EmblemHealth
2027 HMO Formulary

Formulario 2027 de EmblemHealth HMO

安保健康保险2027年 HMO药物名册

(List of Covered Drugs or "Drug List"/La lista de medicamentos cubiertos o “la lista de medicamentos"/承保药物清单或“药物清单”)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. / LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN. / 请阅读: 本文件包含关于我们在这个计划中承保的药物的信息。

27043, V8

This formulary was updated on / Esta formulario se actualizó el / 该药物名册已于 10/05/2026.

For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364** (TTY users should call **711)**. From Oct.1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Saturday from 8 a.m. to 8 p.m. or visit **emblemhealth.com/medicare**.

Para obtener información más reciente o para hacer otras preguntas, comuníquese con EmblemHealth Medicare HMO al **877-344-7364** (los usuarios de TTY deben llamar al **711)**. Del 1 de octubre al 31 de marzo, puede llamarnos los siete días de la semana de 8 a.m. a 8 p.m. Del 1 de abril al 30 de septiembre, puede llamarnos de lunes a sábado, de 8 a.m. a 8 p.m., o visite **emblemhealth.com/medicare**.

如需更多最新信息或有其他疑问，请联系安保联邦医疗保险（Medicare，即红蓝卡）HMO，电话：**877-344-7364**（TTY 用户应致电 **711**）。从 10 月 1 日至 3 月 31 日，您可以每周 7 天从 8 a.m. 至8 p.m. 致电我们。从 4 月 1 日至 9 月 30 日，您可以周一至周六从 8 a.m. 至 8 p.m. 致电我们，或访问 **emblemhealth.com/medicare**。

(List of Covered Drugs or "Drug List"/La lista de medicamentos cubiertos o"la lista de medicamentos"/承保药物清单或"药物清单")

EmblemHealth VIP Value (HMO), EmblemHealth VIP Gold (HMO), EmblemHealth VIP Gold Plus (HMO), VIP Saver (HMO), VIP Core (HMO), and EmblemHealth VIP Premier (HMO) Group.

10/06/2026

EmblemHealth®

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

When this Drug List (formulary) refers to "we," "us," or "our," it means Health Insurance Plan of Greater New York (HIP). When it refers to "plan" or "our plan," it means EmblemHealth VIP Value (HMO), EmblemHealth VIP Gold (HMO), EmblemHealth VIP Gold Plus (HMO), EmblemHealth VIP Saver (HMO), EmblemHealth VIP Core (HMO), and EmblemHealth VIP Premier (HMO) Group.

This document includes a Drug List (formulary) for our plan, which is current as of 10/05/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on Jan. 1, 2028, and from time to time during the year.

What is the EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core, and EmblemHealth VIP Premier Group 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 our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but our plan 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 Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **emblemhealth.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 version 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 EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core, and EmblemHealth VIP Premier Group 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 any safety or effectiveness reasons we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both .We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization and/or quantity limits 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 EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core, and EmblemHealth VIP Premier Group Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 10/05/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is available online. New members receive a notice in the welcome kit with information on how to access the formulary or how to request one. Existing members can view the updated formulary by visiting us on the web at **emblemhealth.com/medicare**. The formulary that is posted on our website is updated.

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

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, 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:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan based on specific criteria before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for VEPPANU. This may be in addition to a standard one-month or three-month supply.

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. You may also

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver , EmblemHealth VIP Core, and EmblemHealth VIP Premier Group Formulary?" on page v for information about how to request an exception.

What if my drug is not on the formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

- You can ask us 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 EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core, and EmblemHealth VIP Premier Group formulary?

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

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

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

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

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

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

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

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

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

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

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

For more information

For more detailed information about your EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver , EmblemHealth VIP Core, and EmblemHealth VIP Premier Group prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core, and EmblemHealth VIP Premier Group formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this formulary.

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

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

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.

#**:** 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 Services at **877-344-7364** (TTY users should call **711**). From Oct. 1 through March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 through Sept. 30, you can call us Monday through Saturday from 8 a.m. to 8 p.m. or visit **emblemhealth.com/medicare**.

+: The vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Preventions (CDC) Advisory Committee on Immunization Practices (ACIP).

Please refer to the below for information about the different tier levels listed in this formulary:

Copay Tier-Type of drug	**Includes**
Tier 1- Preferred Generic	Lowest-cost tier. Most generic drugs on the formulary are included in this tier.
Tier 2 - Generic	Second lowest-cost tier and contains non-preferred generic drugs.
Tier 3 - Preferred Brand	This tier contains a combination of preferred brand drugs and certain generics.
Tier 4- Non-Preferred Drug	This is your higher-cost tier and includes non-preferred generic and brand drugs.
Tier 5- Specialty Tier	Specialty drugs are generally the highest cost prescription drugs that may require special handling and may be brand or generic.
Tier 6- Select Care Drugs	Zero-dollar ($0) cost tier. This tier includes limited drug categories (i.e., certain high blood pressure, high cholesterol, vaccines, and oral diabetic drugs).

This drug list is applicable to EmblemHealth VIP Premier (HMO) Group plans with prescription drug coverage that has 6 tiers. Prease see your Cost Sharing Guide for more information.

Nota para los miembros existentes: Este formulario de medicamentos se ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún se incluyan los medicamentos que usted toma.

Cuando esta Lista de medicamentos (formulario de medicamentos) se refiere a “nosotros”, “nos” o “nuestro”, significa Health Insurance Plan of Greater New York (HIP). Cuando se refiere al "plan" o a "nuestro plan", significa EmblemHealth VIP Value (HMO), EmblemHealth VIP Gold (HMO), EmblemHealth VIP Gold Plus (HMO), EmblemHealth VIP Saver (HMO) EmblemHealth VIP Core (HMO) y EmblemHealth VIP Premier (HMO) Group.

El presente documento incluye una Lista de medicamentos (formulario de medicamentos) para nuestro plan que se encuentra vigente a partir del 10/05/2026. Para obtener una Lista de medicamentos (formulario de medicamentos) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la última fecha en que hemos actualizado la Lista de medicamentos (formulario de medicamentos), aparece en la portada y la contratapa.

Para poder usar sus beneficios de medicamentos con receta, por lo general, debe usar farmacias de la red. Los beneficios, el formulario de medicamentos, la red de farmacias o los copagos y el coseguro pueden cambiar a partir del 1.° de enero de 2028 y periódicamente durante el año.

¿Qué es el formulario de medicamentos de EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core y EmblemHealth VIP Premier Group?

En este documento, usamos los términos Lista de medicamentos y formulario de medicamentos para referirnos a lo mismo. El formulario de medicamentos es una lista de medicamentos cubiertos seleccionados por nuestro plan en colaboración con un equipo de proveedores de atención médica que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Por lo general, nuestro plan cubre los medicamentos que se encuentran incluidos en nuestro formulario de medicamentos, siempre que el medicamento sea médicamente necesario, la receta se llene en una farmacia de la red y se respeten las demás reglas del plan. Para obtener más información sobre cómo llenar sus recetas, consulte su Evidencia de cobertura.

¿El formulario de medicamentos puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.° de enero, pero nuestro plan puede agregar o quitar medicamentos del formulario de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios. Las actualizaciones del formulario de medicamentos se publican mensualmente en nuestro sitio web aquí: **emblemhealth.com/medicare**

Cambios que pueden afectar este año: En los casos que figuran a continuación, usted se ve afectado por los cambios de cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podremos eliminar de inmediato un medicamento de nuestro formulario de medicamentos si lo reemplazamos por una nueva versión de ese medicamento del mismo nivel de costos compartidos, o un nivel menor, y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario de medicamentos, podemos decidir

mantener el medicamento de marca o el producto biológico original en nuestro formulario de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones.
Podemos hacer estos cambios inmediatos solo si agregamos una nueva versión genérica de un medicamento de marca o si agregamos cierta versión biosimilar nueva de un producto biológico original que ya estaba en el formulario de medicamentos (por ejemplo, si agregamos un biosimilar intercambiable que puede ser sustituido por un producto biológico original en una farmacia sin una nueva receta).

Si actualmente está tomando un medicamento de marca o producto biológico original, es posible que no le informemos con anticipación antes de hacer un cambio inmediato, pero luego le brindemos información sobre los cambios específicos que hemos realizado.

Si realizamos dicho cambio, usted o el profesional autorizado para recetar pueden solicitarnos que hagamos una excepción y sigamos cubriendo para usted el medicamento que se cambia. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al formulario de medicamentos de EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core y EmblemHealth VIP Premier Group?".

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?".

- **Medicamentos retirados del mercado.** Si el fabricante o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determinan que un medicamento debe retirarse de la venta por cualquier motivo de seguridad o eficacia, de inmediato podemos eliminar el medicamento de nuestro formulario de medicamentos y luego notificar a los miembros que lo toman.

- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario de medicamentos al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de costo compartido diferente, o ambos. Podemos hacer cambios en función de nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario de medicamentos, si agregamos autorización previa o límites de cantidad a un medicamento, o si movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados el cambio por lo menos 30 días antes de que el cambio entre en vigencia. Como alternativa, cuando un miembro solicite un resurtido del medicamento, puede recibir un suministro del medicamento durante 30 días y un aviso del cambio.

Si realizamos estos otros cambios, usted o el profesional autorizado para recetar pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento que usted ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al Formulario de medicamentos de EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core y EmblemHealth VIP Premier Group?".

Cambios que no le afectarán si actualmente está tomando el medicamento. Generalmente, si usted está tomando un medicamento de nuestro formulario de medicamentos 2027 que estaba cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2027, excepto como se describió anteriormente. Esto significa que estos medicamentos están disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. No se obtuvo una notificación directa este año sobre los cambios que no afectan. Sin embargo, el 1.º de enero del próximo año, esos cambios le afectarían y es importante que revise el formulario de medicamentos del nuevo año del beneficio para ver los cambios en los medicamentos.

