



BlueCross BlueShield
of Illinois

City of Chicago

City of Chicago - 5T Premier Formulary

2025 Group Formulary

5 Tier Premier

(List of Covered Drugs or “Drug List”)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File ID: 25447

This formulary was updated on 09/26/2024. For more recent information or other questions, please contact Blue Cross Group Medicare AdvantageSM Customer Service at 1-866-390-4276 or, for TTY users, 711, 7:00 a.m. – 10:00 p.m. CT, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit www.myprime.com.

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

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

Blue Cross Group Medicare Advantage 2025 Group Formulary (List of Covered Drugs)

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

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

This document includes Drug List (formulary) for our plan which is current as of September 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, 2025, and from time to time during the year.

What is the Blue Cross Group Medicare Advantage formulary?

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 Group 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 09/26/2024. To get updated information about the drugs covered by Blue Cross Group Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted online on a monthly basis with applicable changes, including negative changes. The web address is located on the front and back cover of this formulary

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next

to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered

drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72

hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

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

For more information

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

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

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

Blue Cross Group Medicare Advantage's Formulary

The formulary below provides coverage information about the drugs covered by Blue Cross Group Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

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

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

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

KEY

Tier 1 = Preferred Generic Drugs

Tier 2 = Generic Drugs

Tier 3 = Preferred Brand Drugs

Tier 4 = Non-Preferred Drugs

Tier 5 = Specialty Drugs

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

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

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

* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-866-390-4276, 7:00 a.m. – 10:00 p.m. CT, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY users should call 711.

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

Copayment and Coinsurance Amounts:

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

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

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

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

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

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

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

2025 DOSAGE FORM ABBREVIATION KEY			
act	actuation	ad	adsorbed
adjuv	adjuvant	aepb	aerosol powder blister
aer, aers, aero	aerosol	afib/afl	atrial fibrillation/atrial flutter
app	applicator	ba, br act, breath act, breath activ	breath activated
bau	bioequivalent allergy unit	cap, caps	capsules

2025 DOSAGE FORM ABBREVIATION KEY

cart	cartridge	cd	continuous delivery
chew tab	chewable tablets	cpcr	controlled release capsule
conc	concentrate	conj	conjugate, conjugated
crm	cream	crys	crystals
deter	deterrent	disint, disintegr	disintegrating
dr	delayed-release	ec	enteric coated
el, elu	enzyme-linked immunosorbent assay	emul	emulsion
er, extended, extended rel, xr	extended release	ext	extract
gm	gram	gu	genitourinary
hr	hour	ig	immunoglobulin
im	intramuscular	inh, inhal	inhalation
inj	injection	ir	index of reactivity
iv	intravenous	l	liter
la	long acting	lipo	lipophilic
lf, lfu	flocculation units	liq, liqd	liquid
maint	maintenance	mcg	microgram
meq	milliequivalent	misc	miscellaneous
mg	milligram	ml	milliliter
mu	million units	nebu	nebules
oc	oral contraceptive	oin, oint	ointment
omv	outer membrane vesicles	op, ophth	ophthalmic
osm	osmotic	pah	pulmonary arterial hypertension
pak, pk	pack	pf	preservative-free
pfu	plaque forming units	pow, powd	powder
pmdd	premenstrual dysphoric disorder	pref	prefilled
pttw	patch twice weekly	ptwk	patch weekly
recomb	recombinant	refrig	refrigerate
sl	sublingual	sol, soln	solution

2025 DOSAGE FORM ABBREVIATION KEY

sqcm	square centimeter	supp, suppos	suppositories
sus, susp	suspension	syr	syringe
tab, tabs	tablets	tocr	controlled release tablet
tbdp	dispersible tablet	tbec	enteric coated tablet
tbpk	tablet pack	td	transdermal
ther	therapy	titr	titration
tl	translingual	unt, ut	unit
va	vaginal	vac, vacc	vaccine

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tablets/30 days)
ARTHROTEC 50 - diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	QL (120 tablets/30 days)
ARTHROTEC 75 - diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	QL (90 tablets/30 days)
<i>bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	2	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>	2	PA, QL (4 patches/28 days)
<i>butalbital-acetaminophen tab 50-325 mg#</i>	2	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg, 50-325-40 mg#</i>	2	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	2	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	2	QL (180 capsules/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (48 mls/30 days)
BUTRANS - buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr	4	PA, QL (4 patches/28 days)
CELEBREX - celecoxib cap 50 mg, 100 mg, 200 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 400 mg	4	QL (30 capsules/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>	2	QL (180 tablets/30 days)
DAYPRO - oxaprozin tab 600 mg	4	QL (90 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>	2	
<i>diclofenac sodium soln 1.5%</i>	2	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>	2	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	QL (90 tablets/30 days)
<i>ec-naproxen - naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	2	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tablets/30 days)
<i>esgic - butalbital-acetaminophen-caffeine cap 50-325-40 mg#</i>	2	QL (180 capsules/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>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	2	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>	2	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr</i>	2	PA, QL (15 patches/30 days)
<i>flurbiprofen tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-300 mg, 7.5-325 mg, 10-300 mg</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg, 5-325 mg</i>	2	QL (240 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4	QL (150 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	2	BD
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	2	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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>indomethacin cap er 75 mg#</i>	2	QL (60 capsules/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>ketorolac tromethamine tab 10 mg#</i>	2	
<i>levorphanol tartrate tab 2 mg, 3 mg</i>	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>	2	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	2	QL (360 tablets/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	2	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)
<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>	2	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>oxaprozin tab 600 mg</i>	2	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	2	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i>	2	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	2	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	2	QL (30 capsules/30 days)
ROXICODONE - oxycodone hcl tab 15 mg	4	QL (180 tablets/30 days)
ROXICODONE - oxycodone hcl tab 30 mg	5	QL (180 tablets/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	4	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	2	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tablets/30 days)
Anesthetics		
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl soln 4%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine oint 5%</i>	2	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	PA, QL (60 grams/30 days)
<i>lidocan - lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
LIDODERM - lidocaine patch 5%	5	PA, QL (90 patches/30 days)
<i>tridacaine ii - lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
<i>tridacaine iii - lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
ZTLIDO - lidocaine patch 1.8% (36 mg)	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<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)
<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>	2	
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>	2	
<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	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
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	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (120 films/30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)	4	QL (60 films/30 days)
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	2	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	2	
<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 & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & 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 & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for iv soln 1 gm</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
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	
AZACTAM - aztreonam for inj 1 gm, 2 gm	4	
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>	2	
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	5	
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	4	
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	4	
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>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor cap 500 mg</i>	2	
<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>	2	
<i>cefazolin sodium (bulk) for inj 100 gm</i>	2	
<i>cefazolin sodium (bulk) for inj 300 gm</i>	2	
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	2	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	2	
<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>	2	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	2	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	2	
<i>cefepime hcl iv soln 1 gm/50ml</i>	2	
<i>cefepime hcl iv soln 2 gm/100ml</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i>	2	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	2	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg, 500 mg</i>	2	
<i>ceftazidime for inj 1 gm, 6 gm</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg, 1 gm, 2 gm, 10 gm</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	2	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	2	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	2	
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cephalexin cap 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	2	
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	4	
CIPRO - ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)	4	
<i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv)</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	4	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
<i>clarithromycin tab 250 mg, 500 mg</i>	2	
CLEOCIN - clindamycin hcl cap 75 mg, 150 mg, 300 mg	4	
CLEOCIN - clindamycin phosphate vaginal cream 2%	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	
CLEOCIN-T - clindamycin phosphate lotion 1%	4	
<i>clindacin etz pledgets - clindamycin phosphate swab 1%</i>	2	
<i>clindacin-p - clindamycin phosphate swab 1%</i>	2	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml, 9 gm/60ml</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
CUBICIN RF - daptomycin for iv soln 500 mg	5	
DALVANCE - dalbavancin hcl for iv soln 500 mg (base equivalent)	5	
<i>daptomycin for iv soln 500 mg</i>	2	
<i>demeclocycline hcl tab 150 mg, 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg</i>	2	
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	2	
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
ERY - erythromycin pads 2%	4	
<i>ery-tab - erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	2	
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	4	
<i>erythrocin lactobionate - erythromycin lactobionate for inj 500 mg</i>	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml</i>	2	
<i>erythromycin lactobionate for inj 500 mg</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	2	
<i>erythromycin tab 250 mg, 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit, 2400000 unit	4	
FLAGYL - metronidazole cap 375 mg	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
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>	2	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	5	
INVANZ - ertapenem sodium for inj 1 gm (base equivalent)	4	
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>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	PA
<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	2	
<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	2	
<i>meropenem iv for soln 500 mg, 1 gm</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	2	
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	2	
<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>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>naftillin sodium for inj 1 gm, 2 gm</i>	2	
<i>naftillin sodium for iv soln 10 gm</i>	2	
<i>naftillin sodium in dextrose inj 2 gm/100ml</i>	2	
<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>	2	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	2	
<i>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose</i>	3	
<i>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 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	

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>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg, 500 mg</i>	1	
PFIZERPEN - penicillin g potassium for inj 5000000 unit, 20000000 unit	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	2	
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>	2	
<i>tazicef - ceftazidime for iv soln 1 gm</i>	2	
<i>tazicef - ceftazidime for iv soln 6 gm</i>	2	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	2	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	5	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	2	
<i>tigecycline for iv soln 50 mg</i>	2	
<i>tinidazole tab 250 mg, 500 mg</i>	2	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	3	
<i>tobramycin sulfate for inj 1.2 gm</i>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	2	
<i>trimethoprim tab 100 mg</i>	2	
TYGACIL - tigecycline for iv soln 50 mg	5	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 10 gm (base equivalent)</i>	2	
ZITHROMAX - azithromycin for susp 100 mg/5ml, 200 mg/5ml	4	
ZITHROMAX - azithromycin iv for soln 500 mg	4	
ZITHROMAX - azithromycin tab 250 mg, 500 mg	4	
ZITHROMAX TRI-PAK - azithromycin tab 500 mg	4	
ZITHROMAX Z-PAK - azithromycin tab 250 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
ZYVOX - linezolid for susp 100 mg/5ml	5	PA
ZYVOX - linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
ZYVOX - linezolid tab 600 mg	5	PA
Anticonvulsants		
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)
BANZEL - rufinamide susp 40 mg/ml	5	
BANZEL - rufinamide tab 200 mg, 400 mg	5	
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>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	4	
CELONTIN - methsuximide cap 300 mg	4	
<i>clobazam suspension 2.5 mg/ml</i>	2	PA (>=65 yr), QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
DEPAKOTE - divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	4	
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg, 500 mg	4	
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	4	
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>	2	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	4	
DILANTIN INFATABS - phenytoin chew tab 50 mg	4	
DILANTIN-125 - phenytoin susp 125 mg/5ml	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 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>divalproex sodium tab delayed release 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>	2	
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg, 600 mg</i>	2	
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>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	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)
KEPPRA - levetiracetam oral soln 100 mg/ml	4	
KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg	4	
KEPPRA - levetiracetam tab 1000 mg	5	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
LAMICTAL - lamotrigine tab 25 mg	4	
LAMICTAL - lamotrigine tab 100 mg, 150 mg, 200 mg	5	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 5 mg	4	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 25 mg	5	
LAMICTAL STARTER/TAKING VALPROATE - lamotrigine tab 35 x 25 mg starter kit	4	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i>	2	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	2	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 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
LIBERVANT - diazepam buccal film 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	5	QL (10 films/30 days)
LYRICA - pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	4	QL (90 capsules/30 days)
LYRICA - pregabalin cap 225 mg, 300 mg	4	QL (60 capsules/30 days)
LYRICA - pregabalin soln 20 mg/ml	4	QL (900 mls/30 days)
<i>methsuximide cap 300 mg</i>	2	
MYSOLINE - primidone tab 50 mg, 250 mg	5	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
NEURONTIN - gabapentin cap 100 mg	4	QL (1080 capsules/30 days)
NEURONTIN - gabapentin cap 300 mg	4	QL (360 capsules/30 days)
NEURONTIN - gabapentin cap 400 mg	4	QL (270 capsules/30 days)
NEURONTIN - gabapentin oral soln 250 mg/5ml	4	QL (2160 mls/30 days)
NEURONTIN - gabapentin tab 600 mg	5	QL (180 tablets/30 days)
NEURONTIN - gabapentin tab 800 mg	5	QL (135 tablets/30 days)
ONFI - clobazam suspension 2.5 mg/ml	5	PA (>=65 yr), QL (480 mls/30 days)
ONFI - clobazam tab 10 mg, 20 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml#</i>	2	
<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>	2	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	2	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	2	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>	2	
<i>rufinamide tab 400 mg</i>	5	
SABRIL - vigabatrin powd pack 500 mg*	5	QL (180 packets/30 days)
SABRIL - vigabatrin tab 500 mg*	5	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
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>	1	
<i>subvenite starter kit/blue - lamotrigine tab 35 x 25 mg starter kit</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)
TEGRETOL - carbamazepine susp 100 mg/5ml	4	
TEGRETOL - carbamazepine tab 200 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	4	
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	2	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	5	
TRILEPTAL - oxcarbazepine tab 150 mg, 300 mg	4	
TRILEPTAL - oxcarbazepine tab 600 mg	5	
<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)
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>vigoder - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
VIMPAT - lacosamide oral solution 10 mg/ml	5	
VIMPAT - lacosamide tab 50 mg	4	
VIMPAT - lacosamide tab 100 mg, 150 mg, 200 mg	5	
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	

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI - cenobamate tab 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	
ZARONTIN - ethosuximide cap 250 mg	4	
ZONEGRAN - zonisamide cap 25 mg	4	
ZONEGRAN - zonisamide cap 100 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)
Antidementia Agents		
ADLARITY - donepezil hydrochloride td patch weekly 5 mg/day, 10 mg/day	4	
ARICEPT - donepezil hydrochloride tab 5 mg, 10 mg	4	
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg</i>	1	
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	4	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i>	2	
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>	2	PA (<=29 yr)
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA (<=29 yr)
<i>memantine hcl tab 5 mg, 10 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	PA (<=29 yr)
NAMENDA TITRATION PAK - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	4	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>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	2	
Antidepressants		
<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>	2	
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)

