.9%.....	52	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	9
sodium chloride preservative free (pf) inj 0.9%.....	52	sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg.....	9
SODIUM OXYBATE.....	78	sulfasalazine tab 500 mg.....	72
sodium phenylbutyrate oral powder 3 gm/ teaspoonful.....	54	sulfasalazine tab delayed release 500 mg.....	72
sodium phenylbutyrate tab 500 mg.....	55	sulindac tab 150 mg, 200 mg.....	3
sodium polystyrene sulfonate powder.....	52	sumatriptan nasal spray 5 mg/act, 20 mg/ act.....	17
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	54	sumatriptan succinate inj 6 mg/0.5ml.....	17
solifenacin succinate tab 5 mg, 10 mg.....	55	sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml.....	17
SOLQUA 100/33.....	37	sumatriptan succinate solution cartridge 4 mg/0.5ml.....	17
SOLTAMOX.....	22	sumatriptan succinate solution cartridge 6 mg/0.5ml.....	17
SOMATULINE DEPOT.....	66	sumatriptan succinate tab 25 mg, 50 mg, 100 mg.....	17
SOMAVERT.....	66	sunitinib malate cap 12.5 mg (base equivalent).....	22
sorafenib tosylate tab 200 mg (base equivalent).....	22	sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent).....	22
sorine - sotalol hcl tab 120 mg, 160 mg.....	45		
sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg.....	45		
sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg.....	45		
SPIRIVA RESPIMAT.....	77		
spironolactone & hydrochlorothiazide tab 25-25 mg.....	45		
spironolactone tab 25 mg, 50 mg, 100 mg.....	45		

SUNLENCA.....	31	TAZVERIK.....	23
SUTAB.....	54	TDVAX.....	71
<i>syeda - drospirenone-ethinyl estradiol tab 3-0.03</i>		TEFLARO.....	9
<i>mg.....</i>	63	<i>telmisartan-amlodipine tab 40-10 mg.....</i>	45
SYMLINPEN 120.....	37	<i>telmisartan-amlodipine tab 40-5 mg.....</i>	45
SYMLINPEN 60.....	37	<i>telmisartan-amlodipine tab 80-10 mg.....</i>	45
SYMPAZAN.....	11	<i>telmisartan-amlodipine tab 80-5 mg.....</i>	45
SYMTUZA.....	31	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg,</i>	
SYNAREL.....	66	<i>80-25 mg.....</i>	45
SYNJARDY.....	37	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
SYNJARDY XR.....	38	<i>mg.....</i>	45
SYNTHROID.....	65	<i>telmisartan tab 20 mg, 40 mg, 80 mg.....</i>	45
<b>T</b>		<i>temazepam cap 15 mg, 30 mg.....</i>	78
TABLOID.....	23	TENIVAC.....	71
TABRECTA.....	23	<i>tenofovir disoproxil fumarate tab 300</i>	
<i>tacrolimus cap 0.5 mg, 1 mg.....</i>	70	<i>mg.....</i>	31
<i>tacrolimus cap 5 mg.....</i>	70	TEPMETKO.....	23
<i>tacrolimus oint 0.03%, 0.1%.....</i>	50	<i>terazosin hcl cap 1 mg (base</i>	
<i>tadalafil tab 2.5 mg, 5 mg.....</i>	55	<i>equivalent).....</i>	45
<i>tadalafil tab 20 mg (pah).....</i>	77	<i>terazosin hcl cap 2 mg (base equivalent),</i>	
TAFINLAR.....	23	<i>5 mg (base equivalent), 10 mg (base</i>	
TAGRISSE.....	23	<i>equivalent).....</i>	45
TALZENNA.....	23	<i>terbinafine hcl tab 250 mg.....</i>	16
<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg</i>		<i>terbutaline sulfate tab 2.5 mg, 5 mg.....</i>	77
<i>(base equivalent).....</i>	23	<i>terconazole vaginal cream 0.4%, 0.8%.....</i>	16
<i>tamsulosin hcl cap 0.4 mg.....</i>	55	<i>terconazole vaginal suppos 80 mg.....</i>	16
<i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe</i>		TERIPARATIDE.....	72
<i>tab 1mg-20 mcg (24).....</i>	63	<i>testosterone cypionate im inj in oil 100 mg/ml, 200</i>	
<i>tarina fe 1/20 eq - norethindrone ace &amp; ethinyl</i>		<i>mg/ml.....</i>	63