El formulario de medicamentos adjunto tiene vigencia desde el 10/05/2026. Para obtener la información más actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contratapa.

Nota: En caso de un cambio en el formulario de medicamentos que no sea por mantenimiento a mitad del año, dicho cambio se agregará a una lista exhaustiva de cambios que se han producido desde la impresión del formulario de medicamentos. La lista de cambios se incluye con el folleto del formulario de medicamentos que está disponible en línea. Los miembros nuevos reciben un aviso en el paquete de bienvenida con información sobre cómo acceder al formulario de medicamentos o cómo solicitar uno. Los miembros existentes pueden ver el formulario de medicamentos actualizado al visitarnos en nuestro sitio web en **emblemhealth.com/medicare**. El formulario de medicamentos que está publicado en nuestro sitio web está actualizado.

¿Cómo debo usar el formulario de medicamentos?

Existen dos formas de encontrar su medicamento dentro del formulario de medicamentos:

Afección médica

El formulario de medicamentos comienza en la página 1. Los medicamentos de este formulario de medicamentos se agrupan en categorías, según el tipo de afección médica que suelen tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca están enumerados en la categoría "Lípidos/hipertensivo cardiovascular". Si conoce para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento en el nombre de la categoría.

Lista por orden alfabético

Si no está seguro/a de la categoría en la que debe buscar, busque su medicamento de la Parte D en el Índice que se encuentra al dorso de esta farmacopea. El Índice le brinda una lista por orden alfabético de todos los medicamentos de la Parte D incluidos en el presente documento. Los medicamentos de marca y los genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de página donde puede encontrar la información de la cobertura. Vaya a la página enumerada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre los medicamentos de marca y los medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como medicamento que contiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan bien como los medicamentos de marca y cuestan menos. Hay medicamentos genéricos disponibles sustitutos para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituirse por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario de medicamentos, cuando nos referimos a medicamentos, puede significar un medicamento o un producto biológico. Los productos biológicos son fármacos que son más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, las versiones biosimilares son iguales de eficaces que los productos biológicos originales y pueden costar menos. Existen biosimilares alternativos para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de cobertura, Capítulo 5, Sección 3.1: “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

¿Existen algunas restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos o límites adicionales sobre la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Nuestro plan le exige a usted o a un profesional autorizado para recetar que obtenga una autorización previa para determinados medicamentos. Esto significa que debe obtener la

aprobación de nuestro plan, en función de criterios específicos, antes de llenar sus recetas. Si no obtiene la aprobación, es posible que nuestro plan no cubra el medicamento.

- **Límites de cantidad:** Para determinados medicamentos, nuestro plan limita la cantidad del medicamento que cubre. Por ejemplo, nuestro plan proporciona 30 comprimidos por receta de VEPPANU. Esto puede ser además del suministro estándar de uno o tres meses.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el formulario de medicamentos que comienza en la página 1. Además, puede obtener más información sobre las restricciones que se aplican a los medicamentos cubiertos específicamente al visitar nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la última fecha en que hemos actualizado el formulario de medicamentos, aparece en la portada y la contratapa.

Puede solicitar a nuestro plan que haga una excepción sobre estas restricciones o límites, o para obtener una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección "¿Cómo solicitar una excepción al Formulario de medicamentos de EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core y EmblemHealth VIP Premier Group?" de la página v para obtener más información sobre cómo puede solicitar una excepción.

¿Qué sucede si mi medicamento no aparece en el formulario de medicamentos?

Si su medicamento no está incluido en el presente formulario de medicamentos (lista de medicamentos cubiertos), debería comunicarse primero con el Servicio de Atención al Cliente y consultar si su medicamento está cubierto.

Si sabe que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de los medicamentos similares que están cubiertos por nuestro plan. Cuando reciba esa lista, muéstresela a su médico y pídale que recete un medicamento similar al cubierto por nuestro plan.

- Puede solicitar que hagamos una excepción y cubramos su medicamento. Consulte a continuación para obtener más información sobre cómo puede solicitar una excepción.

¿Cómo solicitar una excepción al formulario de medicamentos de EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core y EmblemHealth VIP Premier Group?

Puede solicitar un plan que haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que pueden solicitarnos que hagamosmos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestro formulario de medicamentos. Si se aprueba, se cubrirá este medicamento en un nivel de costo compartido predeterminado, y no puede pedirnos que brindemos el medicamento en un nivel de costo compartido más bajo.

- Puede solicitarnos que excluyamos una restricción de cobertura, incluida la autorización previa o un límite de cantidad de su medicamento. Por ejemplo, para determinados medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si un medicamento tiene un límite de cantidad, puede solicitarnos que renunciemos a ese límite y cubramos un monto mayor.

- Puede solicitarnos que cubramos un medicamento del formulario de medicamentos a un nivel de costo compartido más bajo, a menos que este medicamento se encuentre en el nivel de especialidad. Si se aprueba, esto debe reducir la cantidad que debe pagar por su medicamento.

Generalmente, nuestro plan solamente aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario de medicamentos del plan, el medicamento de costo compartido más bajo o aplicar las restricciones no serían tan eficaces para usted o le producirían efectos adversos.

Usted o el profesional autorizado para recetar deben comunicarse con nosotros para solicitar una excepción a la lista de medicamentos o al nivel, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, su profesional autorizado para recetar debe explicar los motivos médicos por los cuales necesita la excepción.** Por lo general, debemos tomar una decisión dentro de las 72 horas de haber recibido la declaración de apoyo del profesional autorizado para recetar. Puede solicitar una decisión acelerada (rápida) si cree que espera una decisión hasta 72 horas podría perjudicar gravemente su salud y si nosotros estamos de acuerdo. Si aceptamos, o si su profesional autorizado para recetar solicita una decisión acelerada, debemos dar una decisión más tarde 24 horas después de recibir la declaración de respaldo del profesional autorizado para recetar.

¿Qué puedo hacer si mi medicamento no está en el formulario de medicamentos o tiene una restricción?

Como miembro nuevo o que continúa en nuestro plan, es posible que esté tomando medicamentos que no están en el formulario de medicamentos. O bien, es posible que esté tomando un medicamento que está en nuestro formulario de medicamentos pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con su profesional autorizado para recetar con el fin de solicitar una decisión de cobertura que demuestre que usted cumple con los criterios de aprobación, para cambiar a un medicamento

alternativo que cubramos o además solicitar una excepción a El formulario de medicamentos para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción adecuado para usted, es posible que cubramos sus medicamentos en determinados casos durante los primeros 90 días en que usted es miembro de nuestro plan.

Por cada uno de sus medicamentos que no esté en nuestro formulario de medicamentos o que tenga una restricción de cobertura, cubriremos un suministro temporal para 30 días. Si su receta médica fue hecha por pocos días, permitiremos varios resurtidos hasta un máximo de un suministro de 30 días del medicamento. Si no aprueba la cobertura, luego de su primer suministro para 30 días, no pagaremos por estos medicamentos, incluso si hace menos de 90 días que usted es miembro del plan.

Si usted es residente de un centro de cuidados a largo plazo y necesita un medicamento que no está en nuestro formulario de medicamentos o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras solicita una excepción al formulario de medicamentos.

Si es un miembro real de nuestro plan y experimenta algún cambio en el nivel de atención, como por ejemplo, ser admitido o dado de alta en un centro de cuidados a largo plazo, se le permitirá una renovación temporal por una única vez de sus medicamentos, según sea necesario, para ayudarle en su transición a un nuevo nivel de atención.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos con receta de su plan, EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core y EmblemHealth VIP Premier Group, consulte su Evidencia de cobertura y los demás materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la última fecha en que hemos actualizado el formulario de medicamentos, aparece en la portada y la contratapa.

Si tiene alguna pregunta en general sobre la cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana, los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite http://www.medicare.gov.

Formulario de medicamentos de EmblemHealth VIP Value, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Saver, EmblemHealth VIP Core y EmblemHealth VIP Premier Group

La farmacopea que comienza en la página 1 proporciona información sobre la cobertura de los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar su medicamento de la Parte D en la lista, consulte el Índice al dorso de esta farmacopea.

La primera columna del cuadro enumera el nombre del medicamento. Los medicamentos de marca se encuentran escritos con mayúsculas (p. ej., SYNTHROID) y los medicamentos genéricos se encuentran escritos en cursiva minúscula (p. ej., *levotiroxina*).

La información en la columna Requisitos/límites le informa si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

A continuación, aparece una lista de abreviaturas que pueden aparecer en las páginas siguientes dentro de la columna Requisitos/límites que le informan si hay algún requisito especial de cobertura para su medicamento.

Lista de abreviaturas

BD: Medicamentos que pueden estar cubiertos bajo Medicare Parte B o Parte D, dependiendo de la circunstancia. Estos medicamentos requieren autorización previa para determinar la cobertura bajo la Parte B o Parte D. Es posible que se deba proporcionar información que describa el uso o el lugar donde se recibe el medicamento para determinar la cobertura.

PA: Autorización previa.

QL: Límites de cantidad.

#: Medicamentos de alto riesgo (medicamentos de alto riesgo, HRM). Medicamentos que pueden ser inseguros en pacientes mayores de 65 años de edad. Nuestro formulario de medicamentos incluye cobertura para algunos de estos medicamentos, pero pueden encontrarse alternativas en niveles de copago más bajos. Analice con su médico si existen alternativas a estos medicamentos que sean adecuados para usted.