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Drug Name	Drug Tier	Requirements/Limits
CELEXA - citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)	4	QL (45 tablets/30 days)
CELEXA - citalopram hydrobromide tab 40 mg (base equiv)	4	QL (30 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	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>	2	
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 30 mg (base eq)	4	QL (90 capsules/30 days)
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</i>	2	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>	2	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq), 40 mg (base eq), 60 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
<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)
EFFEXOR XR - venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	4	QL (60 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 75 mg (base equivalent)	4	QL (90 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 150 mg (base equivalent)	4	QL (30 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>	2	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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 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>	2	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg</i>	2	QL (90 tablets/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)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	
LEXAPRO - escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)	4	QL (45 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 20 mg (base equiv)	4	QL (30 tablets/30 days)
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>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tablets/30 days)
NARDIL - phenelzine sulfate tab 15 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 250 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg, 150 mg, 200 mg	3	
NORPRAMIN - desipramine hcl tab 10 mg, 25 mg#	4	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	2	
PARNATE - tranylcypromine sulfate tab 10 mg	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)#</i>	2	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg#</i>	2	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)
PAXIL - paroxetine hcl oral susp 10 mg/5ml (base equiv)#	4	QL (900 mls/30 days)
PAXIL - paroxetine hcl tab 10 mg, 40 mg#	4	QL (45 tablets/30 days)
PAXIL - paroxetine hcl tab 20 mg#	4	QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 30 mg#	4	QL (60 tablets/30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	
PRISTIQ - desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	4	QL (30 tablets/30 days)
<i>protriptyline hcl tab 5 mg, 10 mg#</i>	2	
PROZAC - fluoxetine hcl cap 10 mg	4	QL (90 capsules/30 days)
PROZAC - fluoxetine hcl cap 20 mg	4	QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROZAC - fluoxetine hcl cap 40 mg	5	QL (60 capsules/30 days)
REMERON - mirtazapine tab 15 mg	4	QL (45 tablets/30 days)
REMERON - mirtazapine tab 30 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	4	QL (30 tablets/30 days)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	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>	2	
<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>	2	
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>	1	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)
VIIBRYD - vilazodone hcl tab 10 mg, 20 mg, 40 mg	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	2	QL (30 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 100 mg	4	QL (90 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 150 mg, 200 mg	4	QL (60 tablets/30 days)
WELLBUTRIN XL - bupropion hcl tab er 24hr 150 mg	5	QL (90 tablets/30 days)
WELLBUTRIN XL - bupropion hcl tab er 24hr 300 mg	5	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml	4	QL (300 mls/30 days)
ZOLOFT - sertraline hcl tab 25 mg, 50 mg	4	QL (45 tablets/30 days)
ZOLOFT - sertraline hcl tab 100 mg	4	QL (60 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	2	BD
<i>chlorpromazine hcl conc 100 mg/ml</i>	2	PA (>=65 yr)
<i>chlorpromazine hcl conc 30 mg/ml</i>	2	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (>=65 yr)
<i>compro - prochlorperazine suppos 25 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
dronabinol cap 2.5 mg, 5 mg, 10 mg	2	BD
EMEND - aprepitant capsule 80 mg	4	BD
EMEND TRIPACK - aprepitant capsule therapy pack 80 & 125 mg	4	BD
granisetron hcl tab 1 mg	2	BD
meclizine hcl tab 12.5 mg, 25 mg#	2	
ondansetron hcl oral soln 4 mg/5ml	2	
ondansetron hcl tab 4 mg, 8 mg	2	
ondansetron orally disintegrating tab 4 mg, 8 mg	2	
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	2	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	2	
promethazine hcl oral soln 6.25 mg/5ml#	2	PA (>=65 yr)
promethazine hcl suppos 12.5 mg, 25 mg#	2	PA (>=65 yr)
promethazine hcl tab 12.5 mg, 25 mg, 50 mg#	2	PA (>=65 yr)
promethegan - promethazine hcl suppos 12.5 mg, 25 mg#	2	PA (>=65 yr)
scopolamine td patch 72hr 1 mg/3days#	2	PA (>=65 yr)
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
amphotericin b liposome iv for susp 50 mg	5	BD
CANCIDAS - caspofungin acetate for iv soln 50 mg, 70 mg	5	
caspofungin acetate for iv soln 50 mg, 70 mg	2	
ciclodan - ciclopirox solution 8%	2	QL (6.6 mls/30 days)
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77% (base equiv)	2	
ciclopirox olamine susp 0.77% (base equiv)	2	
ciclopirox shampoo 1%	2	
ciclopirox solution 8%	2	QL (6.6 mls/30 days)
clotrimazole cream 1%	2	
clotrimazole soln 1%	2	
clotrimazole troche 10 mg	2	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg), 186 mg (isavuconazole 100 mg)	5	PA
DIFLUCAN - fluconazole for susp 40 mg/ml	4	
DIFLUCAN - fluconazole tab 100 mg, 200 mg	4	
econazole nitrate cream 1%	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>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>	2	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>flucytosine cap 250 mg, 500 mg</i>	5	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	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	
LOPROX SHAMPOO - ciclopirox shampoo 1%	4	
<i>micafungin sodium for iv soln 50 mg, 100 mg</i>	2	
MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 50 mg/50ml, 100 mg/100ml	4	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
NOXAFIL - posaconazole tab delayed release 100 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>	2	PA
<i>posaconazole susp 40 mg/ml</i>	5	PA
<i>posaconazole tab delayed release 100 mg</i>	5	PA
SPORANOX - itraconazole cap 100 mg	5	QL (120 capsules/30 days)
<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>	2	
VFEND IV - voriconazole for inj 200 mg	4	PA
<i>voriconazole for inj 200 mg</i>	2	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg, 200 mg</i>	2	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
Antigout Agents		
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
COLCRYS - colchicine tab 0.6 mg	4	
<i>probenecid tab 500 mg</i>	2	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
IMITREX - sumatriptan succinate tab 25 mg, 50 mg, 100 mg	4	QL (18 tablets/30 days), ST
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL (12 doses/30 days)
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 6 mg/0.5ml	5	QL (12 doses/30 days)
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL (12 doses/30 days), ST
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 6 mg/0.5ml	5	QL (12 doses/30 days), ST
MAXALT - rizatriptan benzoate tab 10 mg (base equivalent)	4	QL (18 tablets/30 days), ST
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	4	QL (18 tablets/30 days), ST
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	5	PA, QL (8 mls/28 days)
<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>	2	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>	2	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (12 doses/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	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)
<i>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg</i>	2	QL (12 tablets/30 days)
Antimyasthenic Agents		
MESTINON - pyridostigmine bromide oral soln 60 mg/5ml	5	
MESTINON - pyridostigmine bromide tab 60 mg	5	
MESTINON TIMESPAN - pyridostigmine bromide tab er 180 mg	5	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
Antimycobacterials		
<i>cycloserine cap 250 mg</i>	5	
<i>dapsone tab 25 mg, 100 mg</i>	2	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYCOBUTIN - rifabutin cap 150 mg	4	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg, 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
<i>abiraterone acetate tab 250 mg†</i>	5	PA, QL (120 tablets/30 days)
AFINITOR - everolimus tab 2.5 mg, 7.5 mg, 10 mg†	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg, 5 mg	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	1	
ARIMIDEX - anastrozole tab 1 mg	5	
AROMASIN - exemestane tab 25 mg	5	
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)
CASODEX - bicalutamide tab 50 mg	4	
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>	2	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)

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
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>	2	
FARESTON - toremifene citrate tab 60 mg (base equivalent)	5	
FEMARA - letrozole tab 2.5 mg	4	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
<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)
GLEEVEC - imatinib mesylate tab 100 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)
GLEEVEC - imatinib mesylate tab 400 mg (base equivalent)†	5	PA, QL (60 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
HYDREA - hydroxyurea cap 500 mg	4	
<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)

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
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg*†	5	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
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)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	PA, QL (30 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 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)

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
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>	1	
<i>leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg</i>	2	
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>	2	
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)
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
NILANDRON - nilutamide tab 150 mg	5	
<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)

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
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)†	5	PA, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (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)
TAGRISSO - 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	
TARGRETIN - bexarotene cap 75 mg†	5	PA
TARGRETIN - bexarotene gel 1%	5	PA
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 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg, 420 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<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)
TYKERB - lapatinib ditosylate tab 250 mg (base equiv)*	5	PA, QL (180 tablets/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)
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)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)*†	5	PA, QL (120 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
Antiparasitics		
<i>albendazole tab 200 mg</i>	2	
<i>atovaquone susp 750 mg/5ml</i>	2	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	4	
BILTRICIDE - praziquantel tab 600 mg	4	
<i>chloroquine phosphate tab 250 mg, 500 mg</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
DARAPRIM - pyrimethamine tab 25 mg	5	PA
<i>hydroxychloroquine sulfate tab 100 mg, 200 mg, 300 mg, 400 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	PA
MALARONE - atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg	4	
<i>mefloquine hcl tab 250 mg</i>	2	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	4	BD
<i>nitazoxanide tab 500 mg</i>	5	QL (20 tablets/30 days)
PENTAM 300 - pentamidine isethionate for inj soln 300 mg	4	
<i>pentamidine isethionate for inj soln 300 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	BD
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	4	
<i>praziquantel tab 600 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>pyrimethamine tab 25 mg</i>	5	PA
<i>quinine sulfate cap 324 mg</i>	2	PA
STROMECTOL - ivermectin tab 3 mg	4	PA
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</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)
AZILECT - rasagiline mesylate tab 0.5 mg (base equiv)	4	
AZILECT - rasagiline mesylate tab 1 mg (base equiv)	5	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<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>	2	
COMTAN - entacapone tab 200 mg	4	
<i>entacapone tab 200 mg</i>	2	
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>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	2	
<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>	2	
<i>ropinirole hydrochloride tab 0.25 mg, 1 mg, 3 mg, 5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg, 2 mg, 4 mg</i>	1	
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>	2	
<i>selegiline hcl tab 5 mg</i>	2	
SINEMET - carbidopa & levodopa tab 10-100 mg, 25-100 mg	4	
TASMAR - tolcapone tab 100 mg	5	
<i>tolcapone tab 100 mg</i>	5	
<i>trihexyphenidyl hcl tab 2 mg, 5 mg#</i>	2	PA (>=65 yr)
Antipsychotics		
ABILIFY - aripiprazole tab 2 mg, 5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
ABILIFY - aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)

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Drug Name	Drug Tier	Requirements/Limits
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>	2	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	2	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>	2	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>	2	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	2	PA (>=65 yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	2	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>	2	PA (>=65 yr), QL (120 tablets/30 days)
CLOZARIL - clozapine tab 25 mg, 50 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
CLOZARIL - clozapine tab 100 mg	5	PA (>=65 yr), QL (270 tablets/30 days)
CLOZARIL - clozapine tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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>	2	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	3	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
GEODON - ziprasidone hcl cap 20 mg, 40 mg	5	PA (>=65 yr), QL (90 capsules/30 days)
GEODON - ziprasidone hcl cap 60 mg, 80 mg	5	PA (>=65 yr), QL (60 capsules/30 days)
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	4	PA (>=65 yr), QL (60 vials/30 days)
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	4	PA (>=65 yr)
HALDOL DECANOATE 50 - haloperidol decanoate im soln 50 mg/ml	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>	2	PA (>=65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	2	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 - paliperidone tab er 24hr 3 mg, 9 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 6 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 days)
LATUDA - lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	PA (>=65 yr), QL (60 tablets/30 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>	2	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tab 80 mg</i>	2	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>	2	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 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>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozone tab 1 mg, 2 mg	4	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	3	PA (>=65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 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)
RISPERDAL - risperidone soln 1 mg/ml	4	PA (>=65 yr), QL (480 mls/30 days)
RISPERDAL - risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg	4	PA (>=65 yr), QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL - risperidone tab 4 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	2	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	1	QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
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)
SEROQUEL - quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 300 mg, 400 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 150 mg, 200 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	2	PA (>=65 yr)
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	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)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	2	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	2	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA - olanzapine for im inj 10 mg	4	PA (>=65 yr), QL (90 vials/30 days)
ZYPREXA - olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 15 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 20 mg	5	PA (>=65 yr), QL (30 tablets/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)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg, 10 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 15 mg, 20 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
Antispasticity Agents		
<i>baclofen tab 5 mg, 10 mg, 20 mg</i>	2	
DANTRIUM - dantrolene sodium cap 25 mg	4	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	2	
<i>tizanidine hcl cap 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)</i>	1	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir oint 5%</i>	2	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	BD
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg, 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</i>	2	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BARACLUDE - entecavir tab 0.5 mg, 1 mg	5	
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- rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	5	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5	QL (30 tablets/30 days)
<i>efavirenz tab 600 mg</i>	2	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>	2	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>	2	QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	2	
EPIVIR - lamivudine oral soln 10 mg/ml	4	QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	4	QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	4	QL (30 tablets/30 days)
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
<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>	2	
<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)

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
GENVOYA - elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	5	QL (60 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)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	QL (120 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	2	
<i>lamivudine tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium tab 700 mg (base equiv)	5	QL (120 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>	2	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<i>nevirapine susp 50 mg/5ml</i>	2	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	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)
NORVIR - ritonavir tab 100 mg	4	QL (360 tablets/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>	2	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	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)

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
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)
PREZISTA - darunavir tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	5	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
RETROVIR - zidovudine cap 100 mg	4	QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	5	QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	2	
<i>ribavirin tab 200 mg</i>	2	
<i>ritonavir tab 100 mg</i>	2	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, 150 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5	QL (120 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate cap 30 mg (base equiv)	4	QL (168 capsules/365 days)
TAMIFLU - oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	4	QL (84 capsules/365 days)
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv)	4	QL (1080 mls/365 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	4	QL (240 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY - dolutegravir sodium tab 25 mg (base equiv), 50 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5	QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	5	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	2	
VALCYTE - valganciclovir hcl for soln 50 mg/ml (base equiv)	5	
VALCYTE - valganciclovir hcl tab 450 mg (base equivalent)	5	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
VALTREX - valacyclovir hcl tab 500 mg, 1 gm	4	
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, 300 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
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	4	QL (960 mls/30 days)
<i>zidovudine cap 100 mg</i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	2	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
ZOVIRAX - acyclovir oint 5%	4	PA
Anxiolytics		
<i>alprazolam tab er 24hr 0.5 mg, 1 mg</i>	2	QL (30 tablets/30 days)
<i>alprazolam tab er 24hr 2 mg</i>	2	QL (150 tablets/30 days)
<i>alprazolam tab er 24hr 3 mg</i>	2	QL (90 tablets/30 days)
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tablets/30 days)
<i>alprazolam xr - alprazolam tab er 24hr 0.5 mg, 1 mg</i>	2	QL (30 tablets/30 days)
<i>alprazolam xr - alprazolam tab er 24hr 2 mg</i>	2	QL (150 tablets/30 days)
<i>alprazolam xr - alprazolam tab er 24hr 3 mg</i>	2	QL (90 tablets/30 days)
<i>bupirone hcl tab 5 mg, 10 mg, 15 mg, 30 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>bupirone hcl tab 7.5 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg, 10 mg</i>	2	PA (>=65 yr), QL (120 capsules/30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	2	PA (>=65 yr), QL (360 capsules/30 days)
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	PA (>=65 yr), QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	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)
<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>	1	PA (>=65 yr), QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	2	PA (>=65 yr)
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine pamoate cap 100 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine pamoate cap 25 mg, 50 mg#</i>	2	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>	1	PA (>=65 yr), QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	1	PA (>=65 yr), QL (150 tablets/30 days)
<i>oxazepam cap 10 mg, 15 mg, 30 mg</i>	2	PA (>=65 yr), QL (120 capsules/30 days)
Bipolar Agents		
<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	

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>lithium carbonate tab 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
LITHOBID - lithium carbonate tab er 300 mg	4	
Blood Glucose Regulators		
<i>acarbose tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	2	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 15 mg (base equiv)	4	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)	4	QL (30 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>	2	
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)
GLIPIZIDE - glipizide tab 2.5 mg	4	QL (480 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>	1	QL (120 tablets/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	2	QL (4 kits/30 days)
<i>glucagon hcl for inj 1 mg</i>	2	QL (4 kits/30 days)
GLUCOTROL XL - glipizide tab er 24hr 5 mg	4	QL (120 tablets/30 days)
GLUCOTROL XL - glipizide tab er 24hr 10 mg	4	QL (60 tablets/30 days)
<i>glyburide micronized tab 1.5 mg#</i>	2	QL (240 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

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
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)
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)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 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)
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)

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 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)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 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>	2	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	2	QL (90 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml	5	
<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)
<i>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv)</i>	2	QL (30 tablets/30 days)
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	2	QL (60 tablets/30 days)
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg</i>	2	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)
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)

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
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)
Blood Products and Modifiers		
AGRYLIN - anagrelide hcl cap 0.5 mg	4	
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	2	
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>	2	
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>	2	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	QL (120 capsules/30 days)
<i>dipyridamole tab 25 mg, 50 mg, 75 mg#</i>	2	
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>	2	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	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)
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