<i>estradiol-fe tab 1 mg-20 mcg.....</i>	63	TESTOSTERONE ENANTHATE.....	63
TASIGNA.....	23	<i>testosterone td gel 12.5 mg/act (1%).....</i>	63
<i>tasimelteon capsule 20 mg.....</i>	78	<i>testosterone td gel 20.25 mg/1.25gm</i>	
<i>taysofy - norethindrone ace-ethinyl estradiol-fe cap 1</i>		<i>(1.62%).....</i>	63
<i>mg-20 mcg (24).....</i>	63	<i>testosterone td gel 20.25 mg/act</i>	
<i>tazarotene cream 0.1%.....</i>	51	<i>(1.62%).....</i>	63
<i>tazarotene gel 0.05%, 0.1%.....</i>	51	<i>testosterone td gel 25 mg/2.5gm (1%).....</i>	63
<i>tazicef - ceftazidime for inj 1 gm.....</i>	9	<i>testosterone td gel 40.5 mg/2.5gm</i>	
<i>tazicef - ceftazidime for iv soln 1 gm.....</i>	9	<i>(1.62%).....</i>	63
<i>tazicef - ceftazidime for iv soln 2 gm.....</i>	9	<i>testosterone td gel 50 mg/5gm (1%).....</i>	63
<i>tazicef - ceftazidime for iv soln 6 gm.....</i>	9	tetrabenazine tab 12.5 mg.....	47
TAZORAC.....	51	tetrabenazine tab 25 mg.....	47
<i>taztia xt - diltiazem hcl extended release beads cap</i>		tetracycline hcl cap 250 mg, 500 mg.....	9
<i>er 24hr 120 mg.....</i>	45	THALOMID.....	23
<i>taztia xt - diltiazem hcl extended release beads cap</i>		<i>theophylline tab er 12hr 300 mg, 450</i>	
<i>er 24hr 180 mg.....</i>	45	<i>mg.....</i>	77
<i>taztia xt - diltiazem hcl extended release beads cap</i>		<i>theophylline tab er 24hr 400 mg, 600</i>	
<i>er 24hr 240 mg.....</i>	45	<i>mg.....</i>	77
<i>taztia xt - diltiazem hcl extended release beads cap</i>		<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100</i>	
<i>er 24hr 300 mg.....</i>	45	<i>mg.....</i>	28
<i>taztia xt - diltiazem hcl extended release beads cap</i>		<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10</i>	
<i>er 24hr 360 mg.....</i>	45	<i>mg.....</i>	28
		THYMOGLOBULIN.....	71

<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i> .....	45	<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	23
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i> .....	45	<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg</i> .....	23
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....	45	<i>torpenz - everolimus tab 5 mg</i> .....	23
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i> .....	45	<i>torsemidate tab 5 mg, 10 mg, 20 mg, 100 mg</i> .....	45
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i> .....	45	TOUJEO MAX SOLOSTAR.....	38
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i> .....	45	TOUJEO SOLOSTAR.....	38
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i> .....	11	TRACLEER.....	77
TIBSOVO.....	23	TRADJENTA.....	38
TICOVAC.....	71	<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	3
<i>tigecycline for iv soln 50 mg</i> .....	9	<i>tramadol hcl tab 50 mg</i> .....	3
<i>tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	63	<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i> .....	3
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i> .....	74	<i>trandolapril tab 1 mg, 2 mg, 4 mg</i> .....	45
<i>timolol maleate ophth soln 0.25%, 0.5%</i> .....	74	<i>trandolapril-verapamil hcl tab er 1-240 mg</i> .....	46
<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	74	<i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....	46
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i> .....	45	<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	46
<i>tinidazole tab 250 mg, 500 mg</i> .....	9	<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	46