***:** Medicamentos de distribución limitada. Esta receta solamente puede estar disponible en determinadas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame al Servicio de Atención al Cliente al **877-344-7364** (los usuarios de TTY deben llamar al **711**). Del 1.° de octubre al 31 de marzo, puede llamarnos los siete días de la semana de 8 a.m. a 8 p.m. Del 1.° de abril al 30 de septiembre, puede llamarnos de lunes a sábado de 8 a.m. a 8 p.m., o visitar **emblemhealth.com/medicare**.

+: La vacuna se proporciona sin costo alguno a adultos cuando se administra en función de las recomendaciones del Comité Asesor sobre Prácticas de Inmunización (Comité Asesor sobre Prácticas de Inmunización, ACIP) de los Centros para el Control y la Prevención de Enfermedades (Centros para el Control y la Prevención de Enfermedades, CDC).

Consulte a continuación para obtener información sobre los diferentes niveles de categorías que figuran en este formulario de medicamentos:

Nivel de copago y Tipo de medicamento	**Incluye**
Nivel 1: medicamentos genéricos preferidos	Nivel de menor costo. La mayoría de los medicamentos genéricos del formulario de medicamentos están incluidos en este nivel.
Nivel 2: medicamentos genéricos	Es el segundo nivel de menor costo y contiene medicamentos genéricos no preferidos.
Nivel 3: medicamentos de marca preferidos	Este nivel contiene una combinación de medicamentos de marca preferidos y ciertos genéricos.
Nivel 4: medicamentos no preferidos	Este es su nivel de mayor costo e incluye medicamentos genéricos y de marca no preferidos.
Nivel 5: nivel de especialidad	Los medicamentos de especialidad son generalmente los medicamentos con receta de mayor costo que pueden requerir un manejo especial y pueden ser de marca o genéricos.
Nivel 6: medicamentos de atención selecta	Nivel de costo cero en dólares ($0). Este nivel incluye categorías limitadas de medicamentos (es decir, ciertos medicamentos para la presión arterial alta, el colesterol alto, vacunas y los medicamentos orales para la diabetes).

Esta lista de medicamentos se aplica a los planes grupales EmblemHealth VIP Premier (HMO) con cobertura de medicamentos con receta de 6 niveles. Consulte la Guía de participación en los costos para obtener más información.

现有会员须知：此药物名册自去年起已发生变化。请查看本文件，以确保其中仍然包含您服用的药物。

当本药物清单（药物名册）提及“我们”或“我们的”时，是指大纽约健康保险 (HIP)。当提及“计划”或“我们的计划”时，是指安保尊享联邦医疗保险增值计划 (VIP Value) (HMO)、安保尊享联邦医疗保险金级计划 (VIP Gold) (HMO)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+) (HMO)、安保尊享联邦医疗保险优势计划 (VIP Saver) (HMO)、安保尊享联邦医疗保险核心计划 (VIP Core) (HMO) 和安保尊享联邦医疗保险至尊计划 (VIP Premier)(HMO) 团体计划。

本文件包含我们的计划截至 2026 年 10 月 05 日 的最新药物清单（药物名册）。如需获取最新版药物清单（药物名册），请联系我们。我们的联系信息以及我们上次更新药物清单（药物名册）的日期显示在封面和封底。

您通常必须使用网内药房来享受您的处方药物保险福利。保险福利、药物名册、药房网络和/或共付额/共同保险可能会在 2028 年 1 月 1 日发生变更，并在全年中不时调整。

什么是安保尊享联邦医疗保险增值计划 (VIP Value)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险优势计划 (VIP Saver)、安保尊享联邦医疗保险核心计划 (VIP Core) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册？

在本文件中，“药物清单”和“药物名册”表示相同含义。药物名册是我们的计划与医疗服务提供方团队协商后选定的承保药物清单，该清单包含的处方治疗药物被认为是优质治疗方案中不可或缺的组成部分。通常情况下，只要满足以下条件，我们的计划将承保我们的药物名册内的药物：药物在医疗上是必需的、处方药在计划网络内的药房配取，且遵守其他计划规定。有关如何配取处方药的更多信息，请查看您的《承保证明》。

药物名册会发生变更吗？

药物承保范围的多数变更在 1 月 1 日生效，但我们的计划可能在年内添加或移除药物名册上的药物、调整药物费用分摊等级，或增加新的限制。进行这些变更时，我们必须遵守联邦医疗保险（Medicare，即红蓝卡）相关规定。药物名册的更新每月发布在我们的网站上：**emblemhealth.com/medicare**

本年度可能影响您的变更：在下列情况下，您将受到本年度承保范围变更的影响：

- **即时替代特定新版本的品牌药物和原研生物制品。** 当我们要将药物名册内某种药物替换为相同或更低费用分摊等级且限制相当或更少的新版本时，可能会立即移除原药物。当我们将某

一药物的新版本纳入药物名册时，可能会决定保留原品牌药或原研生物制品在药物名册中，但会立即将其调整至其他费用分摊等级，或增加新限制。
只有当我们新增已列入药物名册的品牌药的新仿制药版本，或新增已列入药物名册的原研生物制品的特定新生物类似药版本时，我们才能实施上述即时变更（例如，纳入可由药房直接替换原研生物制品且无需新处方的可互换生物类似药）。

如果您目前正在服用该品牌药或原研生物制品，我们可能不会在我们做出该即时变更之前提前通知您，但后续会向您提供已实施具体变更的相关信息。

如果我们做出这样的变更，您或您的处方医生可向我们申请例外处理，要求继续为您承保发生变更的药物。如需了解更多信息，请参阅下文标题为“如何申请安保尊享联邦医疗保险增值计划 (VIP Value)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险优势计划 (VIP Saver)、安保尊享联邦医疗保险核心计划 (VIP Core) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册的例外承保？”的部分。

您可能对部分药物类型并不熟悉。如需了解更多信息，请参阅下文标题为
“什么是原研生物制品？它们与生物类似药有何关系？”

- **从市场上撤出的药物。**如果药物被生产商下架停售或美国食品和药物管理局 (FDA) 出于任何安全或有效性原因决定药物须撤市，我们可能会立即将该药物从我们的药物名册中移除，并随后向服用该药物的会员发出通知。

- **其他变更。**我们可能会做出影响当前用药会员的其他变更。例如，在新增非品牌等效替代药时，我们可能会从药物名册中移除相应的品牌药；或者在新增生物类似药时，移除原研生物制品。我们也可能对品牌药或原研生物制品新增使用限制，或将其调整至不同的费用分摊等级，甚至同时采取上述两种措施。此外，我们还会根据最新的临床指南对药物名册进行调整。如果我们从药物名册中移除药物，增加对药物的事先授权和/或剂量限制，或将药物调整至更高费用分摊等级，我们必须在变更生效前至少 30 天，向受影响的会员发送变更通知。或者，当会员请求续配药时，我们可能会为其提供 30 天的药物供应量，并发送变更通知。

如果我们做出这些其他变更，您或您的处方医生可以要求我们对您进行例外处理并继续为您承保您正在服用的药物。我们提供的通知还将包括有关如何申请例外承保的信息，您也可以在下文标

题为“如何申请安保尊享联邦医疗保险增值计划 (VIP Value)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险优势计划 (VIP Saver)、安保尊享联邦医疗保险核心计划 (VIP Core) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册的例外承保？”的部分中找到相关信息。

当前用药不受影响的变更。 一般来说，如果您正在服用我们 2027 年药物名册中在年初已纳入承保的药物，我们将不会在 2027 年承保年度内停止或减少对该药物的承保，但上述情况除外。这意味着，对于目前正在使用这些药物的会员而言，在本承保年度剩余时间内，这些药物仍将保持供应，且费用分摊标准不变、无新增使用限制。在本年度内，您不会直接收到对您无影响的变更通知。然而，在下一年的 1 月 1 日，此类变更将会影响您，因此请务必查阅新保险福利年度的药物名册，了解是否有任何药物变更。

随附的药物名册是截至 2026 年 10月05 日> 的最新药物名册。要获取有关我们的计划所承保药物的最新信息，请联系我们。封面和封底上有我们的联系信息。

注意：如果年中发生非维护性药物名册变更，该变更会被纳入一份综合清单中，此清单记录了自药物名册印发以来所发生的所有变更。这份变更清单会随药物名册手册一同提供，该手册可在网上获取。新会员将在迎新资料夹中收到通知，其中包含如何查阅药物名册或如何申请获取药物名册。现有会员可以通过 **emblemhealth.com/medicare** 访问我们，查看更新后的药物名册。发布在我们网站上的药物名册已更新。

如何使用药物名册？

有两种方法可以在药物名册内找到您的药物：

按病症分类查找

药物名册从第 1 页开始。此药物名册中的药物根据用于治疗的病症类型进行分类。例如，用于治疗心脏病的药物列在“心血管高血压/血脂”类别下。如果您知道您的药物用途，请从第 1 页开始的列表中查找类别名称。然后，在药物类别名称下查找所需药物。

按字母顺序查找

如果不确定要在哪个类别下查找，您应在本药物名册后面的索引中查找您的 D 部分药物。该索引按字母顺序列出了本文件中包含的所有 D 部分药物。索引同时收录了品牌药物与非品牌药物。查看索引并找到您的药物。药物名称旁会标注您可查询到该药物承保信息的页码。转到索引中列出的页面，并在列表的第一列中找到您的药物名称。

什么是非品牌药物？

我们的计划承保品牌药物和非品牌药物。非品牌药物被美国食品和药物管理局 (FDA) 批准为与品牌药具有相同的活性成分。一般来说，非品牌药物的疗效和品牌药相当，且价格往往更低。许多品牌药物都有对应的替代非品牌药物。在药房配药时，通常无需新处方即可直接用非品牌药物替代品牌药，但具体情况需遵守各州的相关法律规定。