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>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	2	
<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
LOVENOX - enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 120 mg/0.8ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj soln pref syr 100 mg/ml, 150 mg/ml	5	QL (30 syringes/90 days)
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
PLAVIX - clopidogrel bisulfate tab 75 mg (base equiv)	4	
<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</i>	2	
PROCRT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	4	PA
PROCRT - 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
<i>tranexamic acid tab 650 mg</i>	2	
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
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4	
Cardiovascular Agents		
<i>acebutolol hcl cap 200 mg, 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg, 250 mg</i>	2	
ALDACTONE - spironolactone tab 25 mg, 50 mg, 100 mg	4	
<i>aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)</i>	2	QL (30 tablets/30 days)
ALTACE - ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	4	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 100 mg, 200 mg, 400 mg</i>	2	
<i>amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
<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>	2	
<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>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	2	QL (30 tablets/30 days)
ATACAND - candesartan cilexetil tab 4 mg, 8 mg, 16 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 32 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	4	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	1	
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tablets/30 days)
AVALIDE - irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 75 mg, 150 mg, 300 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	4	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
BENICAR - olmesartan medoxomil tab 5 mg	4	QL (60 tablets/30 days)
BENICAR - olmesartan medoxomil tab 20 mg, 40 mg	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	4	QL (30 tablets/30 days)
<i>betaxolol hcl tab 10 mg, 20 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	2	
BYSTOLIC - nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)	4	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	1	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	1	
CARDIZEM - diltiazem hcl tab 30 mg, 60 mg, 120 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 300 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 240 mg, 360 mg	5	
CARDIZEM LA - diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
CARDURA - doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	4	QL (60 tablets/30 days)
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<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>	2	
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	2	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>	2	
COLESTID - colestipol hcl tab 1 gm	4	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</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
COREG CR - carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg	4	
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)
COZAAR - losartan potassium tab 25 mg, 50 mg	4	QL (60 tablets/30 days)
COZAAR - losartan potassium tab 100 mg	4	QL (30 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	4	QL (45 tablets/30 days), ST
CRESTOR - rosuvastatin calcium tab 40 mg	4	QL (30 tablets/30 days), ST
DEMSER - metyrosine cap 250 mg	5	
<i>digoxin oral soln 0.05 mg/ml#</i>	2	QL (150 mls/30 days)
<i>digoxin tab 62.5 mcg (0.0625 mg), 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>	2	
<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	
DIOVAN - valsartan tab 40 mg, 80 mg, 160 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 320 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	4	QL (30 tablets/30 days)
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	2	
<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 & 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)
<i>eplerenone tab 25 mg, 50 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
EXFORGE - amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - 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	4	QL (30 tablets/30 days)
<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 43 mg</i>	2	QL (60 capsules/30 days)
<i>fenofibrate micronized cap 67 mg, 130 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>	2	QL (60 capsules/30 days)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	QL (30 tablets/30 days)
<i>fosinopril sodium & 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>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	1	
<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>	2	
<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	
HYZAAR - losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	4	QL (30 tablets/30 days)
<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	
INDERAL LA - propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg	5	
INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	5	
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	5	
INSPRA - eplerenone tab 25 mg, 50 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
<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)
ISORDIL TITRADOSE - isosorbide dinitrate tab 5 mg	4	
<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>	2	
<i>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)</i>	2	PA, QL (60 tablets/30 days)
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)*	5	PA
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	
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)#	4	QL (30 tablets/30 days)
LASIX - furosemide tab 20 mg, 40 mg, 80 mg	4	
LIPITOR - atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	4	QL (45 tablets/30 days), ST
LIPITOR - atorvastatin calcium tab 80 mg (base equivalent)	4	QL (30 tablets/30 days), ST
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
LOPID - gemfibrozil tab 600 mg	4	QL (60 tablets/30 days)
LOPRESSOR - metoprolol tartrate tab 50 mg, 100 mg	4	
<i>losartan potassium & 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)
LOTENSIN - benazepril hcl tab 10 mg, 20 mg, 40 mg	4	
<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, 50 mg</i>	2	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>metoprolol & 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	2	
MICARDIS - telmisartan tab 20 mg, 40 mg, 80 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (60 tablets/30 days)
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	
<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)	3	
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)</i>	2	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</i>	2	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg, 30 mg</i>	2	
<i>nifedipine cap 10 mg, 20 mg#</i>	2	
<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>	2	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	2	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin oint 0.4%</i>	2	
<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>	2	
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	
NITROSTAT - nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	4	
NORTHERA - droxidopa cap 100 mg, 200 mg, 300 mg*	5	PA
NORVASC - amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	4	
<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>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pacerone - amiodarone hcl tab 100 mg, 200 mg, 400 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>	2	
<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>	2	
<i>prevalite - cholestyramine light powder 4 gm/dose</i>	2	
PROCARDIA XL - nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg	4	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	2	
<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>	2	
<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>	2	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg, 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg, 160 mg, 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
SULAR - nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	4	
<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	
TEKTURNA - aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	4	QL (30 tablets/30 days)
<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)
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	4	
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	4	
TENORMIN - atenolol tab 25 mg, 50 mg, 100 mg	4	
<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	

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Drug Name	Drug Tier	Requirements/Limits
TIAZAC - diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
TIKOSYN - dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	4	
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	2	
TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	4	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	1	
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	
TRIBENZOR - 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	4	QL (30 tablets/30 days)
<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)
VASERETIC - enalapril maleate & hydrochlorothiazide tab 10-25 mg	4	
VASOTEC - enalapril maleate tab 2.5 mg, 5 mg, 10 mg	4	
VASOTEC - enalapril maleate tab 20 mg	5	
<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>	2	
<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	
VERELAN - verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg, 360 mg	4	
VERELAN PM - verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg	4	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VYTORIN - ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	4	QL (30 tablets/30 days), ST
ZESTORETIC - lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	4	
ZESTRIL - lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	4	
ZETIA - ezetimibe tab 10 mg	4	QL (30 tablets/30 days)
ZOCOR - simvastatin tab 10 mg, 40 mg	4	QL (45 tablets/30 days), ST
ZOCOR - simvastatin tab 20 mg	4	QL (60 tablets/30 days), ST
Central Nervous System Agents		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tablets/30 days)
AMPYRA - dalfampridine tab er 12hr 10 mg*†	5	PA
<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	2	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*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (60 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)
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>	2	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>	2	PA
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 10 mg	5	QL (120 capsules/30 days)
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	2	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>	2	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 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)
FOCALIN - dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	4	PA, QL (60 tablets/30 days)
GILENYA - fingolimod hcl cap 0.5 mg (base equiv)	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>	2	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>	2	QL (30 capsules/30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	PA, QL (450 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	PA, QL (900 mls/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	2	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
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>	2	
RITALIN - methylphenidate hcl tab 5 mg, 10 mg, 20 mg	4	PA, QL (90 tablets/30 days)
STRATTERA - atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)	4	QL (30 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg, 240 mg	5	PA, 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
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	QL (30 capsules/30 days)
XENAZINE - tetrabenazine tab 12.5 mg	5	PA, QL (240 tablets/30 days)
XENAZINE - tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 10 mg</i>	2	QL (180 tablets/30 days)
Dental and Oral Agents		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>kourzeq - triamcinolone acetonide dental paste 0.1%</i>	2	
<i>oralone dental paste - triamcinolone acetonide dental paste 0.1%</i>	2	
<i>periogard - chlorhexidine gluconate soln 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	2	
SALAGEN - pilocarpine hcl tab 5 mg, 7.5 mg	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
Dermatological Agents		
<i>accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	2	
<i>ala-cort - hydrocortisone cream 1%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120 grams/30 days)
<i>amnesteam - isotretinoin cap 10 mg, 20 mg, 40 mg</i>	2	
<i>azelaic acid gel 15%</i>	2	
AZELEX - azelaic acid cream 20%	4	
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	2	QL (135 grams/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	2	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	2	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	QL (120 mls/30 days)
<i>calcitrene - calcipotriene oint 0.005%</i>	2	QL (120 grams/30 days)
<i>claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	
<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>	2	QL (210 grams/28 days)
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate foam 0.05%</i>	2	QL (200 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	2	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>	2	QL (236 mls/30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	
<i>desonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	2	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	2	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%, 0.25%</i>	2	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	2	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	2	QL (120 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	2	PA
<i>DIPROLENE - betamethasone dipropionate augmented oint 0.05%</i>	4	QL (200 grams/28 days)
<i>doxepin hcl cream 5%</i>	2	PA
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	2	
<i>EFUDEX - fluorouracil cream 5%</i>	3	
<i>ELIDEL - pimecrolimus cream 1%</i>	4	PA
<i>FINACEA - azelaic acid foam 15%</i>	3	
<i>FINACEA - azelaic acid gel 15%</i>	4	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	2	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)</i>	2	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide cream 0.1%</i>	2	QL (240 grams/28 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 cream 5%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<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>	2	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	2	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>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	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>	2	
<i>ivermectin cream 1%</i>	2	PA
KLARON - sulfacetamide sodium lotion 10% (acne)	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
LOCOID LIPOCREAM - hydrocortisone butyrate hydrophilic lipo base cream 0.1%	4	QL (135 grams/30 days)
<i>malathion lotion 0.5%</i>	2	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
METROCREAM - metronidazole cream 0.75%	4	

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Drug Name	Drug Tier	Requirements/Limits
METROGEL - metronidazole gel 1%	4	
METROLOTION - metronidazole lotion 0.75%	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<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 calcium cream 2%</i>	2	QL (30 grams/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>neuac - clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	3	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 20 mg	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
OVIDE - malathion lotion 0.5%	4	
<i>permethrin cream 5%</i>	2	
<i>pimecrolimus cream 1%</i>	2	PA
<i>podofilox soln 0.5%</i>	2	
PRUDOXIN - doxepin hcl cream 5%	4	PA
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
RETIN-A - tretinoin cream 0.025%, 0.05%, 0.1%	4	PA
RETIN-A - tretinoin gel 0.01%, 0.025%	4	PA
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
SILVADENE - silver sulfadiazine cream 1%	4	
<i>silver sulfadiazine cream 1%</i>	2	
SOOLANTRA - ivermectin cream 1%	4	PA
<i>ssd - silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	PA
<i>tazarotene cream 0.1%</i>	2	PA
<i>tazarotene gel 0.05%, 0.1%</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
TAZORAC - tazarotene cream 0.05%	4	PA
TAZORAC - tazarotene gel 0.05%, 0.1%	4	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%</i>	2	PA
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 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>	2	
ZONALON - doxepin hcl cream 5%	4	PA
Electrolytes/Minerals/Metals/Vitamins		
CARBAGLU - carglumic acid soluble tab 200 mg*	5	PA
<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>	2	PA
<i>deferasirox tab 180 mg, 360 mg†</i>	5	PA
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%, 0.9%</i>	2	
EXJADE - deferasirox tab for oral susp 125 mg, 250 mg, 500 mg*†	5	PA
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
JADENU - deferasirox tab 90 mg, 180 mg, 360 mg*†	5	PA
JADENU SPRINKLE - deferasirox granules packet 90 mg, 180 mg, 360 mg*†	5	PA
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>kionex - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i>	2	
<i>klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq</i>	2	
<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i>	2	
<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>klor-con 10 - potassium chloride tab er 10 meq</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
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>	2	
<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>	2	
<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>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	3	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	2	
SAMSCA - tolvaptan tab 15 mg, 30 mg	5	PA
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	2	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
SYPRINE - trientine hcl cap 250 mg†	5	PA, QL (240 capsules/30 days)
<i>tolvaptan tab 15 mg, 30 mg</i>	5	PA
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg†</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	3	
Gastrointestinal Agents		
<i>aloseptron hcl tab 0.5 mg (base equiv)</i>	2	PA, QL (60 tablets/30 days)
<i>aloseptron hcl tab 1 mg (base equiv)</i>	5	PA, QL (60 tablets/30 days)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
CARAFATE - sucralfate susp 1 gm/10ml	4	
CARAFATE - sucralfate tab 1 gm	4	
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>constulose - lactulose solution 10 gm/15ml</i>	2	
CYTOTEC - misoprostol tab 100 mcg, 200 mcg	4	
<i>dicyclomine hcl cap 10 mg#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	2	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>	2	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>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg</i>	2	QL (30 packets/30 days)
<i>famotidine for susp 40 mg/5ml</i>	2	
<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	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	4	
<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	
LOTRONEX - alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	5	PA, QL (60 tablets/30 days)
<i>lubiprostone cap 8 mcg</i>	2	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	2	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg, 5 mg#</i>	2	
<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>	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
MOVANTI ^K - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	QL (30 tablets/30 days)
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NEXIUM - esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)	4	QL (30 capsules/30 days), ST
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg	4	QL (30 packets/30 days), ST
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	QL (30 packets/30 days)
NIZATIDINE - nizatidine cap 150 mg	4	
<i>nizatidine cap 300 mg</i>	2	
OCALIVA - 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)
<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/electrolytes/ascorbate - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	
<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>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	
PREVACID - lansoprazole cap delayed release 30 mg	4	QL (30 capsules/30 days), ST
PROTONIX - pantoprazole sodium ec tab 20 mg (base equiv)	4	QL (30 tablets/30 days), ST
PROTONIX - pantoprazole sodium ec tab 40 mg (base equiv)	4	QL (60 tablets/30 days), ST
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
REGLAN - metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	4	
RELISTOR - methylalntrexone bromide inj 8 mg/0.4ml (20 mg/ml)	5	PA, QL (30 syringes/30 days)
RELISTOR - methylalntrexone bromide inj 12 mg/0.6ml (20 mg/ml)	5	PA, QL (18 mls/30 days)
RELISTOR - methylalntrexone bromide tab 150 mg	5	PA, QL (90 tablets/30 days)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
<i>sucrafate susp 1 gm/10ml</i>	2	
<i>sucrafate tab 1 gm</i>	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	

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Drug Name	Drug Tier	Requirements/Limits
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg, 500 mg</i>	2	
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)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine powder for oral solution</i>	5	
BUPHENYL - sodium phenylbutyrate tab 500 mg	5	PA
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	4	
CARNITOR - levocarnitine tab 330 mg	4	
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	4	
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>	2	
CRYSVITA - burosumab-twza inj 10 mg/ml, 20 mg/ml, 30 mg/ml	5	PA
CYSTADANE - betaine powder for oral solution	5	
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
KUVAN - sapropterin dihydrochloride powder packet 100 mg, 500 mg*†	5	PA
KUVAN - sapropterin dihydrochloride tab 100 mg*†	5	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine tab 330 mg</i>	2	
<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 cap 2 mg, 5 mg, 10 mg, 20 mg*	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

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 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)
VYNDAREL - 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)
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL (30 tablets/30 days)
AVODART - dutasteride cap 0.5 mg	4	QL (30 capsules/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>	2	QL (30 tablets/30 days)
DEPEN TITRATABS - penicillamine tab 250 mg	5	
DETROL - tolterodine tartrate tab 1 mg, 2 mg	4	QL (60 tablets/30 days), ST
DETROL LA - tolterodine tartrate cap er 24hr 2 mg, 4 mg	4	QL (30 capsules/30 days), ST
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 capsules/30 days)
<i>fesoterodine fumarate tab er 24hr 4 mg, 8 mg</i>	2	QL (30 tablets/30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tablets/30 days)
FLOMAX - tamsulosin hcl cap 0.4 mg	4	QL (60 capsules/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)

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine tab 250 mg</i>	5	
PROSCAR - finasteride tab 5 mg	4	QL (30 tablets/30 days)
RAPAFLO - silodosin cap 4 mg, 8 mg	4	QL (30 capsules/30 days)
<i>silodosin cap 4 mg, 8 mg</i>	2	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>	2	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>	2	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg, 2 mg</i>	2	QL (60 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg, 8 mg	4	QL (30 tablets/30 days), ST
<i>tropium chloride cap er 24hr 60 mg</i>	2	QL (30 capsules/30 days)
<i>tropium chloride tab 20 mg</i>	2	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
ACTHAR GEL - corticotropin subcutaneous gel auto-injector 40 unit/0.5ml, 80 unit/ml	5	PA
CORTEF - hydrocortisone tab 5 mg, 10 mg, 20 mg	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hidex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	2	
MEDROL - methylprednisolone tab 4 mg, 8 mg, 16 mg	4	
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	4	
<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	