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i> .....	77	<i>tranexamic acid tab 650 mg</i> .....	39
TIVICAY.....	31	<i>tranylcypromine sulfate tab 10 mg</i> .....	14
TIVICAY PD.....	32	TRAVASOL.....	52
<i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)</i> .....	29	<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> .....	74
TOBRADEX.....	74	TRAZIMERA.....	23
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	74	<i>trazodone hcl tab 300 mg</i> .....	14
<i>tobramycin nebu soln 300 mg/5ml</i> .....	77	<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i> .....	14
<i>tobramycin ophth soln 0.3%</i> .....	74	TRECTOR.....	17
TOBRAMYCIN SULFATE.....	9	TRELEGY ELLIPTA.....	77
<i>tobramycin sulfate for inj 1.2 gm</i> .....	9	TRELSTAR MIXJECT.....	66
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i> .....	9	TREMFYA.....	71
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)</i> .....	9	<i>tretinoin cap 10 mg</i> .....	23
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i> .....	55	<i>tretinoin cream 0.025%, 0.05%, 0.1%</i> .....	51
<i>tolterodine tartrate tab 1 mg, 2 mg</i> .....	56	<i>tretinoin gel 0.01%, 0.025%</i> .....	51
<i>topiramate sprinkle cap 15 mg, 25 mg</i> .....	11	<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i> .....	51
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i> .....	11	<i>triamcinolone acetonide dental paste 0.1%</i> .....	48
		<i>triamcinolone acetonide lotion 0.025%, 0.1%</i> .....	51
		<i>triamcinolone acetonide oint 0.025%, 0.1%</i> .....	51
		<i>triamcinolone acetonide oint 0.5%</i> .....	51
		<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	46

<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i> .....	46	<i>turqoz - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	64
<i>tridacaine iii - lidocaine patch 5%</i> .....	3	TWINRIX.....	71
<i>tridacaine ii - lidocaine patch 5%</i> .....	3	TYBLUME.....	64
<i>triderm - triamcinolone acetonide cream 0.5%</i> .....	51	TYBOST.....	32
<i>trientine hcl cap 250 mg</i> .....	52	<i>tydemy - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	64
<i>tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	63	TYMLOS.....	72
<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i> .....	28	TYPHIM VI.....	71
TRIFLURIDINE.....	74	<b>U</b>	
<i>trihexyphenidyl hcl tab 2 mg, 5 mg</i> .....	25	UBRELVY.....	17
TRIKAFTA.....	77	UDENYCA.....	39
<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	63	UDENYCA ONBODY.....	39
<i>tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	63	<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> .....	65
<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	63	<i>ursodiol cap 300 mg</i> .....	54
<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	63	<i>ursodiol tab 250 mg, 500 mg</i> .....	54
<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	63	UZEDY.....	28
<i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	63	<b>V</b>	
<i>trimethoprim tab 100 mg</i> .....	9	<i>valacyclovir hcl tab 500 mg, 1 gm</i> .....	32
<i>tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	63	VALCHLOR.....	23
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i> .....	14	<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> .....	32
TRINTELLIX.....	14	<i>valganciclovir hcl tab 450 mg (base equivalent)</i> .....	32