什么是原研生物制品，它们与生物类似药有何关系？

在药物名册中，“药物”一词可能指典型药物或生物制品。生物制品是比典型药物更复杂的药物。由于生物制品比典型药物更复杂，没有仿制药形式，而是拥有名为“生物类似药”的替代药品。通常情况下，生物类似药疗效与原研生物制品相当，且价格可能更低。有些原研生物制品已有生物类似药作为替代选择。一些生物类似药属于可互换生物类似药，在药房配药时，通常无需新处方即可直接替代原研生物制品，与非品牌药物替代品牌药的方式类似，但具体情况需遵守各州的相关法律规定。

- 有关药物类型的详细说明，请参阅《承保证明》第 5 章第 3.1 节“《药物清单》说明哪些 D 部分药物在承保范围内”。

我的承保范围是否有任何限制？

部分承保药物可能附带额外的承保范围要求或限制。这些要求和限制可能包括：

- **事先授权：**我们的计划要求您或您的处方医生获得针对某些药物的事先授权。这意味着您在配处方药之前，需要根据具体标准事先取得我们计划的批准。如未取得批准，我们的计划可能不承保您的药物。

- **剂量限制：**对于某些药物，我们的计划对承保的药物剂量有限制。例如，对于 VEPPANU，我们的计划对每份处方最多承保 30 片。该限制可能是在标准 1 个月或 3 个月用药供应量基础上额外设定的。

您可以通过查看从第 1 页开始的药物名册，了解您的药物是否有任何额外的要求或限制。您还可以访问我们的网站，获取有关适用于特定承保药物的限制的更多信息。我们已在线发布了说明事前授权规则的文件。您也可要求我们寄送文件副本。我们的联系方式以及我们上次更新药物名册的日期显示在封面和封底。

您可以要求我们的计划对这些限制或限额进行例外处理，或者提供可能治疗您的健康状况的其他类似药物清单。请参阅第 v 页的“如何申请安保尊享联邦医疗保险增值计划 (VIP Value)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险优势计划 (VIP Saver)、安保尊享联邦医疗保险核心计划 (VIP Core) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册的例外承保？”部分，了解关于如何申请例外承保的信息。

如果我的药物不在药物名册上，怎么办？

如果您的药物未被列入此药物名册（承保药物清单），您应首先联系客户服务部，询问该药物是否在承保范围内。

如果您了解到我们的计划不承保您的药物，您有以下两个选择：

- 您可以向客户服务部索要一份关于我们的计划承保的类似药物的清单。收到清单后，您可将其出示给您的医生，请求医生为您开具我们的计划承保的同类药物。
- 您可以要求我们进行例外处理，承保您的药物。请参阅下文，了解关于如何申请例外承保的信息。

如何申请安保尊享联邦医疗保险增值计划 (VIP Value)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险优势计划 (VIP Saver)、安保尊享联邦医疗保险核心计划 (VIP Core) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册的例外承保？

您可以要求我们的计划对我们的承保规则做出例外处理。您可以要求我们做出几种类型的例外处理。

- 您可以要求我们承保某种药物，即使它不在我们的药物名册上。如果获得批准，该药物将按预先确定的费用分摊等级获得承保，而您将无法要求我们以更低的费用分摊等级提供药物。
- 您可以要求我们免除承保限制，包括事先授权或药物剂量限制。例如，对于某些药物，我们的计划限制了我们将承保的药物剂量。如果您的药物有剂量限制，您可以要求我们免除限制并增加承保剂量。

- 您可以要求我们以更低的费用分摊等级承保药物名册上的一种药物，但属于专科药物等级的药物除外。如果获得批准，这将降低您必须为药物支付的金额。

一般来说，只有当我们的计划药物名册中包含的替代药物、更低的费用分摊药物或现行用药限制对您来说疗效不足和/或会导致您产生不良反应时，我们的计划才批准您的例外申请。

您或您的处方医生应联系我们，申请等级调整或药物名册的例外承保，包括对承保限制做出例外处理。**当您申请例外承保时，您开具处方的医生需要提供医学理由，说明您需要该例外承保的原因。**一般来说，我们必须收到您的处方医生的支持性声明后 72 小时内做出决定。如果您认为等待 72 小时可能会严重损害您的健康，而我们也对此表示认同，您可以申请加急（快速）决定。如果我们同意，或者如果您的处方医生要求快速做出决定，我们必须在收到处方医生的支持性声明后 24 小时内做出决定。

如果我的药物不在药物名册上或存在限制，我该怎么办？

作为我们计划的新会员或续保成员，您可能正在服用未列入我们药物名册的药物。或者，您可能正在服用虽在我们药物名册上但存在承保限制（例如事先授权）的药物。您应与您的处方医生讨论以下三种方案：申请承保决定，以证明您符合批准标准；转用我们承保的替代药物；申请药物名册例外承保，以便我们承保您服用的药物。在您和您的医生为您确定合适的行动方案期间，在您加入我们的计划后的头 90 天内，我们可能会在特定情况下承保您的药物。

对于未列入药物名册或存在承保限制的每种药物，我们将承保 30 天的临时供应量。若您的处方用药天数较短，我们将允许续配药以提供最长 30 天的药物供应量。如果承保未获批准，在您获得首个 30 天的药物供应量后，我们将不会为这些药物付费，即使您加入该计划不足 90 天。

如果您居住在长期护理院，并且您需要一种不在我们药物名册上的药物，或者如果您获得药物的能力有限，但您加入我们计划已超过 90 天，那么在您申请药物名册例外承保时，我们将承保该药物的 31 天紧急供应量。

如果您目前是我们计划的会员，并且您的护理级别发生了变化（例如入住或离开长期护理院），我们将根据需要为您提供一次性临时药物供应，以帮助您过渡到新的护理阶段。

更多信息

有关您的安保尊享联邦医疗保险增值计划 (VIP Value) 、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险优势计划 (VIP

Saver)、安保尊享联邦医疗保险核心计划 (VIP Core) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划处方药物承保范围的更多详细信息，请查看您的《承保证明》和其他计划材料。

如果您对我们的计划有任何疑问，请联系我们。我们的联系方式以及我们上次更新药物名册的日期显示在封面和封底。

如果您对联邦医疗保险（Medicare，即红蓝卡）处方药物承保范围有一般疑问，请致电联邦医疗保险（Medicare，即红蓝卡），电话 1-800-MEDICARE (1-800-633-4227)，该热线每周 7 天、每天 24 小时服务，TTY 用户应拨打 1-877-486-2048。或者，访问 http://www.medicare.gov。

安保尊享联邦医疗保险增值计划 (VIP Value)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险优势计划 (VIP Saver)、安保尊享联邦医疗保险核心计划 (VIP Core) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册

从第 1 页开始的药物名册提供关于我们的计划所承保药物的承保信息。如果您在列表中找不到您的 D 部分药物，请转到本药物名册后面的索引。

图表的第一列列出了药物名称。品牌药物为大写字体（例如，SYNTHROID），非品牌药物以小写字母斜体列出（例如，*levothyroxine（左甲状腺素）*）。

“要求/限制”一列中的信息告诉您，我们的计划是否对您所用药物的承保有任何特殊要求。

以下是可能在后续页面的“要求/限制”列中出现的缩写列表，这些缩写会说明对您所用药物的承保是否存在特殊要求。

缩略语列表

BD：联邦医疗保险 B 部分或 D 部分（视具体情况而定）可能承保的药物。这些药物需要事先授权才能确定是在 B 部分还是 D 部分承保范围内。可能需要提供描述药物用途或药物接收地点的信息，以便确定承保情况。

PA：事先授权。

QL：剂量限制。

#：高风险药物 (HRM)。对于 65 岁以上患者可能不安全的药物。我们的药物名册确实包含对其中部分药物的承保，但在更低的共付额等级中可能有替代药物。请与您的医生讨论是否有其他适合您使用的替代药物。

*****：限量分发药物。此类处方药可能仅在特定药店有售。如需了解更多信息，请查阅您的《药房名录》或致电 **877-344-7364**（TTY 用户应拨打 **711**）联系客户服务部。从 10 月 1 日至次年 3 月 31 日，您可以每周 7 天从 8 a.m. 至 8 p.m. 致电我们。从 4 月 1 日至 9 月 30 日，您可以周一至周六从 8 a.m. 至 8 p.m. 致电我们，或访问 **emblemhealth.com/medicare**。

+：当根据疾病预防与控制中心 (CDC) 免疫实践咨询委员会 (ACIP) 的建议使用时，成人可免费接种此类疫苗。

有关本药物名册中列出的不同等级的信息，请参阅以下内容：

共付额等级—药物类型	**包含**
1 级—首选非品牌药	最低费用等级。药物名册上的大多数非品牌药物都包含在这一等级中。
2 级—非品牌药	费用第二低的等级，包含非首选非品牌药。
3 级—首选品牌药	该等级包含首选品牌药和某些非品牌药的组合。
4 级—非首选药物	该等级费用较高，包括非首选非品牌药和品牌药。
5 级—专科药物	专科药物通常是费用最高的处方药物，可能需要特殊处理，既可能是品牌药也可能是非品牌药。
6 级—精选护理药物	零美元 ($0) 费用等级。该等级包括有限的药物类别（即某些高血压药、高胆固醇药、疫苗和口服降糖药）。

本药物清单适用于处方药承保有 6 个等级的安保尊享联邦医疗保险至尊计划 (VIP Premier) (HMO) 团体计划。请参考您的费用分摊指南了解更多信息。

EmblemHealth®

Y0026_205195_C

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

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-344-7364** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **877-344-7364**（文本电话：**711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-344-7364** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **877-344-7364** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-344-7364** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-344-7364** (tty: **711**) o parla con il tuo fornitore.