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>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	1	
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	1	
<i>taperdex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
DDAVP - desmopressin acetate tab 0.1 mg, 0.2 mg	4	
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg, 0.2 mg</i>	2	
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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>amethia - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
ANDROGEL PUMP - testosterone td gel 20.25 mg/act (1.62%)	4	PA, QL (2 pump bottles/30 days)
<i>apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	2	
<i>aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	2	
<i>aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>camila - norethindrone tab 0.35 mg</i>	2	
<i>camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	
<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	2	PA
<i>dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>deblitane - norethindrone tab 0.35 mg</i>	2	
<i>delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp 150 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
<i>depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml	2	PA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
DIVIGEL - 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	
dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
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#	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	2	
emzahn - norethindrone tab 0.35 mg	2	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
errin - norethindrone tab 0.35 mg	2	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	2	
ESTRACE - estradiol vaginal cream 0.1 mg/gm	4	
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg#	2	
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%)#	2	
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#	2	
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#	2	
estradiol vaginal cream 0.1 mg/gm	2	
estradiol vaginal tab 10 mcg	2	
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml	2	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
EVISTA - raloxifene hcl tab 60 mg	4	
<i>falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>fyavolv - norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg#</i>	2	
<i>gemmily - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	2	
<i>hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	2	
<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>heather - norethindrone tab 0.35 mg</i>	2	
<i>iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>incassia - norethindrone tab 0.35 mg</i>	2	
<i>introvale - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>jaimiess - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>jencycla - norethindrone tab 0.35 mg</i>	2	
<i>jinteli - norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg#</i>	2	
<i>jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	2	
<i>kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</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>kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg</i>	2	
<i>larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	2	
<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	2	
<i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 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>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i>	2	
<i>lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>lyleq - norethindrone tab 0.35 mg</i>	2	
<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>	2	
<i>lyza - norethindrone tab 0.35 mg</i>	2	
<i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	2	
<i>megestrol acetate tab 20 mg, 40 mg#</i>	2	
<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>	2	
<i>methyltestosterone cap 10 mg</i>	5	PA
<i>microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#</i>	2	
<i>mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg</i>	2	
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>nora-be - norethindrone tab 0.35 mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</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>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg#</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<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>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<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>	2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc - norethindrone tab 0.35 mg</i>	2	
<i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	
<i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	4	
<i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>nymyo - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
<i>philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>pimtreea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	3	
<i>progesterone cap 100 mg, 200 mg</i>	2	
PROVERA - medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl tab 60 mg</i>	2	
<i>reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>sharobel - norethindrone tab 0.35 mg</i>	2	
<i>simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
<i>tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	2	
<i>taysofy - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i>	2	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	PA, QL (2 pump bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	2	PA, QL (2 pump bottles/30 days)
<i>tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</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>tri-lo-sprintec - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	2	
<i>tri-mili - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	2	
<i>tri-nymyo - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	2	
<i>tri-sprintec - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	2	
<i>tri-vylibra - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	2	
<i>tri-vylibra lo - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	2	
<i>trivora-28 - levonorgestrel-eth estra tab</i> 0.05-30/0.075-40/0.125-30mg-mcg	2	
<i>turqoz - norgestrel & ethinyl estradiol tab</i> 0.3 mg-30 mcg	2	
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	
<i>tydemy - drospirenone-ethinyl estrad-levomefolate tab</i> 3-0.03-0.451 mg#	2	
VAGIFEM - estradiol vaginal tab 10 mcg	4	
<i>velivet - desogest-ethin est tab</i> 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2	
<i>vestura - drospirenone-ethinyl estradiol tab</i> 3-0.02 mg	2	
<i>vienva - levonorgestrel & ethinyl estradiol tab</i> 0.1 mg-20 mcg	2	
<i>viorele - desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	2	
<i>volnea - desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	2	
<i>vyfemla - norethindrone & ethinyl estradiol tab</i> 0.4 mg-35 mcg	2	
<i>vylibra - norgestimate & ethinyl estradiol tab</i> 0.25 mg-35 mcg	2	
<i>wera - norethindrone & ethinyl estradiol tab</i> 0.5 mg-35 mcg	2	
<i>wymzya fe - norethindrone & ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg	2	
<i>xulane - norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	2	
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg#	4	
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
<i>yuvaferm - estradiol vaginal tab</i> 10 mcg	2	
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	2	
<i>zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab</i> 1mg-35 mcg	2	
<i>zumandimine - drospirenone-ethinyl estradiol tab</i> 3-0.03 mg#	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL - liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	1	
<i>levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	2	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
TIROSINT - levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	4	
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	4	
<i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline tab 0.5 mg</i>	2	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	5	PA
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	5	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	5	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg (base equiv), 120 mg/ vial (240 mg dose)	4	
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	5	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	2	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	2	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>	2	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	2	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	2	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 10 mg, 20 mg, 30 mg	5	PA
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
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg, 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
Immunological Agents		
ABRYSSVO - 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; >=50 yr)
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	4	BD

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Drug Name	Drug Tier	Requirements/Limits
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
<i>azasan - azathioprine tab 75 mg, 100 mg</i>	2	BD
<i>azathioprine tab 50 mg, 75 mg, 100 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	
CELLCEPT - mycophenolate mofetil cap 250 mg	5	BD
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	5	BD
CELLCEPT - mycophenolate mofetil tab 500 mg	5	BD
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
<i>cyclosporine cap 25 mg, 100 mg</i>	2	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	2	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DENG VAXIA - 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

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
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
ENTYVIO - vedolizumab soln pen-injector 108 mg/0.68ml	5	PA
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>	2	BD
<i>everolimus tab 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
FIRAZYR - icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	5	BD, PA
GAMMAGARD 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>	2	BD
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	2	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)

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
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
IMURAN - azathioprine tab 50 mg	4	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1	
IXCHIQ - chikungunya virus vaccine live for im solution	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
<i>leflunomide tab 10 mg, 20 mg</i>	2	
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>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</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>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>	2	BD
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD
NEORAL - cyclosporine modified cap 25 mg, 100 mg	4	BD
NEORAL - cyclosporine modified oral soln 100 mg/ml	4	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	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	1	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
PROGRAF - tacrolimus cap 0.5 mg, 1 mg	4	BD
PROGRAF - tacrolimus cap 5 mg	5	BD
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
RAPAMUNE - sirolimus oral soln 1 mg/ml	5	BD

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Drug Name	Drug Tier	Requirements/Limits
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 cap 25 mg, 100 mg	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	QL (2 vaccines/lifetime; >=18 yr)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA
<i>sirolimus oral soln 1 mg/ml</i>	4	BD
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	2	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, 5 mg</i>	2	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	1	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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	
VAXCHORA - cholera vaccine live attenuated for oral susp	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 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	
ZORTRESS - everolimus tab 0.25 mg	4	BD
ZORTRESS - everolimus tab 0.5 mg, 0.75 mg, 1 mg	5	BD
Inflammatory Bowel Disease Agents		
APRISO - mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
AZULFIDINE - sulfasalazine tab 500 mg	4	
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	4	
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
CANASA - mesalamine suppos 1000 mg	5	
COLAZAL - balsalazide disodium cap 750 mg	5	
DELZICOL - mesalamine cap dr 400 mg	4	QL (180 capsules/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
LIALDA - mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)
<i>mesalamine cap dr 400 mg</i>	2	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	2	QL (120 capsules/30 days)
<i>mesalamine cap er 500 mg</i>	2	QL (240 capsules/30 days)
<i>mesalamine enema 4 gm</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>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	2	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
PENTASA - mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
<i>proctocort - hydrocortisone perianal cream 1%</i>	1	
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
ROWASA - mesalamine rectal enema 4 gm & cleanser wipe kit	4	
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	4	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg, 70 mg</i>	1	QL (4 tablets/28 days)
ATELVIA - risedronate sodium tab delayed release 35 mg	4	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>	2	
<i>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv)</i>	2	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
FOSAMAX - alendronate sodium tab 70 mg	4	QL (4 tablets/28 days)
<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>	2	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg, 30 mg</i>	2	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
ROCALTROL - calcitriol cap 0.25 mcg, 0.5 mcg	4	
ROCALTROL - calcitriol oral soln 1 mcg/ml	4	
SENSIPAR - cinacalcet hcl tab 30 mg (base equiv)	4	PA
SENSIPAR - cinacalcet hcl tab 60 mg (base equiv), 90 mg (base equiv)	5	PA
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
Ophthalmic Agents		
ACULAR - ketorolac tromethamine ophth soln 0.5%	4	
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	4	
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%, 0.15%	3	
<i>atropine sulfate ophth soln 1%</i>	2	
<i>azelastine hcl ophth soln 0.05%</i>	2	
AZOPT - brinzolamide ophth susp 1%	4	
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>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	2	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.1%</i>	3	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>bromfenac sodium ophth soln 0.07% (base equivalent), 0.09% (base equiv) (once-daily)</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
COSOPT - dorzolamide hcl-timolol maleate ophth soln 2-0.5%	4	
<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>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
DUREZOL - difluprednate ophth emulsion 0.05%	4	
<i>epinastine hcl ophth soln 0.05%</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>erythromycin ophth oint 5 mg/gm</i>	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
FML LIQUIFILM - fluorometholone ophth susp 0.1%	4	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
ISTALOL - timolol maleate ophth soln 0.5% (once-daily)	4	
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	4	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i>	2	
NATACYN - natamycin ophth susp 5%	4	
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
OCUFLOX - ofloxacin ophth soln 0.3%	4	
<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	
PRED FORTE - prednisolone acetate ophth susp 1%	4	
PRED MILD - prednisolone acetate ophth susp 0.12%	4	
<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)

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
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 in ocudose - timolol maleate preservative free ophth soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%, 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate preservative free ophth soln 0.25%, 0.5%</i>	2	
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.25%, 0.5%	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>	2	
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	4	QL (15 mls/75 days)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
VIGAMOX - moxifloxacin hcl ophth soln 0.5% (base equiv)	4	
XDEMVIY - lotilaner ophth soln 0.25%	5	PA
Otic Agents		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</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>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
ACCOLATE - zafirlukast tab 10 mg, 20 mg	4	
<i>acetylcysteine inhal soln 10%, 20%</i>	2	BD
ADCIRCA - tadalafil tab 20 mg (pah)	5	PA, QL (60 tablets/30 days)
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	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>	2	
<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>	2	QL (1 inhaler/30 days)
<i>breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	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>	2	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	2	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	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA (>=65 yr)

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

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	BD
<i>cyproheptadine hcl syrup 2 mg/5ml#</i>	2	PA (>=65 yr)
<i>cyproheptadine hcl tab 4 mg#</i>	2	PA (>=65 yr)
DALIRESP - roflumilast tab 250 mcg, 500 mcg	4	PA, QL (30 tablets/30 days)
<i>desloratadine tab 5 mg</i>	2	
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)	2	
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>	2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	2	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
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>	2	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>	2	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

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
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)
LETAIRIS - ambrisentan tab 5 mg, 10 mg*	5	PA, QL (30 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	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>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
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>	2	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir (index of reactivity)	4	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)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	4	QL (2 canisters/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
<i>roflumilast tab 250 mcg, 500 mcg</i>	2	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>	2	PA, QL (90 tablets/30 days)
SINGULAIR - montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)	4	
SINGULAIR - montelukast sodium oral granules packet 4 mg (base equiv)	4	
SINGULAIR - montelukast sodium tab 10 mg (base equiv)	4	
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	4	QL (30 capsules/30 days), ST
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	2	
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	4	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	2	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)
TRACLEER - bosentan tab 62.5 mg, 125 mg*	5	PA, QL (60 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)
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>	2	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	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>	2	
Skeletal Muscle Relaxants		
<i>carisoprodol tab 350 mg#</i>	2	
<i>chlorzoxazone tab 500 mg#</i>	2	
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	2	
<i>methocarbamol tab 500 mg, 750 mg#</i>	2	
Sleep Disorder Agents		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	2	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)

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>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)</i>	2	QL (30 tablets/30 days)
<i>eszopiclone tab 1 mg, 2 mg, 3 mg#</i>	2	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/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>	2	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 50 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 150 mg, 200 mg, 250 mg	5	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	2	QL (30 tablets/30 days)
ROZEREM - ramelteon tab 8 mg	4	QL (30 tablets/30 days)
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	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>	1	QL (30 capsules/30 days)
<i>zaleplon cap 5 mg#</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab er 6.25 mg, 12.5 mg#</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	2	QL (30 tablets/30 days)

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<i>mg</i>	49	<i>anastrozole tab 1 mg</i>	23
<i>amlodipine besylate-olmesartan medoxomil tab 5-20</i>		ANDROGEL PUMP.....	71
<i>mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	49	ANORO ELLIPTA.....	92
<i>amlodipine besylate tab 2.5 mg (base equivalent),</i>		APOKYN.....	30
<i>5 mg (base equivalent), 10 mg (base</i>		<i>apomorphine hcl soln cartridge 30</i>	
<i>equivalent)</i>	49	mg/3ml.....	30
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320</i>		<i>aprepitant capsule 40 mg, 80 mg, 125</i>	
<i>mg, 10-160 mg, 10-320 mg</i>	49	mg.....	18
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>		<i>aprepitant capsule therapy pack 80 & 125</i>	
<i>5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg,</i>		mg.....	18
<i>10-160-25 mg, 10-320-25 mg</i>	49	<i>apri - desogestrel & ethinyl estradiol tab 0.15 mg-30</i>	
<i>amnesteem - isotretinoin cap 10 mg, 20 mg, 40</i>		<i>mcg</i>	71
<i>mg</i>	60	APRISO.....	87
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150</i>		APTIOM.....	11
<i>mg</i>	15	APTIVUS.....	37
AMOXICILLIN/CLAVULANATE POTASSIUM		<i>aranelle - norethindrone-eth estradiol tab</i>	
ER.....	5	0.5-35/1-35/0.5-35 mg-mcg.....	71
<i>amoxicillin (trihydrate) cap 250 mg, 500</i>		ARANESP ALBUMIN FREE.....	47
<i>mg</i>	5	ARCALYST.....	81
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	5	AREXVY.....	81
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	5	ARICEPT.....	15
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200</i>		ARIKAYCE.....	5
<i>mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	5	ARIMIDEX.....	23
<i>amoxicillin (trihydrate) tab 500 mg, 875</i>		<i>aripiprazole orally disintegrating tab 10 mg, 15</i>	
<i>mg</i>	5	mg.....	32
		<i>aripiprazole oral solution 1 mg/ml</i>	32

<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	32	ATROVENT HFA.....	92
<i>aripiprazole tab 2 mg, 5 mg</i>	32	<i>aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	71
ARISTADA.....	32	AUGTYRO.....	23
ARISTADA INITIO.....	32	<i>aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg</i>	71
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	95	<i>aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	72
ARNUITY ELLIPTA.....	92	<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	72
AROMASIN.....	23	<i>aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	71
ARTHROTEC 50.....	1	<i>aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	71
ARTHROTEC 75.....	1	AUSTEDO.....	58
<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	32	AUSTEDO XR.....	58
<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	71	AUSTEDO XR PATIENT TITRATION KIT.....	58
ASMANEX HFA.....	92	AUVELITY.....	15
ASMANEX TWISTHALER 120 METERED DOSES.....	92	AVALIDE.....	49
ASMANEX TWISTHALER 14 METERED DOSES.....	92	AVAPRO.....	49
ASMANEX TWISTHALER 30 METERED DOSES.....	92	<i>aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	72
ASMANEX TWISTHALER 60 METERED DOSES.....	92	<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	5
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	47	AVODART.....	69
ASTAGRAF XL.....	81	AVONEX.....	58
ATACAND.....	49	AVONEX PEN.....	58
ATACAND HCT.....	49	<i>ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	72
<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</i>	37	AYVAKIT.....	23
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	37	AZACTAM.....	5
ATELVIA.....	88	<i>azasan - azathioprine tab 75 mg, 100 mg</i>	82
<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	49	<i>azathioprine tab 50 mg, 75 mg, 100 mg</i>	82
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	49	<i>azelaic acid gel 15%</i>	60
ATGAM.....	82	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	92
<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i>	58	<i>azelastine hcl ophth soln 0.05%</i>	89
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	58	AZELEX.....	60
<i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)</i>	49	AZILECT.....	30
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	49	AZITHROMYCIN.....	5
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	30	<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	5
<i>atovaquone susp 750 mg/5ml</i>	30	<i>azithromycin iv for soln 500 mg</i>	5
<i>atropine sulfate ophth soln 1%</i>	89	<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	5
		AZOPT.....	89
		AZOR.....	49
		<i>aztreonam for inj 1 gm</i>	5
		<i>aztreonam for inj 2 gm</i>	5