<i>tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	64	<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> .....	11
<i>tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	64	<i>valproic acid cap 250 mg</i> .....	11
TRIUMEQ.....	32	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i> .....	46
TRIUMEQ PD.....	32	<i>valsartan tab 320 mg</i> .....	46
<i>trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....	64	<i>valsartan tab 40 mg, 80 mg, 160 mg</i> .....	46
<i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	64	VALTOCO 10 MG DOSE.....	11
<i>tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	64	VALTOCO 15 MG DOSE.....	12
TROPHAMINE.....	52	VALTOCO 20 MG DOSE.....	12
<i>trospium chloride tab 20 mg</i> .....	56	VALTOCO 5 MG DOSE.....	12
TRULICITY.....	38	<i>vancomycin hcl cap 125 mg (base equivalent)</i> .....	9
TRUMENBA.....	71	<i>vancomycin hcl cap 250 mg (base equivalent)</i> .....	9
TRUQAP.....	23	<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i> .....	9
TUKYSA.....	23	<i>vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 10 gm (base equivalent)</i> .....	9
TURALIO.....	23	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> .....	9
		VANFLYTA.....	23

VAQTA.....	71	<i>vigpoder - vigabatrin powd pack 500</i>	
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg</i>		<i>mg.....</i>	12
<i>(base equiv).....</i>	4	<i>vilazodone hcl tab 10 mg, 20 mg, 40</i>	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start</i>		<i>mg.....</i>	14
<i>pack.....</i>	4	<i>viorele - desogest-eth estrad &amp; eth estrad tab</i>	
VARIVAX.....	71	<i>0.15-0.02/0.01 mg(21/5).....</i>	64
VASCEPA.....	46	VIRACEPT.....	32
<i>velivet - desogest-ethin est tab</i>		VIREAD.....	32
<i>0.1-0.025/0.125-0.025/0.15- 0.025mg-</i>		VITRAKVI.....	23
<i>mg.....</i>	64	VIVITROL.....	4
VELPHORO.....	52	VIZIMPRO.....	24
VELTASSA.....	52	<i>volnea - desogest-eth estrad &amp; eth estrad tab</i>	
VENCLEXTA.....	23	<i>0.15-0.02/0.01 mg(21/5).....</i>	64
VENCLEXTA STARTING PACK.....	23	VONJO.....	24
VENLAFAXINE BESYLATE ER.....	14	<i>voriconazole for inj 200 mg.....</i>	16
<i>venlafaxine hcl cap er 24hr 150 mg (base</i>		<i>voriconazole for susp 40 mg/ml.....</i>	16
<i>equivalent).....</i>	14	<i>voriconazole tab 50 mg, 200 mg.....</i>	16
<i>venlafaxine hcl cap er 24hr 37.5 mg (base</i>		VOWST.....	54
<i>equivalent).....</i>	14	VPRIV.....	55
<i>venlafaxine hcl cap er 24hr 75 mg (base</i>		VRAYLAR.....	28
<i>equivalent).....</i>	14	VUMERITY.....	48
<i>venlafaxine hcl tab 25 mg (base equivalent),</i>		<i>vyfemla - norethindrone &amp; ethinyl estradiol tab 0.4</i>	
<i>37.5 mg (base equivalent), 50 mg (base</i>		<i>mg-35 mcg.....</i>	64
<i>equivalent), 75 mg (base equivalent), 100 mg</i>		<i>vylibra - norgestimate &amp; ethinyl estradiol tab 0.25</i>	
<i>(base equivalent).....</i>	14	<i>mg-35 mcg.....</i>	64
VENTAVIS.....	77	VYNDAMAX.....	55
VENTOLIN HFA.....	78	VYNDAQEL.....	55
VEOZAH.....	48	<b>W</b>	
<i>verapamil hcl cap er 24hr 100 mg.....</i>	46	<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg,</i>	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240</i>		<i>5 mg, 6 mg, 7.5 mg, 10 mg.....</i>	39
<i>mg.....</i>	46	WELIREG.....	55
<i>verapamil hcl cap er 24hr 200 mg.....</i>	46	<i>wera - norethindrone &amp; ethinyl estradiol tab 0.5</i>	
<i>verapamil hcl cap er 24hr 300 mg.....</i>	46	<i>mg-35 mcg.....</i>	64
<i>verapamil hcl cap er 24hr 360 mg.....</i>	46	<i>wixela inhub - fluticasone-salmeterol aer powder ba</i>	