(**Yiddish**) **יידיש** נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פּראַווייַדינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן (TTY: **711**) **877-344-7364** אָדער רעדן מיט דיין טרעגער.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

10-9124-24 8/24

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-344-7364** (TTY: **711**) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-344-7364** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **877-344-7364** (**711**) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-344-7364** (TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: **711**) **877-344-7364** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-344-7364** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-344-7364** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-344-7364** (TTY: **711**) ose bisedoni me ofruesin tuaj të shërbimit.

NOTICE OF NONDISCRIMINATION POLICY

Discrimination is Against the Law

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. EmblemHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

EmblemHealth:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Medicare Connect Concierge at **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the EmblemHealth Grievance and Appeals Department, P.O. Box 2807, New York, NY 10116-2807; faxing them at **866-854-2763**; or calling Medicare Connect Concierge at **877-344-7364**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at: **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201**; **800-368-1019** (TTY: **800-537-7697**).

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

This notice is available on EmblemHealth's website at **emblemhealth.com/legal/nondiscrimination**.

EmblemHealth®

Y0026_205195_C

Aviso de disponibilidad de servicios de asistencia en idiomas y ayudas y servicios auxiliares

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-344-7364** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **877-344-7364**（文本电话：**711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-344-7364** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **877-344-7364** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-344-7364** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-344-7364** (tty: **711**) o parla con il tuo fornitore.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC y Health Insurance Plan of Greater New York (HIP) son empresas de EmblemHealth. EmblemHealth Services Company, LLC proporciona servicios administrativos a las empresas de EmblemHealth.

(**Yiddish**) **יידיש** נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פּראַווייַדינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן (**711** :TTY) **877-344-7364** אָדער רעדן מיט דיין טרעגער.

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-344-7364** (TTY: **711**) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-344-7364** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.

(**Arabic**) **العربية**

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **877-344-7364** (**711**) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-344-7364** (TTY: **711**) ou parlez à votre fournisseur.

(Urdu) اردو

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (**711** :TTY) **877-344-7364** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-344-7364** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-344-7364** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-344-7364** (TTY: **711**) ose bisedoni me ofruesin tuaj të shërbimit.

AVISO DE POLÍTICA DE NO DISCRIMINACIÓN

La discriminación es ilegal

EmblemHealth cumple con las leyes federales de derechos civiles y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad o sexo, incluidas las características sexuales, como los rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos de sexo. EmblemHealth no excluye a las personas ni las trata menos favorablemente por motivos de raza, color, origen nacional, edad, discapacidad o sexo.

EmblemHealth:

- Proporciona a las personas con discapacidades modificaciones razonables y ayuda y servicios auxiliares adecuados y gratuitos para comunicarse eficazmente con nosotros, tales como:
    - Intérpretes calificados de lenguaje de señas.
    - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, entre otros).
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, lo que puede incluir:
    - Intérpretes calificados.
    - Información escrita en otros idiomas.

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, comuníquese con el coordinador de derechos civiles llamando a Medicare Connect Concierge al **877-344-7364** (TTY: **711**; Horario de atención: del 1 de octubre al 31 de marzo, de 8 a.m. a 8 p.m., todos los días de la semana; del 1 de abril al 30 de septiembre, de 8 a.m. a 8 p.m., de lunes a sábado).

Si cree que EmblemHealth no ha proporcionado estos servicios o ha discriminado de otra manera por motivos de raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja ante: el coordinador de derechos civiles por correo postal a la dirección EmblemHealth Grievance and Appeals Department, P.O. Box 2807, New York, NY 10116-2807; por fax al **866-854-2763**; o por teléfono a Medicare Connect Concierge al **877-344-7364**. (Marque **711** para los servicios TTY). Puede presentar una queja en persona o por correo, fax o el portal para miembros. Si necesita ayuda para presentar un reclamo, el Departamento de Reclamos y Apelaciones de EmblemHealth está disponible para asistirlo. También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. electrónicamente a través del portal de quejas de la Oficina de Derechos Civiles, disponible en **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, o por correo o teléfono a: **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201**; **800-368-1019**, (TTY: **800-537-7697**).

Los formularios de quejas están disponibles en **hhs.gov/ocr/office/file/index.html**.

Este aviso está disponible en el sitio web de EmblemHealth: **espanol.emblemhealth.com/legal/nondiscrimination**.

EmblemHealth
安保健康保险

Y0026_205195_C

语言协助服务及辅助设施和服务的可用性通知

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-344-7364** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **877-344-7364**（文本电话：**711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-344-7364** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **877-344-7364** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-344-7364** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-344-7364** (tty: **711**) o parla con il tuo fornitore.

(**Yiddish**) **יידיש** נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פּראַווייַדינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן (TTY: **711**) **877-344-7364** אָדער רעדן מיט דיין טרעגער.

安保健康保险计划、安保健康保险公司、安保健康保险服务公司以及大纽约健康保险 (HIP) 是安保健康保险旗下的公司。安保健康保险服务公司向安保健康保险旗下的公司提供行政管理服务。

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-344-7364** (TTY: **711**) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-344-7364** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **877-344-7364** (**711**) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-344-7364** (TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: **711**) **877-344-7364** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-344-7364** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-344-7364** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-344-7364** (TTY: **711**) ose bisedoni me ofruesin tuaj të shërbimit.

反歧视政策通告

歧视是违法的

安保健康保险遵守联邦民权法，不会因种族、肤色、国籍、年龄、残疾或性别（包括性别特征，包括双性人特征；怀孕或相关状况；性取向；性别认同和性别刻板印象）而歧视他人。安保健康保险不会因为种族、肤色、国籍、年龄、残疾或性别而排斥他人或对其不利。

安保健康保险：

- 为残疾人士提供合理的通融及免费的适当的辅助设施和服务，以便他们与我们有效沟通，例如：
    - 合格的手语翻译。
    - 其他格式的书面信息（大字体、音频、可访问电子格式和其他格式）。
- 为母语非英语的人士提供免费语言协助服务，其中可能包括：
    - 合格的口译员。
    - 用其他语言编写的信息。

如果您需要合理的通融、适当的辅助设施和服务，或语言协助服务，请致电联邦医疗保险（Medicare，即红蓝卡）贵宾专属服务 **877-344-7364**（TTY：**711**；服务时间是 10 月 1 日至 3 月 31 日：每周七天、每天 8 a.m. 至 8 p.m.；4 月 1 日至 9 月 30 日：周一至周六 8 a.m. 至 8 p.m.）联系民权协调员。

如您认为安保健康保险未能提供这些服务，或因种族、肤色、国籍、年龄、残疾或性别而受到其他方面的歧视，您可以通过写信给安保健康保险申诉和上诉部（地址是 EmblemHealth Grievance and Appeals Department, P.O. Box 2807, New York, NY 10116-2807）向民权协调员提出申诉；通过 **866-854-2763** 给它们发送传真，或者致电 **877-344-7364** 联系联邦医疗保险（Medicare，即红蓝卡）贵宾专属服务。（如需使用 TTY 服务，请拨 **711**。） 您可以亲自、通过邮件、传真或通过您的安全会员平台提出申诉。如果您需要帮助来提交申诉，安保健康保险的申诉和上诉部门可以帮助您。您也可以通过公民权利投诉门户网站 **ocrportal.hhs.gov/ocr/portal/lobby.jsf** 向美国卫生与公众服务部公民权利办公室提交公民权利投诉，或者通过写信或电话方式联系美国卫生与公众服务部：**U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201**；**800-368-1019** (TTY: **800-537-7697**)。