AZULFIDINE.....	87	<i>betamethasone dipropionate lotion</i>	
AZULFIDINE EN-TABS.....	87	0.05%.....	60
azurette - desogest-eth estrad & eth estrad tab		<i>betamethasone dipropionate oint</i>	
0.15-0.02/0.01 mg(21/5).....	72	0.05%.....	60
B		<i>betamethasone valerate cream 0.1% (base</i>	
<i>bac - butalbital-acetaminophen-caffeine tab</i>		equivalent).....	61
50-325-40 mg.....	1	<i>betamethasone valerate lotion 0.1% (base</i>	
BACITRACIN.....	89	equivalent).....	61
<i>bacitracin-polymyxin b ophth oint</i>	89	<i>betamethasone valerate oint 0.1% (base</i>	
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		equivalent).....	61
1%.....	89	BETASERON.....	58
<i>baclofen tab 5 mg, 10 mg, 20 mg</i>	36	<i>betaxolol hcl ophth soln 0.5%</i>	89
BACTRIM.....	5	<i>betaxolol hcl tab 10 mg, 20 mg</i>	50
BACTRIM DS.....	5	<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50</i>	
<i>balsalazide disodium cap 750 mg</i>	87	mg.....	69
BALVERSA.....	23	BETOPTIC-S.....	89
<i>balziva - norethindrone & ethinyl estradiol tab 0.4</i>		<i>bexarotene cap 75 mg</i>	23
mg-35 mcg.....	72	<i>bexarotene gel 1%</i>	23
BANZEL.....	11	BEXSERO.....	82
BAQSIMI ONE PACK.....	42	<i>bicalutamide tab 50 mg</i>	23
BAQSIMI TWO PACK.....	42	BICILLIN L-A.....	5
BARACLUDE.....	37	BIKTARVY.....	37
BCG VACCINE.....	82	BILTRICIDE.....	30
BELBUCA.....	1	<i>bimatoprost ophth soln 0.03%</i>	89
BELSOMRA.....	95	<i>bismuth subcit-metronidazole-tetracycline cap</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg,</i>		140-125-125 mg.....	65
10-12.5 mg, 20-12.5 mg, 20-25 mg.....	49	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,</i>	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40</i>		5-6.25 mg, 10-6.25 mg.....	50
mg.....	49	<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	50
BENICAR.....	49	<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe</i>	
BENICAR HCT.....	50	tab 1 mg-20 mcg (24).....	72
BENLYSTA.....	82	<i>blisovi fe 1/20 - norethindrone ace & ethinyl</i>	
BENZAMYCIN.....	60	estradiol-fe tab 1 mg-20 mcg.....	72
BENZNIDAZOLE.....	30	<i>blisovi fe 1.5/30 - norethindrone ace & ethinyl</i>	
<i>benzoyl peroxide-erythromycin gel</i>		estradiol-fe tab 1.5 mg-30 mcg.....	72
5-3%.....	60	BOOSTRIX.....	82
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2</i>		<i>bosentan tab 62.5 mg, 125 mg</i>	92
mg.....	31	BOSULIF.....	23
BESIVANCE.....	89	BRAFTOVI.....	23
BESREMI.....	82	BREO ELLIPTA.....	92
<i>betaine powder for oral solution</i>	68	<i>breyana - budesonide-formoterol fumarate dihyd</i>	
BETAMETHASONE DIPROPIONATE		aerosol 160-4.5 mcg/act.....	92
AUGMENTED.....	60	<i>breyana - budesonide-formoterol fumarate dihyd</i>	
<i>betamethasone dipropionate augmented cream</i>		aerosol 80-4.5 mcg/act.....	92
0.05%.....	60	BREZTRI AEROSPHERE.....	92
<i>betamethasone dipropionate augmented lotion</i>		<i>briellyn - norethindrone & ethinyl estradiol tab 0.4</i>	
0.05%.....	60	mg-35 mcg.....	72
<i>betamethasone dipropionate augmented oint</i>		BRILINTA.....	47
0.05%.....	60	<i>brimonidine tartrate ophth soln 0.1%</i>	89
<i>betamethasone dipropionate cream</i>		<i>brimonidine tartrate ophth soln 0.15%</i>	89
0.05%.....	60	<i>brimonidine tartrate ophth soln 0.2%</i>	89

<i>brimonidine tartrate-timolol maleate ophth soln</i> 0.2-0.5%.....	89	<i>butalbital-acetaminophen tab 50-325</i> mg.....	1
<i>brinzolamide ophth susp 1%</i>	89	<i>butalbital-aspirin-caffeine cap 50-325-40</i> mg.....	1
BRIVIACT.....	11	<i>butorphanol tartrate nasal soln 10 mg/</i> <i>ml</i>	1
<i>bromfenac sodium ophth soln 0.07% (base</i> <i>equivalent), 0.09% (base equiv) (once-</i> <i>daily)</i>	89	BUTRANS.....	1
<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i>	31	BYDUREON BCISE.....	42
<i>bromocriptine mesylate tab 2.5 mg (base</i> <i>equivalent)</i>	31	BYSTOLIC.....	50
BRUKINSA.....	23	C	
<i>budesonide delayed release particles cap 3</i> <i>mg</i>	87	<i>cabergoline tab 0.5 mg</i>	80
<i>budesonide-formoterol fumarate dihyd aerosol</i> <i>80-4.5 mcg/act, 160-4.5 mcg/act</i>	92	CABLIVI.....	47
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5</i> <i>mg/2ml, 1 mg/2ml</i>	92	CABOMETYX.....	23
<i>budesonide tab er 24hr 9 mg</i>	87	<i>calcipotriene cream 0.005%</i>	61
<i>bumetanide inj 0.25 mg/ml</i>	50	<i>calcipotriene oint 0.005%</i>	61
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	50	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	61
BUPHENYL.....	68	<i>calcitonin (salmon) nasal soln 200 unit/</i> <i>act</i>	88
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> <i>(base equiv)</i>	4	<i>calcitrene - calcipotriene oint 0.005%</i>	61
<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>	4	<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	88
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> <i>(base equiv)</i>	4	<i>calcitriol oral soln 1 mcg/ml</i>	88
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base</i> <i>equiv)</i>	4	CALQUENCE.....	23
<i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg</i> <i>(base equiv)</i>	4	<i>camila - norethindrone tab 0.35 mg</i>	72
<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>camrese - levonorg-eth est tab 0.15-0.03mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	72
<i>bupropion hcl (smoking deterrent) tab er 12hr 150</i> <i>mg</i>	4	<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	72
<i>bupropion hcl tab 100 mg</i>	15	CANASA.....	87
<i>bupropion hcl tab 75 mg</i>	15	CANCIDAS.....	19
<i>bupropion hcl tab er 12hr 100 mg</i>	15	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5</i> <i>mg, 32-12.5 mg, 32-25 mg</i>	50
<i>bupropion hcl tab er 12hr 150 mg, 200</i> <i>mg</i>	15	<i>candesartan cilexetil tab 32 mg</i>	50
<i>bupropion hcl tab er 24hr 150 mg</i>	15	<i>candesartan cilexetil tab 4 mg, 8 mg, 16</i> <i>mg</i>	50
<i>bupropion hcl tab er 24hr 300 mg</i>	15	CAPLYTA.....	32
<i>bupirone hcl tab 5 mg, 10 mg, 15 mg, 30</i> <i>mg</i>	40	CAPRELSA.....	23
<i>bupirone hcl tab 7.5 mg</i>	41	<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100</i> <i>mg</i>	50
<i>butalbital-acetaminophen-caffeine cap 50-300-40</i> <i>mg, 50-325-40 mg</i>	1	CARAFATE.....	66
<i>butalbital-acetaminophen-caffeine tab 50-325-40</i> <i>mg</i>	1	CARBAGLU.....	64
		<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300</i> <i>mg</i>	11
		<i>carbamazepine chew tab 100 mg</i>	11
		<i>carbamazepine susp 100 mg/5ml</i>	11
		<i>carbamazepine tab 200 mg</i>	11
		<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400</i> <i>mg</i>	11
		CARBATROL.....	11
		<i>carbidopa & levodopa orally disintegrating tab</i> <i>10-100 mg</i>	31

<i>carbidopa & levodopa orally disintegrating tab</i> 25-100 mg.....	31	<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	6
<i>carbidopa & levodopa orally disintegrating tab</i> 25-250 mg.....	31	<i>cefepime hcl for iv soln 2 gm</i>	6
<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg,</i> 25-250 mg.....	31	<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	6
<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	31	<i>cefepime hcl iv soln 1 gm/50ml</i>	6
<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>	31	<i>cefepime hcl iv soln 2 gm/100ml</i>	6
<i>carbidopa tab 25 mg</i>	31	<i>cefixime cap 400 mg</i>	6
CARDIZEM.....	50	<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i>	6
CARDIZEM CD.....	50	<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	6
CARDIZEM LA.....	50	<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	6
CARDURA.....	50	<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>	6
<i>carglumic acid soluble tab 200 mg</i>	64	<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	6
<i>carisoprodol tab 350 mg</i>	95	<i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i>	6
CARNITOR.....	68	<i>cefprozil tab 250 mg, 500 mg</i>	6
CARNITOR SF.....	68	<i>ceftazidime for inj 1 gm, 6 gm</i>	6
<i>carteolol hcl ophth soln 1%</i>	89	<i>ceftazidime for iv soln 2 gm</i>	6
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	50	<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	6
<i>carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg</i>	50	<i>ceftriaxone sodium for inj 250 mg</i>	6
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	50	<i>ceftriaxone sodium for inj 500 mg, 1 gm, 2 gm, 10 gm</i>	6
CASODEX.....	23	<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	6
<i>casposfungin acetate for iv soln 50 mg, 70 mg</i>	19	<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	6
CAYSTON.....	92	<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	6
<i>cefaclor cap 250 mg</i>	5	<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	6
<i>cefaclor cap 500 mg</i>	6	<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	6
<i>cefadroxil cap 500 mg</i>	6	<i>cefuroxime axetil tab 250 mg, 500 mg</i>	6
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	6	<i>cefuroxime sodium for inj 750 mg</i>	6
<i>cefadroxil tab 1 gm</i>	6	<i>cefuroxime sodium for iv soln 1.5 gm</i>	7
<i>cefazolin sodium (bulk) for inj 100 gm</i>	6	CELEBREX.....	1
<i>cefazolin sodium (bulk) for inj 300 gm</i>	6	<i>celecoxib cap 400 mg</i>	1
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	6	<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	1
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i>	6	CELEXA.....	16
<i>cefazolin sodium for iv soln 1 gm</i>	6	CELLCEPT.....	82
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	6	CELONTIN.....	11
<i>cefdinir cap 300 mg</i>	6	<i>cephalexin cap 250 mg, 500 mg, 750 mg</i>	7
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	6	<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	7
<i>cefepime hcl for inj 1 gm</i>	6	CEREZYME.....	68

cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	92	ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv).....	7
cevimeline hcl cap 30 mg.....	60	citalopram hydrobromide oral soln 10 mg/5ml.....	16
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	72	citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv).....	16
CHEMET.....	64	citalopram hydrobromide tab 40 mg (base equiv).....	16
CHENODAL.....	66	claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	61
chlordiazepoxide hcl cap 25 mg.....	41	CLARITHROMYCIN.....	7
chlordiazepoxide hcl cap 5 mg, 10 mg.....	41	clarithromycin tab 250 mg, 500 mg.....	7
chlorhexidine gluconate soln 0.12%.....	60	clarithromycin tab er 24hr 500 mg.....	7
chloroquine phosphate tab 250 mg, 500 mg.....	30	CLEMASTINE FUMARATE.....	92
chlorpromazine hcl conc 100 mg/ml.....	18	CLEOCIN.....	7
chlorpromazine hcl conc 30 mg/ml.....	18	CLEOCIN PHOSPHATE.....	7
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	18	CLEOCIN-T.....	7
chlorthalidone tab 25 mg, 50 mg.....	50	clindacin etz pledgets - clindamycin phosphate swab 1%.....	7
chlorzoxazone tab 500 mg.....	95	clindacin-p - clindamycin phosphate swab 1%.....	7
cholestyramine light powder 4 gm/ dose.....	50	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	7
cholestyramine light powder packets 4 gm.....	50	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	7
cholestyramine powder 4 gm/dose.....	50	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	61
cholestyramine powder packets 4 gm.....	50	clindamycin phosphate gel 1%.....	7
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	50	clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml.....	7
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	50	clindamycin phosphate inj 900 mg/6ml, 9 gm/60ml.....	7
CHORIONIC GONADOTROPIN.....	71	clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml.....	7
ciclodan - ciclopirox solution 8%.....	19	clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml.....	7
ciclopirox gel 0.77%.....	19	clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml.....	7
ciclopirox olamine cream 0.77% (base equiv).....	19	clindamycin phosphate lotion 1%.....	7
ciclopirox olamine susp 0.77% (base equiv).....	19	clindamycin phosphate soln 1%.....	7
ciclopirox shampoo 1%.....	19	clindamycin phosphate swab 1%.....	7
ciclopirox solution 8%.....	19	clindamycin phosphate vaginal cream 2%.....	7
cilostazol tab 50 mg, 100 mg.....	47	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	61
CIMDUO.....	37	clobazam suspension 2.5 mg/ml.....	11
cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg.....	66	clobazam tab 10 mg, 20 mg.....	11
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv).....	88	clobetasol propionate cream 0.05%.....	61
cinacalcet hcl tab 90 mg (base equiv).....	88	clobetasol propionate e - clobetasol propionate emollient base cream 0.05%.....	61
CINRYZE.....	82	clobetasol propionate emollient base cream 0.05%.....	61
CIPRO.....	7		
ciprofloxacin 200 mg/100ml in d5w.....	7		
ciprofloxacin 400 mg/200ml in d5w.....	7		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	91		
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	89		