<i>verapamil hcl tab 40 mg, 80 mg, 120</i>		<i>100-50 mcg/act.....</i>	78
<i>mg.....</i>	46	<i>wixela inhub - fluticasone-salmeterol aer powder ba</i>	
<i>verapamil hcl tab er 120 mg, 180 mg, 240</i>		<i>250-50 mcg/act.....</i>	78
<i>mg.....</i>	46	<i>wixela inhub - fluticasone-salmeterol aer powder ba</i>	
VERQUVO.....	46	<i>500-50 mcg/act.....</i>	78
VERSACLOZ.....	28	<i>wymzya fe - norethindrone &amp; ethinyl estradiol-fe</i>	
VERZENIO.....	23	<i>chew tab 0.4 mg-35 mcg.....</i>	64
<i>vestura - drospirenone-ethinyl estradiol tab 3-0.02</i>		<b>X</b>	
<i>mg.....</i>	64	XALKORI.....	24
VIBERZI.....	54	XARELTO.....	39
<i>vienva - levonorgestrel &amp; ethinyl estradiol tab 0.1</i>		XARELTO STARTER PACK.....	39
<i>mg-20 mcg.....</i>	64	XATMEP.....	71
<i>vigabatrin powd pack 500 mg.....</i>	12	XCOPRI.....	12
<i>vigabatrin tab 500 mg.....</i>	12	XDEMYV.....	74
<i>vigadrone - vigabatrin powd pack 500</i>		XERMELO.....	54
<i>mg.....</i>	12	XGEVA.....	72
<i>vigadrone - vigabatrin tab 500 mg.....</i>	12	XHANCE.....	78
VIGAFYDE.....	12		

XIFAXAN.....	54	<i>zovia 1/35 - ethynodiol diacetate &amp; ethinyl estradiol</i>	
XIGDUO XR.....	38	<i>tab 1mg-35 mcg.....</i>	64
XOFLUZA.....	32	ZTALMY.....	12
XOLAIR.....	71	ZTLIDO.....	3
XOPENEX HFA.....	78	<i>zumandimine - drospirenone-ethinyl estradiol tab</i>	
XOSPATA.....	24	<i>3-0.03 mg.....</i>	64
XPOVIO.....	24	ZURZUVAE.....	14
XPOVIO 60 MG TWICE WEEKLY.....	24	ZYDELIG.....	24
XPOVIO 80 MG TWICE WEEKLY.....	24	ZYKADIA.....	24
XTANDI.....	24	ZYPREXA RELPREVV.....	29
<i>xulane - norelgestromin-ethinyl estradiol td ptwk</i>			
<i>150-35 mcg/24hr.....</i>	64		
<b>Y</b>			
<i>yargesa - miglustat cap 100 mg.....</i>	55		
YF-VAX.....	71		
YONSA.....	24		
<i>yuvaferm - estradiol vaginal tab 10 mcg.....</i>	64		
<b>Z</b>			
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk</i>			
<i>150-35 mcg/24hr.....</i>	64		
<i>zafirlukast tab 10 mg, 20 mg.....</i>	78		
<i>zaleplon cap 10 mg.....</i>	78		
<i>zaleplon cap 5 mg.....</i>	78		
ZEJULA.....	24		
ZELBORAF.....	24		
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40</i>			
<i>mg.....</i>	51		
ZENPEP.....	55		
<i>zenzedi - dextroamphetamine sulfate tab 10</i>			
<i>mg.....</i>	48		
<i>zenzedi - dextroamphetamine sulfate tab 5</i>			
<i>mg.....</i>	48		
ZEPATIER.....	32		
<i>zidovudine cap 100 mg.....</i>	32		
<i>zidovudine syrup 10 mg/ml.....</i>	32		
<i>zidovudine tab 300 mg.....</i>	32		
ZIEXTENZO.....	39		
<i>ziprasidone hcl cap 20 mg, 40 mg.....</i>	29		
<i>ziprasidone hcl cap 60 mg, 80 mg.....</i>	29		
<i>ziprasidone mesylate for inj 20 mg (base</i>			
<i>equivalent).....</i>	29		
ZIRABEV.....	24		
ZOKINVY.....	55		
ZOLINZA.....	24		
<i>zolpidem tartrate tab 5 mg, 10 mg.....</i>	78		
ZONISADE.....	12		
<i>zonisamide cap 25 mg, 50 mg, 100</i>			
<i>mg.....</i>	12		
ZONTIVITY.....	39		
ZOSYN.....	9		

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This formulary was updated on 09/06/2024. For more recent information or other questions, please contact **Blue Advantage (PPO) Member Services at 1-888-234-8266 or, for TTY users, 711**, Monday - Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, the hours of operation are Monday - Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day, or visit [www.BCBSALMedicare.com](http://www.BCBSALMedicare.com).

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