投诉表格可于 **hhs.gov/ocr/office/file/index.html** 获取。

本通知可在安保健康保险的网站 **zt.emblemhealth.com/legal/nondiscrimination** 上获取。

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

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

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tab 2 mg	3	QL (180 tablets/30 days)
hydromorphone hcl tab 4 mg	3	QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg	3	QL (180 tablets/30 days)
ibu - ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibu - ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibu - ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
ibuprofen susp 100 mg/5ml	2	
ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
indomethacin cap 25 mg#	2	QL (240 capsules/30 days)
indomethacin cap 50 mg#	2	QL (120 capsules/30 days)
JOURNAVX - suzetrigine tab 50 mg	3	QL (29 tablets/90 days)
meloxicam tab 7.5 mg	1	QL (60 tablets/30 days)
meloxicam tab 15 mg	1	QL (30 tablets/30 days)
methadone hcl tab 5 mg	3	QL (180 tablets/30 days)
methadone hcl tab 10 mg	3	QL (360 tablets/30 days)
morphine sulfate tab er 15 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 30 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 60 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg	4	PA, QL (90 tablets/30 days)
morphine sulfate tab er 200 mg	4	PA, QL (90 tablets/30 days)
morphine sulfate tab 15 mg	4	QL (360 tablets/30 days)
morphine sulfate tab 30 mg	4	QL (180 tablets/30 days)
nabumetone tab 500 mg	2	QL (120 tablets/30 days)
nabumetone tab 750 mg	2	QL (60 tablets/30 days)
naproxen sodium tab 275 mg	3	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	3	QL (90 tablets/30 days)
naproxen tab ec 375 mg	3	QL (120 tablets/30 days)
naproxen tab ec 500 mg	3	QL (90 tablets/30 days)
naproxen tab 250 mg	1	QL (180 tablets/30 days)
naproxen tab 375 mg	1	QL (120 tablets/30 days)
naproxen tab 500 mg	1	QL (90 tablets/30 days)
oxycodone hcl tab 5 mg	3	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 15 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 20 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 30 mg	3	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tablets/30 days)
piroxicam cap 10 mg	3	QL (60 capsules/30 days)
piroxicam cap 20 mg	3	QL (30 capsules/30 days)
sulindac tab 150 mg	2	QL (60 tablets/30 days)
sulindac tab 200 mg	2	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 300 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	2	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tablets/30 days)
Anesthetics		
lidocaine hcl viscous soln 2%	2	
lidocaine patch 5%	4	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	4	PA, QL (60 grams/30 days)
lidocan - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine ii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine iii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium tab delayed release 333 mg	4	
buprenorphine hcl sl tab 2 mg (base equiv)	3	QL (480 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	3	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (480 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (240 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (480 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	3	QL (60 tablets/30 days)
disulfiram tab 250 mg	3	
disulfiram tab 500 mg	4	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
naloxone hcl inj 0.4 mg/ml	2	
naloxone hcl inj 4 mg/10ml	2	
naloxone hcl soln cartridge 0.4 mg/ml	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
naltrexone hcl tab 50 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	4	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	4	
varenicline tartrate tab 0.5 mg (base equiv)	4	
varenicline tartrate tab 1 mg (base equiv)	4	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	4	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	4	
amoxicillin (trihydrate) cap 250 mg	2	
amoxicillin (trihydrate) cap 500 mg	2	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml	2	
amoxicillin (trihydrate) for susp 200 mg/5ml	2	
amoxicillin (trihydrate) for susp 250 mg/5ml	2	
amoxicillin (trihydrate) for susp 400 mg/5ml	2	
amoxicillin (trihydrate) tab 500 mg	2	
amoxicillin (trihydrate) tab 875 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin cap 500 mg	2	
ampicillin sodium for inj 1 gm	4	
ampicillin sodium for iv soln 1 gm	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
avidoxy - doxycycline monohydrate tab 100 mg	3	
azithromycin for susp 100 mg/5ml	3	
azithromycin for susp 200 mg/5ml	3	
azithromycin iv for soln 500 mg	4	
azithromycin tab 250 mg	2	
azithromycin tab 500 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
azithromycin tab 600 mg	2	
aztreonam for inj 1 gm	4	
aztreonam for inj 2 gm	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 2400000 unit/4ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 1200000 unit/2ml	4	
cefaclor cap 250 mg	3	
cefaclor cap 500 mg	3	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	3	
cefadroxil for susp 500 mg/5ml	3	
cefazolin sodium for inj 500 mg	4	
cefazolin sodium for inj 1 gm	4	
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	4	
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	4	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	3	
cefdinir for susp 250 mg/5ml	3	
cefepime hcl for inj 1 gm	4	
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm	4	
cefepime hcl iv soln 1 gm/50ml	4	
cefepime hcl iv soln 2 gm/100ml	4	
cefixime cap 400 mg	4	
cefoxitin sodium for iv soln 1 gm	4	
cefoxitin sodium for iv soln 2 gm	4	
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)	4	
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)	4	
cefpodoxime proxetil for susp 100 mg/5ml	4	
cefpodoxime proxetil for susp 50 mg/5ml	4	
cefpodoxime proxetil tab 100 mg	4	
cefpodoxime proxetil tab 200 mg	4	
cefprozil tab 250 mg	3	
cefprozil tab 500 mg	3	
ceftaroline fosamil for iv soln 400 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
ceftaroline fosamil for iv soln 600 mg	5	
ceftazidime for inj 6 gm	4	
ceftazidime for inj 1 gm	4	
ceftazidime for iv soln 2 gm	4	
ceftriaxone sodium (bulk) for inj 100 gm	4	
ceftriaxone sodium for inj 250 mg	4	
ceftriaxone sodium for inj 500 mg	4	
ceftriaxone sodium for inj 1 gm	4	
ceftriaxone sodium for inj 2 gm	4	
ceftriaxone sodium for inj 10 gm	4	
ceftriaxone sodium for iv soln 1 gm	4	
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	4	
ceftriaxone sodium for iv soln 2 gm	4	
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	4	
ceftriaxone sodium in dextrose inj 20 mg/ml	4	
ceftriaxone sodium in dextrose inj 40 mg/ml	4	
cefuroxime axetil tab 250 mg	3	
cefuroxime axetil tab 500 mg	3	
cefuroxime sodium for inj 750 mg	4	
cefuroxime sodium for iv soln 1.5 gm	4	
cephalexin cap 250 mg	2	
cephalexin cap 500 mg	2	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	
ciprofloxacin hcl tab 250 mg (base equiv)	2	
ciprofloxacin hcl tab 500 mg (base equiv)	2	
ciprofloxacin hcl tab 750 mg (base equiv)	2	
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab 250 mg	3	
clarithromycin tab 500 mg	3	
clindamycin hcl cap 75 mg	2	
clindamycin hcl cap 150 mg	2	
clindamycin hcl cap 300 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	4	
clindamycin phosphate gel 1% (twice-daily)	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
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml	4	
clindamycin phosphate inj 300 mg/2ml	4	
clindamycin phosphate inj 600 mg/4ml	4	
clindamycin phosphate inj 900 mg/6ml	4	
clindamycin phosphate soln 1%	3	
clindamycin phosphate vaginal cream 2%	3	
colistimethate sod for inj 150 mg (colistin base activity)	4	
daptomycin for iv soln 500 mg	4	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	3	
doxycycline hyclate cap 50 mg	3	
doxycycline hyclate cap 100 mg	3	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg	2	
doxycycline hyclate tab 100 mg	3	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate tab 50 mg	3	
doxycycline monohydrate tab 75 mg	3	
doxycycline monohydrate tab 100 mg	3	
doxy 100 - doxycycline hyclate for inj 100 mg	4	
ertapenem sodium for inj 1 gm (base equivalent)	4	
erythrocin lactobionate - erythromycin lactobionate for inj500 mg	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	4	
erythromycin soln 2%	2	
erythromycin tab delayed release 250 mg	4	
erythromycin tab delayed release 333 mg	4	
erythromycin tab delayed release 500 mg	4	
erythromycin tab 250 mg	4	
erythromycin tab 500 mg	4	
erythromycin w/ delayed release particles cap 250 mg	4	
fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent)	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
gentamicin sulfate inj 40 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
imipenem-cilastatin intravenous for soln 500 mg	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	5	
levofloxacin in d5w iv soln 250 mg/50ml	4	
levofloxacin in d5w iv soln 500 mg/100ml	4	
levofloxacin in d5w iv soln 750 mg/150ml	4	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg	2	
levofloxacin tab 500 mg	2	
levofloxacin tab 750 mg	2	
linezolid for susp 100 mg/5ml	5	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
linezolid tab 600 mg	4	
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	4	
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	3	
meropenem iv for soln 500 mg	3	
meropenem iv for soln 1 gm	4	
methenamine hippurate tab 1 gm	3	
metronidazole iv soln 500 mg/100ml	4	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
metronidazole vaginal gel 0.75%	3	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
minocycline hcl tab 50 mg	4	
minocycline hcl tab 75 mg	4	
mondoxyne nl - doxycycline monohydrate cap 100 mg	2	
moxifloxacin hcl iv solution 400 mg/250ml (base equiv)	4	
moxifloxacin hcl tab 400 mg (base equiv)	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
nafcillin sodium for inj 1 gm	4	
nafcillin sodium for inj 2 gm	4	
nafcillin sodium for iv soln 10 gm	4	
nafcillin sodium in dextrose inj 2 gm/100ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
neomycin sulfate tab 500 mg	2	
nitrofurantoin macrocrystalline cap 50 mg#	3	
nitrofurantoin macrocrystalline cap 100 mg#	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	3	
penicillin g potassium for inj 5000000 unit	4	
penicillin g potassium for inj 20000000 unit	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	2	
penicillin v potassium tab 500 mg	2	
pfizerpen - penicillin g potassium for inj 5000000 unit	4	
pfizerpen - penicillin g potassium for inj 20000000 unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml	4	
piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml	4	
piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml	4	
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	5	
sulfadiazine tab 500 mg	5	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	4	
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800-160 mg	2	
TAZICEF - ceftazidime for iv soln 6 gm	4	
tazicef - ceftazidime for inj 1 gm	4	
tazicef - ceftazidime for iv soln 1 gm	4	
tazicef - ceftazidime for iv soln 2 gm	4	
tetracycline hcl cap 250 mg	4	
tetracycline hcl cap 500 mg	4	
tigecycline for iv soln 50 mg	4	
tinidazole tab 250 mg	3	
tinidazole tab 500 mg	3	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
tobramycin sulfate for inj 1.2 gm	4	