<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	61	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	21
<i>clobetasol propionate foam 0.05%</i>	61	COLCRYST.....	21
<i>clobetasol propionate gel 0.05%</i>	61	COLESTID.....	50
<i>clobetasol propionate oint 0.05%</i>	61	<i>colestipol hcl granule packets 5 gm</i>	50
<i>clobetasol propionate shampoo 0.05%</i>	61	<i>colestipol hcl granules 5 gm</i>	50
<i>clobetasol propionate soln 0.05%</i>	61	<i>colestipol hcl tab 1 gm</i>	50
<i>clodan - clobetasol propionate shampoo 0.05%</i>	61	<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	7
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg</i>	16	COMBIGAN.....	89
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	41	COMBIPATCH.....	72
<i>clonazepam orally disintegrating tab 2 mg</i>	41	COMBIVENT RESPIMAT.....	93
<i>clonazepam tab 0.5 mg, 1 mg</i>	41	COMETRIQ.....	23
<i>clonazepam tab 2 mg</i>	41	COMPLERA.....	37
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	50	<i>compro - prochlorperazine suppos 25 mg</i>	18
<i>clonidine hcl tab er 12hr 0.1 mg</i>	58	COMTAN.....	31
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	50	<i>constulose - lactulose solution 10 gm/15ml</i>	66
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	47	COPAXONE.....	58
<i>clorazepate dipotassium tab 15 mg</i>	41	COPIKTRA.....	23
<i>clorazepate dipotassium tab 3.75 mg</i>	41	COREG CR.....	51
<i>clorazepate dipotassium tab 7.5 mg</i>	41	CORLANOR.....	51
<i>clotrimazole cream 1%</i>	19	CORTEF.....	70
<i>clotrimazole soln 1%</i>	19	COSENTYX.....	82
<i>clotrimazole troche 10 mg</i>	19	COSENTYX SENSOREADY PEN.....	82
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	61	COSENTYX UNOREADY.....	82
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	61	COSOPT.....	89
CLOZAPINE ODT.....	32	COTELLIC.....	23
<i>clozapine orally disintegrating tab 150 mg</i>	32	COZAAR.....	51
<i>clozapine orally disintegrating tab 200 mg</i>	32	CREON.....	68
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	32	CRESEMBA.....	19
<i>clozapine tab 100 mg</i>	32	CRESTOR.....	51
<i>clozapine tab 200 mg</i>	32	<i>cromolyn sodium ophth soln 4%</i>	89
<i>clozapine tab 25 mg, 50 mg</i>	32	<i>cromolyn sodium oral conc 100 mg/5ml</i>	68
CLOZARIL.....	32	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	93
COARTEM.....	30	<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	72
CODEINE SULFATE.....	1	CRYSVITA.....	68
<i>codeine sulfate tab 30 mg</i>	1	CUBICIN RF.....	7
COLAZAL.....	87	<i>cyclobenzaprine hcl tab 5 mg, 10 mg</i>	95
<i>colchicine tab 0.6 mg</i>	21	CYCLOPHOSPHAMIDE.....	23
		<i>cyclophosphamide cap 25 mg, 50 mg</i>	23
		<i>cycloserine cap 250 mg</i>	22
		CYCLOSET.....	42
		<i>cyclosporine cap 25 mg, 100 mg</i>	82
		<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	82
		<i>cyclosporine modified oral soln 100 mg/ml</i>	82
		CYMBALTA.....	16

cyproheptadine hcl syrup 2 mg/5ml.....	93	DELZICOL.....	87
cyproheptadine hcl tab 4 mg.....	93	demeclocycline hcl tab 150 mg, 300 mg.....	7
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	72	DEMSEER.....	51
CYSTADANE.....	68	DENGVAXIA.....	82
CYSTADROPS.....	89	DEPAKOTE.....	11
CYSTAGON.....	68	DEPAKOTE ER.....	11
CYSTARAN.....	89	DEPAKOTE SPRINKLES.....	11
CYTOMEL.....	79	DEPEN TITRATABS.....	69
CYTOTEC.....	66	DEPO-ESTRADIOL.....	72
D		DEPO-PROVERA CONTRACEPTIVE.....	72
dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....	47	DEPO-SUBQ PROVERA 104.....	72
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....	47	depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml.....	72
dalfampridine tab er 12hr 10 mg.....	58	depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml.....	73
DALIRESP.....	93	DESCOVY.....	37
DALVANCE.....	7	desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	16
danazol cap 50 mg, 100 mg, 200 mg.....	72	desloratadine tab 5 mg.....	93
DANTRIUM.....	36	desmopressin acetate inj 4 mcg/ml.....	71
dantrolene sodium cap 25 mg, 50 mg, 100 mg.....	36	desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	71
dapsone tab 25 mg, 100 mg.....	22	desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	71
DAPTACEL.....	82	desmopressin acetate tab 0.1 mg, 0.2 mg.....	71
daptomycin for iv soln 500 mg.....	7	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	73
DARAPRIM.....	30	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	73
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	69	desonide cream 0.05%.....	61
darunavir tab 600 mg.....	37	desonide lotion 0.05%.....	61
darunavir tab 800 mg.....	37	desonide oint 0.05%.....	61
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	72	desoximetasone cream 0.05%, 0.25%.....	61
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	72	desoximetasone gel 0.05%.....	61
DAURISMO.....	23	desoximetasone oint 0.25%.....	61
DAYPRO.....	1	desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	16
daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	72	DETROL.....	69
DAYVIGO.....	95	DETROL LA.....	69
DDAVP.....	71	dexamethasone elixir 0.5 mg/5ml.....	70
deblitane - norethindrone tab 0.35 mg.....	72	dexamethasone sodium phosphate ophth soln 0.1%.....	89
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	64	dexamethasone soln 0.5 mg/5ml.....	70
deferasirox tab 180 mg, 360 mg.....	64	dexamethasone tab 0.5 mg.....	70
deferasirox tab 90 mg.....	64	dexamethasone tab 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	70
deferasirox tab for oral susp 125 mg.....	64	dexamethasone tab therapy pack 1.5 mg (21).....	70
deferasirox tab for oral susp 250 mg, 500 mg.....	64	dexamethasone tab therapy pack 1.5 mg (35).....	70
DELSTRIGO.....	37		
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	72		

dexamethasone tab therapy pack 1.5 mg (51).....	70	DIFLUCAN.....	19
DEXEDRINE.....	58	difluprednate ophth emulsion 0.05%.....	89
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	58	digoxin oral soln 0.05 mg/ml.....	51
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	59	digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	51
dextroamphetamine sulfate cap er 24hr 5 mg.....	58	dihydroergotamine mesylate nasal spray 4 mg/ ml.....	21
dextroamphetamine sulfate tab 10 mg.....	59	DILANTIN.....	11
dextroamphetamine sulfate tab 5 mg.....	59	DILANTIN-125.....	11
dextrose 2.5% w/ sodium chloride 0.45%.....	64	DILANTIN INFATABS.....	11
dextrose 5% w/ sodium chloride 0.2%.....	64	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	51
dextrose 5% w/ sodium chloride 0.45%, 0.9%.....	64	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	51
dextrose inj 10%.....	64	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	51
dextrose inj 5%.....	64	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	51
DIACOMIT.....	11	diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg.....	51
diazepam conc 5 mg/ml.....	41	diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	51
diazepam intensol - diazepam conc 5 mg/ ml.....	41	dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	51
diazepam oral soln 1 mg/ml.....	41	dimethyl fumarate capsule delayed release 120 mg, 240 mg.....	59
DIAZEPAM RECTAL GEL.....	11	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	59
diazepam rectal gel delivery system 10 mg, 20 mg.....	11	DIOVAN.....	51
diazepam tab 2 mg, 5 mg, 10 mg.....	41	DIOVAN HCT.....	51
diazoxide susp 50 mg/ml.....	42	DIPENTUM.....	87
diclofenac potassium tab 50 mg.....	1	diphenoxylate w/ atropine tab 2.5-0.025 mg.....	66
diclofenac sodium (actinic keratoses) gel 3%.....	61	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	82
diclofenac sodium gel 1% (1.16% diethylamine equiv).....	1	DIPROLENE.....	61
diclofenac sodium ophth soln 0.1%.....	89	dipyridamole tab 25 mg, 50 mg, 75 mg.....	47
diclofenac sodium soln 1.5%.....	1	disulfiram tab 250 mg, 500 mg.....	4
diclofenac sodium tab delayed release 25 mg.....	1	divalproex sodium cap delayed release sprinkle 125 mg.....	11
diclofenac sodium tab delayed release 50 mg.....	1	divalproex sodium tab delayed release 125 mg.....	11
diclofenac sodium tab delayed release 75 mg.....	1	divalproex sodium tab delayed release 250 mg, 500 mg.....	12
diclofenac sodium tab er 24hr 100 mg.....	1	divalproex sodium tab er 24 hr 250 mg, 500 mg.....	12
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	1	DIVIGEL.....	73
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	1	dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	51
dicloxacillin sodium cap 250 mg, 500 mg.....	8	dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	73
dicyclomine hcl cap 10 mg.....	66		
dicyclomine hcl oral soln 10 mg/5ml.....	66		
dicyclomine hcl tab 20 mg.....	66		
DIFICID.....	8		

donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	15	dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	69
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	15	E	
dorzolamide hcl ophth soln 2%.....	89	E.E.S. GRANULES.....	8
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	89	ec-naproxen - naproxen tab ec 375 mg.....	1
dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr.....	73	ec-naproxen - naproxen tab ec 500 mg.....	2
DOVATO.....	37	econazole nitrate cream 1%.....	19
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	51	EDARBI.....	51
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	96	EDARBYCLOR.....	51
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	16	EDURANT.....	37
doxepin hcl conc 10 mg/ml.....	16	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	37
doxepin hcl cream 5%.....	61	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg.....	37
doxy 100 - doxycycline hyclate for inj 100 mg.....	8	efavirenz tab 600 mg.....	37
doxycycline (rosacea) cap delayed release 40 mg.....	61	EFFEXOR XR.....	16
doxycycline hyclate cap 50 mg, 100 mg.....	8	EFUDEX.....	61
doxycycline hyclate for inj 100 mg.....	8	ELELYSO.....	68
doxycycline hyclate tab 20 mg, 100 mg.....	8	ELIDEL.....	61
doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg.....	8	ELIGARD.....	80
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg.....	8	elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	73
DRIZALMA SPRINKLE.....	16	ELIQUIS.....	47
dronabinol cap 2.5 mg, 5 mg, 10 mg.....	19	ELIQUIS STARTER PACK.....	47
drospirenone-ethinyl estradiol tab 3-0.02 mg.....	73	eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr.....	73
drospirenone-ethinyl estradiol tab 3-0.03 mg.....	73	EMEND.....	19
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	73	EMEND TRIPACK.....	19
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	73	EMGALITY.....	21
droxidopa cap 100 mg, 200 mg, 300 mg.....	51	EMSAM.....	16
DUAVEE.....	73	emtricitabine caps 200 mg.....	37
DULERA.....	93	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg.....	37
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq).....	16	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	37
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....	16	EMTRIVA.....	37
DUPIXENT.....	82	emzahn - norethindrone tab 0.35 mg.....	73
DUREZOL.....	89	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg.....	51
dutasteride cap 0.5 mg.....	69	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	51
		ENBREL.....	83
		ENBREL MINI.....	83
		ENBREL SURECLICK.....	83
		ENDARI.....	68
		endocet - oxycodone w/ acetaminophen tab 10-325 mg.....	2
		endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....	2

<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	<i>erythromycin lactobionate for inj 500 mg</i>	8
ENGERIX-B.....	83	<i>erythromycin ophth oint 5 mg/gm</i>	90
<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	73	<i>erythromycin soln 2%</i>	8
<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>	47	<i>erythromycin tab 250 mg, 500 mg</i>	8
<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	73	<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	8
<i>enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	73	<i>erythromycin w/ delayed release particles cap 250 mg</i>	8
<i>entacapone tab 200 mg</i>	31	ESBRIET.....	93
<i>entecavir tab 0.5 mg, 1 mg</i>	37	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	16
ENTRESTO.....	51	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	16
ENTYVIO.....	83	<i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)</i>	16
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	66	<i>esgic - butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	2
ENVARUSUS XR.....	83	<i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)</i>	66
EPIDIOLEX.....	12	<i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg</i>	66
<i>epinastine hcl ophth soln 0.05%</i>	89	<i>estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg</i>	73
<i>EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL)</i>	93	ESTRACE.....	73
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	93	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg</i>	73
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	93	<i>estradiol tab 0.5 mg, 1 mg, 2 mg</i>	73
<i>epitol - carbamazepine tab 200 mg</i>	12	<i>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%)</i>	73
EPIVIR.....	37	<i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	73
<i>eplerenone tab 25 mg, 50 mg</i>	51	<i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	73
EPRONTIA.....	12	<i>estradiol vaginal cream 0.1 mg/gm</i>	73
EPZICOM.....	37	<i>estradiol vaginal tab 10 mcg</i>	73
<i>ergotamine w/ caffeine tab 1-100 mg</i>	21	<i>estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	73
ERIVEDGE.....	23	ESTRING.....	73
ERLEADA.....	23	<i>eszopiclone tab 1 mg, 2 mg, 3 mg</i>	96
<i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)</i>	24	<i>ethambutol hcl tab 100 mg, 400 mg</i>	22
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	24	<i>ethosuximide cap 250 mg</i>	12
<i>errin - norethindrone tab 0.35 mg</i>	73	<i>ethosuximide soln 250 mg/5ml</i>	12
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	8	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	73
ERVEBO.....	83	<i>etodolac cap 200 mg</i>	2
ERY.....	8	<i>etodolac cap 300 mg</i>	2
ERYPED 200.....	8	<i>etodolac tab 400 mg, 500 mg</i>	2
ERYPED 400.....	8	<i>etodolac tab er 24hr 400 mg, 500 mg</i>	2
<i>ery-tab - erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	8		
<i>erythrocin lactobionate - erythromycin lactobionate for inj500 mg</i>	8		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml</i>	8		

etodolac tab er 24hr 600 mg.....	2	fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	2
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	74	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
etravirine tab 100 mg, 200 mg.....	37	fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	69
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.....	80	FETZIMA.....	16
everolimus tab 0.25 mg.....	83	FETZIMA TITRATION PACK.....	16
everolimus tab 0.5 mg, 0.75 mg, 1 mg.....	83	FINACEA.....	61
everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	24	finasteride tab 5 mg.....	69
everolimus tab 5 mg.....	24	fingolimod hcl cap 0.5 mg (base equiv).....	59
everolimus tab for oral susp 2 mg, 5 mg.....	24	FINTEPLA.....	12
everolimus tab for oral susp 3 mg.....	24	FIRAZYR.....	83
EVISTA.....	74	FIRMAGON.....	80
EVOTAZ.....	37	flac - fluocinolone acetonide (otic) oil 0.01%.....	91
EXELON.....	15	FLAGYL.....	8
exemestane tab 25 mg.....	24	flecainide acetate tab 50 mg, 100 mg, 150 mg.....	52
EXFORGE.....	52	FLOMAX.....	69
EXFORGE HCT.....	52	fluconazole for susp 10 mg/ml, 40 mg/ml.....	20
EXJADE.....	64	fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml.....	20
EXTENCILLINE.....	8	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	20
EYSUVIS.....	90	flucytosine cap 250 mg, 500 mg.....	20
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	52	fludrocortisone acetate tab 0.1 mg.....	70
ezetimibe tab 10 mg.....	52	flunisolide nasal soln 25 mcg/act (0.025%).....	93
F		fluocinolone acetonide (otic) oil 0.01%.....	91
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	74	fluocinolone acetonide cream 0.01%, 0.025%.....	61
famciclovir tab 125 mg, 250 mg, 500 mg.....	37	fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil).....	62
famotidine for susp 40 mg/5ml.....	66	fluocinolone acetonide oint 0.025%.....	62
famotidine tab 20 mg, 40 mg.....	66	fluocinolone acetonide soln 0.01%.....	62
FANAPT.....	32	fluocinonide cream 0.05%.....	62
FANAPT TITRATION PACK.....	33	fluocinonide cream 0.1%.....	62
FARESTON.....	24	fluocinonide emulsified base cream 0.05%.....	62
FARXIGA.....	42	fluocinonide gel 0.05%.....	62
FASENRA.....	93	fluocinonide oint 0.05%.....	62
FASENRA PEN.....	93	fluocinonide soln 0.05%.....	62
felbamate susp 600 mg/5ml.....	12	fluorometholone ophth susp 0.1%.....	90
felbamate tab 400 mg, 600 mg.....	12	FLUOROURACIL.....	62
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	52	fluorouracil cream 5%.....	62
FEMARA.....	24	fluorouracil soln 5%.....	62
fenofibrate micronized cap 43 mg.....	52	FLUOXETINE DR.....	16
fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg.....	52	fluoxetine hcl cap 10 mg.....	16
fenofibrate tab 145 mg, 160 mg.....	52	fluoxetine hcl cap 20 mg.....	17
fenofibrate tab 48 mg, 54 mg.....	52		
fentanyl citrate lozenge on a handle 200 mcg.....	2		

<i>fluoxetine hcl cap 40 mg</i>	17	G	<i>gabapentin cap 100 mg</i>	12
<i>fluoxetine hcl solution 20 mg/5ml</i>	17		<i>gabapentin cap 300 mg</i>	12
<i>fluoxetine hcl tab 10 mg</i>	17		<i>gabapentin cap 400 mg</i>	12
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<i>tab 0.8 mg-25 mcg.....</i>	75	<i>levonorgestrel-ethinyl estradiol (continuous) tab</i>	
LAZCLUZE.....	25	<i>90-20 mcg.....</i>	75
<i>leena - norethindrone-eth estradiol tab</i>		<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab</i>	
<i>0.5-35/1-35/0.5-35 mg-mcg.....</i>	75	<i>0.01mg(7).....</i>	75
<i>leflunomide tab 10 mg, 20 mg.....</i>	84	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab</i>	
<i>lenalidomide cap 15 mg, 20 mg, 25</i>		<i>0.01mg(7).....</i>	75
<i>mg.....</i>	25	<i>levora 0.15/30-28 - levonorgestrel & ethinyl estradiol</i>	
<i>lenalidomide cap 5 mg, 10 mg.....</i>	25	<i>tab 0.15 mg-30 mcg.....</i>	75
<i>lenalidomide caps 2.5 mg.....</i>	25	<i>levorphanol tartrate tab 2 mg, 3 mg.....</i>	3
LENTOCILIN.....	8	<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75</i>	
LENVIMA 10 MG DAILY DOSE.....	25	<i>mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg,</i>	
LENVIMA 12MG DAILY DOSE.....	25	<i>137 mcg, 150 mcg, 175 mcg, 200 mcg, 300</i>	
LENVIMA 14 MG DAILY DOSE.....	25	<i>mcg.....</i>	80
LENVIMA 18 MG DAILY DOSE.....	25	<i>levo-t - levothyroxine sodium tab 25 mcg, 50 mcg,</i>	
LENVIMA 20 MG DAILY DOSE.....	25	<i>75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg,</i>	
LENVIMA 24 MG DAILY DOSE.....	25	<i>137 mcg, 150 mcg, 175 mcg, 200 mcg, 300</i>	
LENVIMA 4 MG DAILY DOSE.....	26	<i>mcg.....</i>	80

<i>levoxyol - 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>	80	<i>loperamide hcl cap 2 mg</i>	66
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LIALDA.....	87	<i>lopinavir-ritonavir tab 100-25 mg</i>	38
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<i>lidocaine hcl viscous soln 2%</i>	4	<i>lorazepam conc 2 mg/ml</i>	41
<i>lidocaine oint 5%</i>	4	<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	41
<i>lidocaine patch 5%</i>	4	<i>lorazepam tab 0.5 mg, 1 mg</i>	41
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	<i>lorazepam tab 2 mg</i>	41
<i>lidocan - lidocaine patch 5%</i>	4	LORBRENA.....	26
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<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	9	<i>losartan potassium tab 25 mg, 50 mg</i>	53
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	9	LOTENSIN.....	53
<i>linezolid tab 600 mg</i>	9	LOTRONEX.....	66
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<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	80	LOVENOX.....	48
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<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	53	<i>lubiprostone cap 24 mcg</i>	66
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<i>metronidazole gel 0.75%, 1%</i>	63	<i>mometasone furoate oint 0.1%</i>	63
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<i>MICARDIS</i>	54	<i>morphine sulfate oral soln 20 mg/5ml</i>	3
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<i>mifepristone tab 300 mg</i>	81	<i>moxifloxacin hcl iv solution 400 mg/250ml (base equiv)</i>	9
<i>miglustat cap 100 mg</i>	68	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i>	90
<i>MIGRANAL</i>	21	<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i>	90
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MYCOBUTIN.....	22	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	90
<i>mycophenolate mofetil cap 250 mg</i>	85	<i>neomycin-polymyxin-hc otic soln 1%</i>	91
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	85	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	91
<i>mycophenolate mofetil tab 500 mg</i>	85	<i>neomycin sulfate tab 500 mg</i>	9
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	85	<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	90
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<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	4	<i>nicardipine hcl cap 20 mg, 30 mg</i>	54
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nyamyc - nystatin topical powder 100000 unit/ gm.....	20	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.....	54
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	77	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	54
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	77	olmesartan medoxomil tab 20 mg, 40 mg.....	54
nymyo - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	77	olmesartan medoxomil tab 5 mg.....	54
nystatin cream 100000 unit/gm.....	20	olopatadine hcl nasal soln 0.6%.....	94
nystatin oint 100000 unit/gm.....	20	omega-3-acid ethyl esters cap 1 gm.....	54
nystatin susp 100000 unit/ml.....	20	omeprazole cap delayed release 10 mg.....	67
nystatin tab 500000 unit.....	20	omeprazole cap delayed release 20 mg, 40 mg.....	67
nystatin topical powder 100000 unit/ gm.....	20	OMNIPOD 5 G6 INTRO KIT (GEN 5).....	46
nystatin-triamcinolone cream 100000-0.1 unit/gm- %.....	63	OMNIPOD 5 G6 PODS (GEN 5).....	46
nystatin-triamcinolone oint 100000-0.1 unit/gm- %.....	63	OMNIPOD 5 LIBRE2 PLUS G6.....	46
nystop - nystatin topical powder 100000 unit/ gm.....	20	OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	46
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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).....	81	OMNIPOD GO 10 UNITS/DAY.....	45
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ofloxacin ophth soln 0.3%.....	90	ondansetron hcl oral soln 4 mg/5ml.....	19
ofloxacin otic soln 0.3%.....	91	ondansetron hcl tab 4 mg, 8 mg.....	19
ofloxacin tab 400 mg.....	9	ondansetron orally disintegrating tab 4 mg, 8 mg.....	19
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		oseltamivir phosphate cap 30 mg (base equiv).....	38

<i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i>	38	<i>pazopanib hcl tab 200 mg (base equiv)</i>	27
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	38	PEDIARIX.....	85
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<i>oxaprozin tab 600 mg</i>	3	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	67
<i>oxazepam cap 10 mg, 15 mg, 30 mg</i>	41	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	67
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	13	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	67
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	13	PEGASYS.....	85
<i>oxybutynin chloride solution 5 mg/5ml</i>	69	PEMAZYRE.....	27
<i>oxybutynin chloride tab 5 mg</i>	69	PENBRAYA.....	85
<i>oxybutynin chloride tab er 24hr 10 mg</i>	69	<i>penicillamine tab 250 mg</i>	70
<i>oxybutynin chloride tab er 24hr 15 mg</i>	69	<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	9
<i>oxybutynin chloride tab er 24hr 5 mg</i>	69	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	9
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i>	3	PENICILLIN G SODIUM.....	9
<i>oxycodone hcl tab 5 mg</i>	3	<i>penicillin v potassium for soln 125 mg/5ml</i>	9
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	<i>penicillin v potassium for soln 250 mg/5ml</i>	10
<i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i>	3	<i>penicillin v potassium tab 250 mg, 500 mg</i>	10
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	PENTACEL.....	85
OZEMPIC.....	46	PENTAM 300.....	30
P		<i>pentamidine isethionate for inj soln 300 mg</i>	30
<i>pacerone - amiodarone hcl tab 100 mg, 200 mg, 400 mg</i>	55	<i>pentamidine isethionate for nebulization soln 300 mg</i>	30
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	34	PENTASA.....	88
<i>paliperidone tab er 24hr 6 mg</i>	34	<i>pentoxifylline tab er 400 mg</i>	55
PALYNZIQ.....	68	<i>perindopril erbumine tab 2 mg</i>	55
PANRETIN.....	27	<i>perindopril erbumine tab 4 mg</i>	55
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	67	<i>perindopril erbumine tab 8 mg</i>	55
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	67	<i>periogard - chlorhexidine gluconate soln 0.12%</i>	60
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	88	<i>permethrin cream 5%</i>	63
PARNATE.....	17	<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	19
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	17	PERSERIS.....	34
<i>paroxetine hcl tab 10 mg, 40 mg</i>	17	PFIZERPEN.....	10
<i>paroxetine hcl tab 20 mg</i>	17	<i>phenelzine sulfate tab 15 mg</i>	17
<i>paroxetine hcl tab 30 mg</i>	17	<i>phenobarbital elixir 20 mg/5ml</i>	13
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	17	<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</i>	13
<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg</i>	17	<i>phenoxybenzamine hcl cap 10 mg</i>	55
PAXIL.....	17		
PAXLOVID.....	38		

<i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i>	13	<i>posaconazole susp 40 mg/ml</i>	20
<i>phenytoin chew tab 50 mg</i>	13	<i>posaconazole tab delayed release 100 mg</i>	20
<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	13	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	65
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	13	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	65
<i>phenytoin susp 125 mg/5ml</i>	13	<i>potassium chloride cap er 8 meq, 10 meq</i>	65
<i>philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	77	<i>potassium chloride inj 2 meq/ml</i>	65
PIFELTRO.....	39	<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	65
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	90	<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	65
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	60	<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	65
<i>pimecrolimus cream 1%</i>	63	<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	65
PIMOZIDE.....	34	<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	31
<i>pimtree - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	77	<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</i>	48
<i>pindolol tab 5 mg, 10 mg</i>	55	<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	55
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg</i>	46	<i>pravastatin sodium tab 80 mg</i>	55
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	46	<i>praziquantel tab 600 mg</i>	30
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	46	<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	55
<i>pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)</i>	46	PRED FORTE.....	90
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	10	PRED MILD.....	90
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	10	<i>prednisolone acetate ophth susp 1%</i>	90
PIQRAY 200MG DAILY DOSE.....	27	<i>prednisolone sodium phosphate ophth soln 1%</i>	90
PIQRAY 250MG DAILY DOSE.....	27	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	70
PIQRAY 300MG DAILY DOSE.....	27	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	70
<i>pirfenidone cap 267 mg</i>	94	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	70
<i>pirfenidone tab 267 mg</i>	94	<i>prednisolone soln 15 mg/5ml</i>	70
<i>pirfenidone tab 801 mg</i>	94	<i>prednisone oral soln 5 mg/5ml</i>	70
<i>piroxicam cap 10 mg</i>	3	<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	71
<i>piroxicam cap 20 mg</i>	3	<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	71
PLAQUENIL.....	30	<i>pregabalin cap 225 mg, 300 mg</i>	13
PLAVIX.....	48	<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	13
PLEGRIDY.....	59	<i>pregabalin soln 20 mg/ml</i>	13
PLEGRIDY STARTER PACK.....	59	PREGNYL.....	71
<i>podofilox soln 0.5%</i>	63	PREGNYL W/DILUENT BENZYL ALCOHOL/NACL.....	71
<i>polycin - bacitracin-polymyxin b ophth oint</i>	90	PREHEVBRIO.....	85
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	90		
POMALYST.....	27		
<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	77		
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	20		

PREMARIN.....	77	<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg,</i>	
PREMPHASE.....	77	<i>160 mg.....</i>	55
PREMPRO.....	77	<i>propranolol hcl oral soln 20 mg/5ml.....</i>	55
PREVACID.....	67	<i>propranolol hcl oral soln 40 mg/5ml.....</i>	55
<i>prevalite - cholestyramine light powder 4 gm/</i>		<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80</i>	
<i>dose.....</i>	55	<i>mg.....</i>	55
<i>prevalite - cholestyramine light powder packets 4</i>		<i>propylthiouracil tab 50 mg.....</i>	81
<i>gm.....</i>	55	PROQUAD.....	85
PREVYMIS.....	39	PROSCAR.....	70
PREZCOBIX.....	39	PROTONIX.....	67
PREZISTA.....	39	<i>protriptyline hcl tab 5 mg, 10 mg.....</i>	17
PRIFTIN.....	22	PROVERA.....	77
<i>primaquine phosphate tab 26.3 mg (15 mg</i>		PROZAC.....	17
<i>base).....</i>	30	PRUDOXIN.....	63
PRIMIDONE.....	13	PULMOZYME.....	94
<i>primidone tab 50 mg, 250 mg.....</i>	13	PURIXAN.....	27
PRIORIX.....	85	PYLERA.....	67
PRISTIQ.....	17	<i>pyrazinamide tab 500 mg.....</i>	22
PROAIR RESPICLICK.....	94	<i>pyridostigmine bromide oral soln 60</i>	
<i>probenecid tab 500 mg.....</i>	21	<i>mg/5ml.....</i>	22
PROCARDIA XL.....	55	<i>pyridostigmine bromide tab 60 mg.....</i>	22
<i>prochlorperazine maleate tab 5 mg (base</i>		<i>pyridostigmine bromide tab er 180 mg.....</i>	22
<i>equivalent), 10 mg (base equivalent).....</i>	19	<i>pyrimethamine tab 25 mg.....</i>	30
<i>prochlorperazine suppos 25 mg.....</i>	19	Q	
PROCRIPT.....	48	QINLOCK.....	27
<i>proctocort - hydrocortisone perianal cream</i>		QUADRACEL.....	85
<i>1%.....</i>	88	QUETIAPINE FUMARATE.....	34
<i>procto-med hc - hydrocortisone perianal cream</i>		<i>quetiapine fumarate tab 25 mg.....</i>	34
<i>2.5%.....</i>	88	<i>quetiapine fumarate tab 300 mg, 400</i>	
<i>proctosol hc - hydrocortisone perianal cream</i>		<i>mg.....</i>	34
<i>2.5%.....</i>	88	<i>quetiapine fumarate tab 50 mg, 100 mg, 200</i>	
<i>proctozone-hc - hydrocortisone perianal cream</i>		<i>mg.....</i>	34
<i>2.5%.....</i>	88	<i>quetiapine fumarate tab er 24hr 150 mg, 200</i>	
<i>progesterone cap 100 mg, 200 mg.....</i>	77	<i>mg.....</i>	34
PROGLYCEM.....	46	<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400</i>	
PROGRAF.....	85	<i>mg.....</i>	34
PROLASTIN-C.....	68	<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40</i>	
PROLENSA.....	90	<i>mg.....</i>	55
PROLIA.....	88	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg,</i>	
PROMACTA.....	48	<i>20-12.5 mg.....</i>	55
<i>promethazine hcl oral soln 6.25</i>		<i>quinapril-hydrochlorothiazide tab 20-25</i>	
<i>mg/5ml.....</i>	19	<i>mg.....</i>	55
<i>promethazine hcl suppos 12.5 mg, 25</i>		<i>quinidine gluconate tab er 324 mg.....</i>	55
<i>mg.....</i>	19	<i>quinidine sulfate tab 200 mg.....</i>	55
<i>promethazine hcl tab 12.5 mg, 25 mg, 50</i>		<i>quinidine sulfate tab 300 mg.....</i>	55
<i>mg.....</i>	19	<i>quinine sulfate cap 324 mg.....</i>	30
<i>promethegan - promethazine hcl suppos 12.5 mg, 25</i>		QVAR REDIHALER.....	94
<i>mg.....</i>	19	R	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425</i>		RABAVERT.....	85
<i>mg.....</i>	55	<i>rabeprazole sodium ec tab 20 mg.....</i>	67
<i>propafenone hcl tab 150 mg, 225 mg, 300</i>		<i>raloxifene hcl tab 60 mg.....</i>	78
<i>mg.....</i>	55		