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

Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	4	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	4	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	4	QL (120 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent)	4	QL (240 capsules/30 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	4	
vancomycin hcl for iv soln 10 gm (base equivalent)	4	
vancomycin hcl for iv soln 100 gm (base equivalent)	4	
vancomycin hcl for iv soln 5 gm (base equivalent)	4	
vancomycin hcl for iv soln 500 mg (base equivalent)	4	
vancomycin hcl for iv soln 750 mg (base equivalent)	4	
XIFAXAN - rifaximin tab 200 mg	3	PA, QL (9 tablets/30 days)
Anticonvulsants		
brivaracetam oral soln 10 mg/ml	4	QL (2 bottles/30 days)
brivaracetam tab 10 mg	4	QL (60 tablets/30 days)
brivaracetam tab 25 mg	4	QL (60 tablets/30 days)
brivaracetam tab 50 mg	4	QL (60 tablets/30 days)
brivaracetam tab 75 mg	4	QL (60 tablets/30 days)
brivaracetam tab 100 mg	4	QL (60 tablets/30 days)
carbamazepine cap er 12hr 100 mg	4	
carbamazepine cap er 12hr 200 mg	4	
carbamazepine cap er 12hr 300 mg	4	
carbamazepine chew tab 100 mg	3	
carbamazepine susp 100 mg/5ml	4	
carbamazepine tab er 12hr 100 mg	4	
carbamazepine tab er 12hr 200 mg	4	
carbamazepine tab er 12hr 400 mg	4	
carbamazepine tab 200 mg	3	
clobazam suspension 2.5 mg/ml	4	PA, QL (480 mls/30 days)
clobazam tab 10 mg	4	PA, QL (60 tablets/30 days)
clobazam tab 20 mg	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	PA, QL (360 capsules/30 days)
DIACOMIT - stiripentol cap 500 mg*	5	PA, QL (180 capsules/30 days)
DIACOMIT - stiripentol packet 250 mg*	5	PA, QL (6 boxes/30 days)
DIACOMIT - stiripentol packet 500 mg*	5	PA, QL (3 boxes/30 days)
diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DILANTIN - phenytoin sodium extended cap 30 mg	4	
divalproex sodium cap delayed release sprinkle 125 mg	4	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	3	
divalproex sodium tab er 24 hr 500 mg	3	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
epitol - carbamazepine tab 200 mg	3	
eslicarbazepine acetate tab 200 mg	4	QL (30 tablets/30 days)
eslicarbazepine acetate tab 400 mg	4	QL (30 tablets/30 days)
eslicarbazepine acetate tab 600 mg	4	QL (60 tablets/30 days)
eslicarbazepine acetate tab 800 mg	4	QL (60 tablets/30 days)
ethosuximide cap 250 mg	3	
ethosuximide soln 250 mg/5ml	4	
felbamate susp 600 mg/5ml	4	
felbamate tab 400 mg	4	
felbamate tab 600 mg	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
gabapentin cap 100 mg	2	QL (1080 capsules/30 days)
gabapentin cap 300 mg	2	QL (360 capsules/30 days)
gabapentin cap 400 mg	2	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	3	QL (2160 mls/30 days)
gabapentin tab 600 mg	2	QL (180 tablets/30 days)
gabapentin tab 800 mg	2	QL (135 tablets/30 days)
lacosamide oral solution 10 mg/ml	4	QL (1200 mls/30 days)
lacosamide tab 50 mg	4	QL (240 tablets/30 days)
lacosamide tab 100 mg	4	QL (120 tablets/30 days)
lacosamide tab 150 mg	4	QL (60 tablets/30 days)
lacosamide tab 200 mg	4	QL (60 tablets/30 days)
lamotrigine tab chewable dispersible 5 mg	3	
lamotrigine tab chewable dispersible 25 mg	3	
lamotrigine tab 25 mg	2	
lamotrigine tab 100 mg	2	
lamotrigine tab 150 mg	2	
lamotrigine tab 200 mg	2	
levetiracetam oral soln 100 mg/ml	3	
levetiracetam tab er 24hr 500 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
levetiracetam tab er 24hr 750 mg	3	
levetiracetam tab 250 mg	2	
levetiracetam tab 500 mg	2	
levetiracetam tab 750 mg	2	
levetiracetam tab 1000 mg	2	
methsuximide cap 300 mg	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	PA, QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg	3	
oxcarbazepine tab 300 mg	3	
oxcarbazepine tab 600 mg	3	
perampanel susp 0.5 mg/ml	4	QL (2 bottles/28 days)
perampanel tab 2 mg	4	QL (30 tablets/30 days)
perampanel tab 4 mg	4	QL (30 tablets/30 days)
perampanel tab 6 mg	4	QL (30 tablets/30 days)
perampanel tab 8 mg	4	QL (30 tablets/30 days)
perampanel tab 10 mg	4	QL (30 tablets/30 days)
perampanel tab 12 mg	4	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml#	4	
phenobarbital tab 15 mg#	3	
phenobarbital tab 16.2 mg#	3	
phenobarbital tab 30 mg#	3	
phenobarbital tab 32.4 mg#	3	
phenobarbital tab 60 mg#	3	
phenobarbital tab 64.8 mg#	3	
phenobarbital tab 97.2 mg#	3	
phenobarbital tab 100 mg#	3	
phenytek - phenytoin sodium extended cap 200 mg	3	
phenytek - phenytoin sodium extended cap 300 mg	3	
phenytoin chew tab 50 mg	3	
phenytoin infatabs - phenytoin chew tab 50 mg	3	
phenytoin sodium extended cap 100 mg	2	
phenytoin sodium extended cap 200 mg	3	
phenytoin sodium extended cap 300 mg	3	
phenytoin susp 125 mg/5ml	3	
pregabalin cap 25 mg	3	QL (90 capsules/30 days)
pregabalin cap 50 mg	3	QL (90 capsules/30 days)
pregabalin cap 75 mg	3	QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
pregabalin cap 100 mg	3	QL (90 capsules/30 days)
pregabalin cap 150 mg	3	QL (90 capsules/30 days)
pregabalin cap 200 mg	3	QL (90 capsules/30 days)
pregabalin cap 225 mg	3	QL (60 capsules/30 days)
pregabalin cap 300 mg	3	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
primidone tab 50 mg	2	
primidone tab 250 mg	2	
roweepra - levetiracetam tab 500 mg	2	
rufinamide susp 40 mg/ml	5	PA, QL (2400 mls/30 days)
rufinamide tab 200 mg	4	PA, QL (480 tablets/30 days)
rufinamide tab 400 mg	5	PA, QL (240 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	QL (360 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	QL (180 tablets/30 days)
SUBVENITE - lamotrigine oral susp 10 mg/ml	5	QL (1500 mls/30 days)
subvenite - lamotrigine tab 25 mg	2	
subvenite - lamotrigine tab 100 mg	2	
subvenite - lamotrigine tab 150 mg	2	
subvenite - lamotrigine tab 200 mg	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
tiagabine hcl tab 2 mg	4	
tiagabine hcl tab 4 mg	4	
tiagabine hcl tab 12 mg	4	
tiagabine hcl tab 16 mg	4	
topiramate oral soln 25 mg/ml	4	QL (480 mls/30 days)
topiramate sprinkle cap 15 mg	3	
topiramate sprinkle cap 25 mg	3	
topiramate tab 25 mg	2	
topiramate tab 50 mg	2	
topiramate tab 100 mg	2	
topiramate tab 200 mg	2	
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	PA, 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	PA, QL (5 twin pack(s)/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
*vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
*vigabatrin tab 500 mg**	5	QL (180 tablets/30 days)
*vigadrone - vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
*vigadrone - vigabatrin tab 500 mg**	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
*vigpoder - vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	QL (1 box/180 days)
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	QL (1 box/180 days)
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	QL (1 box/180 days)
XCOPRI - cenobamate tab 25 mg	5	QL (480 tablets/30 days)
XCOPRI - cenobamate tab 50 mg	5	QL (240 tablets/30 days)
XCOPRI - cenobamate tab 100 mg	5	QL (120 tablets/30 days)
XCOPRI - cenobamate tab 150 mg	5	QL (60 tablets/30 days)
XCOPRI - cenobamate tab 200 mg	5	QL (60 tablets/30 days)
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	QL (6 bottles/30 days)
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
Antidementia Agents		
donepezil hydrochloride orally disintegrating tab 5 mg	2	
donepezil hydrochloride orally disintegrating tab 10 mg	2	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide cap er 24hr 8 mg	2	
galantamine hydrobromide cap er 24hr 16 mg	2	
galantamine hydrobromide cap er 24hr 24 mg	2	
galantamine hydrobromide tab 4 mg	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide tab 20 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg#	4	
clomipramine hcl cap 50 mg#	4	
clomipramine hcl cap 75 mg#	4	
desipramine hcl tab 10 mg#	3	
desipramine hcl tab 25 mg#	3	
desipramine hcl tab 50 mg#	3	
desipramine hcl tab 75 mg#	3	
desipramine hcl tab 100 mg#	3	
desipramine hcl tab 150 mg#	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	4	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	4	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	4	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#	4	
doxepin hcl cap 25 mg#	4	
doxepin hcl cap 50 mg#	4	
doxepin hcl cap 75 mg#	4	
doxepin hcl cap 100 mg#	4	
doxepin hcl cap 150 mg#	4	
doxepin hcl conc 10 mg/ml#	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg (base eq)	4	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	2	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	2	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	PA, QL (30 patches/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	4	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg (base equiv)	1	QL (45 tablets/30 days)
escitalopram oxalate tab 10 mg (base equiv)	1	QL (45 tablets/30 days)
escitalopram oxalate tab 20 mg (base equiv)	1	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EXXUA - gepirone hcl tab er 24hr 18.2 mg	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 36.3 mg	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 54.5 mg	5	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 72.6 mg	5	QL (30 tablets/30 days)
EXXUA TITRATION PACK - gepirone hcl tab er 24hr 18.2 mg	5	QL (32 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
fluoxetine hcl cap 10 mg	1	QL (90 capsules/30 days)
fluoxetine hcl cap 20 mg	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg	1	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	3	QL (600 mls/30 days)
fluvoxamine maleate tab 25 mg	3	QL (30 tablets/30 days)
fluvoxamine maleate tab 50 mg	3	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	3	QL (90 tablets/30 days)