<i>ramelteon tab 8 mg</i>	96	<i>risedronate sodium tab delayed release 35</i>	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10</i>		<i>mg</i>	88
<i>mg</i>	55	RISPERDAL.....	34
<i>ranolazine tab er 12hr 500 mg, 1000</i>		RISPERDAL CONSTA.....	35
<i>mg</i>	55	<i>risperidone microspheres for im extended rel susp</i>	
RAPAFLO.....	70	<i>12.5 mg, 25 mg, 37.5 mg</i>	35
RAPAMUNE.....	85	<i>risperidone microspheres for im extended rel susp</i>	
<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg</i>		<i>50 mg</i>	35
<i>(base equiv)</i>	31	RISPERIDONE ODT.....	35
<i>reclipsen - desogestrel & ethinyl estradiol tab 0.15</i>		<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2</i>	
<i>mg-30 mcg</i>	78	<i>mg, 3 mg</i>	35
RECOMBIVAX HB.....	86	<i>risperidone orally disintegrating tab 4</i>	
RECTIV.....	55	<i>mg</i>	35
REGLAN.....	67	<i>risperidone soln 1 mg/ml</i>	35
REGRANEX.....	63	<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3</i>	
RELENZA DISKHALER.....	39	<i>mg</i>	35
RELISTOR.....	67	<i>risperidone tab 4 mg</i>	35
REMERON.....	18	RITALIN.....	59
REMERON SOLTAB.....	18	<i>ritonavir tab 100 mg</i>	39
RENFLEXIS.....	86	<i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3</i>	
<i>repaglinide tab 0.5 mg</i>	46	<i>mg (base equivalent), 4.5 mg (base equivalent), 6</i>	
<i>repaglinide tab 1 mg</i>	46	<i>mg (base equivalent)</i>	15
<i>repaglinide tab 2 mg</i>	46	<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr,</i>	
REPATHA.....	55	<i>13.3 mg/24hr</i>	15
REPATHA PUSHTRONEX SYSTEM.....	55	<i>rizatriptan benzoate oral disintegrating tab 5 mg</i>	
REPATHA SURECLICK.....	55	<i>(base eq), 10 mg (base eq)</i>	21
RESTASIS.....	90	<i>rizatriptan benzoate tab 5 mg (base equivalent), 10</i>	
RESTASIS MULTIDOSE.....	91	<i>mg (base equivalent)</i>	21
RETACRIT.....	48	ROCALTROL.....	88
RETEVMO.....	27	ROCKLATAN.....	91
RETIN-A.....	63	<i>roflumilast tab 250 mcg, 500 mcg</i>	94
RETROVIR.....	39	<i>ropinirole hydrochloride tab 0.25 mg, 1 mg, 3 mg, 5</i>	
REVCOVI.....	68	<i>mg</i>	31
REXULTI.....	34	<i>ropinirole hydrochloride tab 0.5 mg, 2 mg, 4</i>	
REYATAZ.....	39	<i>mg</i>	31
REZLIDHIA.....	27	<i>ropinirole hydrochloride tab er 24hr 2 mg (base</i>	
REZUROCK.....	86	<i>equivalent), 4 mg (base equivalent), 6 mg (base</i>	
RHOPRESSA.....	91	<i>equivalent), 8 mg (base equivalent), 12 mg (base</i>	
RIABNI.....	27	<i>equivalent)</i>	31
<i>ribavirin cap 200 mg</i>	39	<i>rosuvastatin calcium tab 40 mg</i>	55
<i>ribavirin tab 200 mg</i>	39	<i>rosuvastatin calcium tab 5 mg, 10 mg, 20</i>	
RIDAURA.....	86	<i>mg</i>	55
<i>rifabutin cap 150 mg</i>	22	ROTARIX.....	86
<i>rifampin cap 150 mg, 300 mg</i>	22	ROTATEQ.....	86
<i>rifampin for inj 600 mg</i>	22	ROWASA.....	88
<i>riluzole tab 50 mg</i>	59	<i>roweepra - levetiracetam tab 500 mg</i>	13
RINVOQ.....	86	ROXICODONE.....	3
RINVOQ LQ.....	86	ROZEREM.....	96
<i>risedronate sodium tab 150 mg</i>	88	ROZLYTREK.....	27
<i>risedronate sodium tab 35 mg</i>	88	RUBRACA.....	27
<i>risedronate sodium tab 5 mg, 30 mg</i>	88	<i>rufinamide susp 40 mg/ml</i>	13
		<i>rufinamide tab 200 mg</i>	13

<i>rufinamide tab 400 mg</i>	13	SILVADENE.....	63
RUKOBIA.....	39	<i>silver sulfadiazine cream 1%</i>	63
RUXIENCE.....	27	SIMBRINZA.....	91
RYBELSUS.....	46	SIMLANDI 1-PEN KIT.....	86
RYDAPT.....	27	SIMLANDI 2-PEN KIT.....	86
RYTARY.....	31	<i>simliya - desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	78
S		<i>simpesse - levonorg-eth est tab 0.15-0.03mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	78
SABRIL.....	13	<i>simvastatin tab 20 mg</i>	55
<i>sajazir - icatibant acetate subcutaneous soln pref syr</i> <i>30 mg/3ml</i>	86	<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	55
SALAGEN.....	60	<i>simvastatin tab 80 mg</i>	56
SAMSCA.....	65	SINEMET.....	31
SANDIMMUNE.....	86	SINGULAIR.....	94
SANDOSTATIN LAR DEPOT.....	81	<i>sirolimus oral soln 1 mg/ml</i>	86
SANTYL.....	63	<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	86
SAPHRIS.....	35	SIRTURO.....	22
<i>sapropterin dihydrochloride powder packet 100 mg,</i> <i>500 mg</i>	68	SIVEXTRO.....	10
<i>sapropterin dihydrochloride tab 100</i> <i>mg</i>	68	SKYLA.....	70
<i>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base</i> <i>equiv)</i>	46	SKYRIZI.....	86
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000</i> <i>mg</i>	46	SKYRIZI PEN.....	86
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg,</i> <i>5-1000 mg</i>	46	<i>sodium chloride irrigation soln 0.9%</i>	65
SCSEMBLIX.....	27	<i>sodium chloride iv soln 0.45%, 0.9%</i>	65
<i>scopolamine td patch 72hr 1 mg/3days</i>	19	<i>sodium chloride preservative free (pf) inj</i> <i>0.9%</i>	65
SECUADO.....	35	SODIUM OXYBATE.....	96
<i>selegiline hcl cap 5 mg</i>	31	<i>sodium phenylbutyrate oral powder 3 gm/</i> <i>teaspoonful</i>	69
<i>selegiline hcl tab 5 mg</i>	31	<i>sodium phenylbutyrate tab 500 mg</i>	69
<i>selenium sulfide lotion 2.5%</i>	63	<i>sodium polystyrene sulfonate powder</i>	65
SELZENTRY.....	39	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6</i> <i>gm/177ml</i>	67
SENSIPAR.....	88	<i>solifenacin succinate tab 5 mg, 10 mg</i>	70
SEREVENT DISKUS.....	94	SOLQUA 100/33.....	46
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SEROQUEL XR.....	35	SOMATULINE DEPOT.....	81
<i>sertraline hcl oral concentrate for solution 20 mg/</i> <i>ml</i>	18	SOMAVERT.....	81
<i>sertraline hcl tab 100 mg</i>	18	SOOLANTRA.....	63
<i>sertraline hcl tab 25 mg, 50 mg</i>	18	<i>sorafenib tosylate tab 200 mg (base</i> <i>equivalent)</i>	28
<i>setlakin - levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	78	<i>sorine - sotalol hcl tab 120 mg, 160</i> <i>mg</i>	56
SFROWASA.....	88	<i>sotalol hcl (afib/afl) tab 120 mg, 160</i> <i>mg</i>	56
<i>sharobel - norethindrone tab 0.35 mg</i>	78	<i>sotalol hcl (afib/afl) tab 80 mg</i>	56
SHINGRIX.....	86	<i>sotalol hcl tab 120 mg, 160 mg, 240</i> <i>mg</i>	56
SIGNIFOR.....	81	<i>sotalol hcl tab 80 mg</i>	56
SIGNIFOR LAR.....	81	SPIRIVA HANDIHALER.....	94
<i>sildenafil citrate tab 20 mg</i>	94	SPIRIVA RESPIMAT.....	94
SILENOR.....	96	<i>spironolactone & hydrochlorothiazide tab 25-25</i> <i>mg</i>	56
<i>silodosin cap 4 mg, 8 mg</i>	70		

<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	56	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	22
SPORANOX.....	20	<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	22
<i>sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	78	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	28
SPRITAM.....	14	<i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)</i>	28
SPRYCEL.....	28	SUNLENCA.....	39
<i>sps - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	65	SUPREP BOWEL PREP KIT.....	67
<i>sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	78	SUTAB.....	68
<i>ssd - silver sulfadiazine cream 1%</i>	63	SUTENT.....	28
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<i>subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	14	SYPRINE.....	65
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<i>sucralfate susp 1 gm/10ml</i>	67	TABLOID.....	28
<i>sucralfate tab 1 gm</i>	67	TABRECTA.....	28
SULAR.....	56	<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	86
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<i>sulfacetamide sodium ophth oint 10%</i>	91	<i>tadalafil tab 2.5 mg, 5 mg</i>	70
<i>sulfacetamide sodium ophth soln 10%</i>	91	<i>tadalafil tab 20 mg (pah)</i>	95
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	91	TAFINLAR.....	28
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<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	10	TALZENNA.....	28
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	10	TAMIFLU.....	39
<i>sulfasalazine tab 500 mg</i>	88	<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i>	28
<i>sulfasalazine tab delayed release 500 mg</i>	88	<i>tamsulosin hcl cap 0.4 mg</i>	70
<i>sulindac tab 150 mg, 200 mg</i>	3	<i>taperdex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	71
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<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	22	TASIGNA.....	28
		<i>tasimelteon capsule 20 mg</i>	96
		TASMAR.....	31
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tazicef - ceftazidime for iv soln 1 gm.....	10	testosterone td gel 12.5 mg/act (1%).....	78
tazicef - ceftazidime for iv soln 2 gm.....	10	testosterone td gel 20.25 mg/1.25gm (1.62%).....	78
tazicef - ceftazidime for iv soln 6 gm.....	10	testosterone td gel 20.25 mg/act (1.62%).....	78
TAZORAC.....	64	testosterone td gel 25 mg/2.5gm (1%).....	78
taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg.....	56	testosterone td gel 40.5 mg/2.5gm (1.62%).....	78
taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg.....	56	testosterone td gel 50 mg/5gm (1%).....	78
taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg.....	56	testosterone td soln 30 mg/act.....	78
taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg.....	56	tetrabenazine tab 12.5 mg.....	60
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telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....	56	tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg.....	56
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<i>tinidazole tab 250 mg, 500 mg.....</i>	10	<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....</i>	4
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....</i>	95	<i>trandolapril tab 1 mg, 2 mg, 4 mg.....</i>	57
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<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv).....</i>	10	TRECTOR.....	22
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv).....</i>	10	TRELEGY ELLIPTA.....	95
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<i>tolvaptan tab 15 mg, 30 mg.....</i>	65	<i>tretinoin cream 0.025%, 0.05%, 0.1%.....</i>	64
<i>topiramate sprinkle cap 15 mg, 25 mg.....</i>	14	<i>tretinoin gel 0.01%, 0.025%.....</i>	64
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<i>toremifene citrate tab 60 mg (base equivalent).....</i>	28	<i>triamcinolone acetonide dental paste 0.1%.....</i>	60
<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg.....</i>	28	<i>triamcinolone acetonide lotion 0.025%, 0.1%.....</i>	64
<i>torpenz - everolimus tab 5 mg.....</i>	28	<i>triamcinolone acetonide oint 0.025%, 0.1%.....</i>	64
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<i>tridacaine ii - lidocaine patch 5%</i>	4	<i>turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	79
<i>triderm - triamcinolone acetonide cream 0.5%</i>	64	TWINRIX.....	87
<i>trientine hcl cap 250 mg</i>	65	TYBLUME.....	79
<i>tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	78	TYBOST.....	40
<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	35	<i>tydemy - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	79
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<i>trihexyphenidyl hcl tab 2 mg, 5 mg</i>	31	TYKERB.....	29
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<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	78	UDENYCA ONBODY.....	48
<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	78	<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>	80
<i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	79	<i>ursodiol cap 300 mg</i>	68
<i>trimethoprim tab 100 mg</i>	10	<i>ursodiol tab 250 mg, 500 mg</i>	68
<i>tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	79	UZEDY.....	35
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i>	18	V	
TRINTELLIX.....	18	VAGIFEM.....	79
<i>tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	79	<i>valacyclovir hcl tab 500 mg, 1 gm</i>	40
<i>tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	79	VALCHLOR.....	29
TRIUMEQ.....	40	VALCYTE.....	40
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<i>trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	79	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	40
<i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	79	<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	14
<i>tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	79	<i>valproic acid cap 250 mg</i>	14
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<i>trosipium chloride cap er 24hr 60 mg</i>	70	<i>valsartan tab 320 mg</i>	57
<i>trosipium chloride tab 20 mg</i>	70	<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	57
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TURALIO.....	29	<i>vancomycin hcl cap 125 mg (base equivalent)</i>	10
		<i>vancomycin hcl cap 250 mg (base equivalent)</i>	10
		<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	10

<i>vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 10 gm (base equivalent)</i>	10	<i>vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	79
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	10	VFEND IV.....	20
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<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	5	<i>vigabatrin powd pack 500 mg</i>	14
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	5	<i>vigabatrin tab 500 mg</i>	14
VARIVAX.....	87	<i>vigadrone - vigabatrin powd pack 500 mg</i>	14
VASCEPA.....	57	<i>vigadrone - vigabatrin tab 500 mg</i>	14
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VASOTEC.....	57	VIGAMOX.....	91
VAXCHORA.....	87	<i>vigpoder - vigabatrin powd pack 500 mg</i>	14
<i>velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15- 0.025mg-mg</i>	79	VIIIBRYD.....	18
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VENLAFAXINE BESYLATE ER.....	18	VIRACEPT.....	40
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	18	VIREAD.....	40
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	18	VITRAKVI.....	29
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	18	VIVITROL.....	5
<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>	18	VIZIMPRO.....	29
VENTAVIS.....	95	<i>volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	79
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<i>verapamil hcl cap er 24hr 100 mg</i>	57	<i>voriconazole for inj 200 mg</i>	20
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	57	<i>voriconazole for susp 40 mg/ml</i>	20
<i>verapamil hcl cap er 24hr 200 mg</i>	57	<i>voriconazole tab 50 mg, 200 mg</i>	20
<i>verapamil hcl cap er 24hr 300 mg</i>	57	VOTRIENT.....	29
<i>verapamil hcl cap er 24hr 360 mg</i>	57	VOWST.....	68
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	57	VPRIV.....	69
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	57	VRAYLAR.....	36
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VERELAN PM.....	57	<i>vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	79
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<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	95	<i>zenzedi - dextroamphetamine sulfate tab 10 mg</i>	60
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<i>wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	79	ZEPATIER.....	40
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XATMEP.....	87	<i>zidovudine cap 100 mg</i>	40
XCOPRI.....	14	<i>zidovudine syrup 10 mg/ml</i>	40
XDEMVY.....	91	<i>zidovudine tab 300 mg</i>	40
XENAZINE.....	60	ZIEXTENZO.....	48
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XGEVA.....	89	<i>ziprasidone hcl cap 60 mg, 80 mg</i>	36
XHANCE.....	95	<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	36
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<i>xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	79	<i>zolpidem tartrate tab er 6.25 mg, 12.5 mg</i>	96
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<i>zaleplon cap 10 mg</i>	96	ZTLIDO.....	4
<i>zaleplon cap 5 mg</i>	96	<i>zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	79
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BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact a Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights 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/smartscreen/main.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, 800-537-7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>.

<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-390-4276(TTY/TDD: **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-390-4276 Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-390-4276(TTY/TDD: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-390-4276(TTY/TDD: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-390-4276(TTY/TDD: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-390-4276(TTY/TDD: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-390-4276(TTY/TDD: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-390-4276(TTY/TDD: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-390-4276(TTY/TDD: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-390-4276(TTY/TDD: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-866-390-4276(TTY/TDD: **711**)). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-390-4276(TTY/TDD: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-390-4276(TTY/TDD: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-390-4276(TTY/TDD: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-390-4276(TTY/TDD: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-390-4276(TTY/TDD: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-390-4276(TTY/TDD: **711**) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



This formulary was updated on 09/26/2024. For more recent information or other questions, please contact Blue Cross Group Medicare Advantage Customer Service at 1-866-390-4276 or, for TTY users, 711, 7 a.m. – 10 p.m., CT, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit www.myprime.com.

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