imipramine hcl tab 10 mg#	4	
imipramine hcl tab 25 mg#	4	
imipramine hcl tab 50 mg#	4	
MARPLAN - isocarboxazid tab 10 mg	4	
mirtazapine orally disintegrating tab 15 mg	4	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg	4	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 45 mg	4	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg	2	QL (30 tablets/30 days)
mirtazapine tab 15 mg	2	QL (45 tablets/30 days)
mirtazapine tab 30 mg	2	QL (30 tablets/30 days)
mirtazapine tab 45 mg	2	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	4	
nortriptyline hcl cap 10 mg#	4	
nortriptyline hcl cap 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
nortriptyline hcl cap 50 mg#	4	
nortriptyline hcl cap 75 mg#	4	
nortriptyline hcl soln 10 mg/5ml#	4	
paroxetine hcl oral susp 10 mg/5ml (base equiv)#	4	QL (900 mls/30 days)
paroxetine hcl tab 10 mg#	2	QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	2	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	2	QL (60 tablets/30 days)
paroxetine hcl tab 40 mg#	2	QL (45 tablets/30 days)
phenelzine sulfate tab 15 mg	3	
protriptyline hcl tab 5 mg#	4	
protriptyline hcl tab 10 mg#	4	
RALDESY - trazodone hcl oral soln 50 mg/5ml	4	QL (1200 mls/30 days)
sertraline hcl oral concentrate for solution 20 mg/ml	4	QL (300 mls/30 days)
sertraline hcl tab 25 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
tranylcypromine sulfate tab 10 mg	4	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	3	
trimipramine maleate cap 25 mg#	4	
trimipramine maleate cap 50 mg#	4	
trimipramine maleate cap 100 mg#	4	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	4	QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	2	QL (60 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	QL (30 capsules/30 days)
venlafaxine hcl tab 25 mg (base equivalent)	2	QL (90 tablets/30 days)
venlafaxine hcl tab 37.5 mg (base equivalent)	2	QL (90 tablets/30 days)
venlafaxine hcl tab 50 mg (base equivalent)	2	QL (90 tablets/30 days)
venlafaxine hcl tab 75 mg (base equivalent)	2	QL (90 tablets/30 days)
venlafaxine hcl tab 100 mg (base equivalent)	2	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg	4	QL (30 tablets/30 days)
vilazodone hcl tab 20 mg	4	QL (30 tablets/30 days)
vilazodone hcl tab 40 mg	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE - zuranolone cap 20 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Antiemetics		
aprepitant capsule therapy pack 80 & 125 mg	4	BD
aprepitant capsule 40 mg	4	BD
aprepitant capsule 80 mg	4	BD
aprepitant capsule 125 mg	4	BD
chlorpromazine hcl conc 30 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl conc 100 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl tab 10 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 25 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 50 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 100 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 200 mg	4	PA (>=65 yr)
compro - prochlorperazine suppos 25 mg	4	
dronabinol cap 2.5 mg	4	BD
dronabinol cap 5 mg	4	BD
dronabinol cap 10 mg	4	BD
meclizine hcl tab 12.5 mg#	2	
meclizine hcl tab 25 mg#	2	
ondansetron hcl tab 4 mg	2	
ondansetron hcl tab 8 mg	2	
ondansetron orally disintegrating tab 4 mg	3	
ondansetron orally disintegrating tab 8 mg	3	
perphenazine tab 2 mg	4	PA (>=65 yr)
perphenazine tab 4 mg	4	PA (>=65 yr)
perphenazine tab 8 mg	4	PA (>=65 yr)
perphenazine tab 16 mg	4	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent)	2	
prochlorperazine maleate tab 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	4	
promethazine hcl oral soln 6.25 mg/5ml#	3	
promethazine hcl tab 12.5 mg#	3	
promethazine hcl tab 25 mg#	3	
promethazine hcl tab 50 mg#	3	
scopolamine td patch 72hr 1 mg/3days#	4	PA (>=65 yr), QL (10 patches/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
Antifungals		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
amphotericin b liposome iv for susp 50 mg	5	BD
caspofungin acetate for iv soln 50 mg	4	
caspofungin acetate for iv soln 70 mg	4	
ciclodan - ciclopirox solution 8%	3	QL (6.6 mls/30 days)
ciclopirox gel 0.77%	3	QL (100 grams/30 days)
ciclopirox olamine cream 0.77% (base equiv)	3	QL (90 grams/30 days)
ciclopirox olamine susp 0.77% (base equiv)	3	QL (60 mls/30 days)
ciclopirox solution 8%	3	QL (6.6 mls/30 days)
clotrimazole cream 1%	3	
clotrimazole troche 10 mg	3	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	PA
econazole nitrate cream 1%	4	QL (85 grams/30 days)
fluconazole for susp 10 mg/ml	3	
fluconazole for susp 40 mg/ml	3	
fluconazole in nacl 0.9% inj 200 mg/100ml	4	
fluconazole in nacl 0.9% inj 400 mg/200ml	4	
fluconazole tab 50 mg	2	
fluconazole tab 100 mg	2	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	2	
flucytosine cap 250 mg	5	PA
flucytosine cap 500 mg	5	PA
griseofulvin microsize susp 125 mg/5ml	4	
griseofulvin microsize tab 500 mg	4	
griseofulvin ultramicrosize tab 125 mg	4	
griseofulvin ultramicrosize tab 250 mg	4	
itraconazole cap 100 mg	4	QL (120 capsules/30 days)
ketoconazole cream 2%	2	QL (60 grams/30 days)
ketoconazole shampoo 2%	2	QL (120 mls/30 days)
ketoconazole tab 200 mg	2	
klayesta - nystatin topical powder 100000 unit/gm	4	QL (90 grams/30 days)
micafungin sodium for iv soln 100 mg	4	
micafungin sodium for iv soln 50 mg	4	
nyamyc - nystatin topical powder 100000 unit/gm	4	QL (90 grams/30 days)
nystatin cream 100000 unit/gm	2	QL (60 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
nystatin oint 100000 unit/gm	2	QL (60 grams/30 days)
nystatin susp 100000 unit/ml	2	
nystatin tab 500000 unit	3	
nystatin topical powder 100000 unit/gm	4	QL (90 grams/30 days)
nystop - nystatin topical powder 100000 unit/gm	4	QL (90 grams/30 days)
posaconazole tab delayed release 100 mg	4	PA
terbinafine hcl tab 250 mg	2	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%	3	
terconazole vaginal cream 0.8%	3	
terconazole vaginal suppos 80 mg	3	
voriconazole for inj 200 mg	4	PA
voriconazole for susp 40 mg/ml	5	PA
voriconazole tab 50 mg	4	PA
voriconazole tab 200 mg	4	PA
Antigout Agents		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	3	QL (120 tablets/30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
probenecid tab 500 mg	3	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
dihydroergotamine mesylate nasal spray 4 mg/ml	4	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	5	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
ergotamine w/ caffeine tab 1-100 mg	3	
naratriptan hcl tab 1 mg (base equiv)	3	QL (18 tablets/30 days)
naratriptan hcl tab 2.5 mg (base equiv)	3	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	5	PA, QL (16 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	4	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	4	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	3	QL (18 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
sumatriptan nasal spray 5 mg/act	4	QL (12 units (2 packages)/30 days)
sumatriptan nasal spray 20 mg/act	4	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	4	QL (10 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg	2	QL (18 tablets/30 days)
sumatriptan succinate tab 50 mg	2	QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg	2	QL (18 tablets/30 days)
Antimyasthenic Agents		
pyridostigmine bromide tab 60 mg	3	
Antimycobacterials		
dapsone tab 25 mg	3	
dapsone tab 100 mg	3	
ethambutol hcl tab 100 mg	3	
ethambutol hcl tab 400 mg	3	
isoniazid syrup 50 mg/5ml	4	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	2	
PRETOMANID - pretomanid tab 200 mg	4	
pyrazinamide tab 500 mg	4	
rifabutin cap 150 mg	4	
rifampin cap 150 mg	3	
rifampin cap 300 mg	3	
rifampin for inj 600 mg	4	
rifapentine tab 150 mg	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)*	5	PA
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)*	5	PA
Antineoplastics		
abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
abirtega - abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg	5	PA, QL (60 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 100-500 mg	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
anastrozole tab 1 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (180 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	5	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	5	PA, QL (66 tablets/28 days)
AYVAKIT - avapritinib tab 25 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	PA, QL (30 tablets/30 days)
BEQALZI - sonrotoclax tab 1 mg	5	PA, QL (11 tablets/28 days)
BEQALZI - sonrotoclax tab 5 mg	5	PA, QL (11 tablets/28 days)
BEQALZI - sonrotoclax tab 20 mg	5	PA, QL (14 tablets/28 days)
BEQALZI - sonrotoclax tab 80 mg	5	PA, QL (120 tablets/30 days)
BEQALZI STARTER PACK - sonrotoclax tab therapy starter pack 1 & 5 & 20 & 80 mg	5	PA, QL (1 pack/28 days)
bexarotene cap 75 mg	5	PA
bexarotene gel 1%	5	PA, QL (60 grams/30 days)
bicalutamide tab 50 mg	3	
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
bosutinib tab 400 mg	5	PA, QL (30 tablets/30 days)
bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
BRUKINSA - zanubrutinib tab 160 mg	5	PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
CAVHANZA - nilotinib tab disint 60 mg	5	PA, QL (112 tablets/28 days)
CAVHANZA - nilotinib tab disint 80 mg	5	PA, QL (112 tablets/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg*	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
cyclophosphamide cap 25 mg	3	BD
cyclophosphamide cap 50 mg	3	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent)	5	PA, QL (112 tablets/28 days)
DANZITEN - nilotinib tartrate tab 95 mg (base equivalent)	5	PA, QL (112 tablets/28 days)
dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	5	PA, QL (30 tablets/30 days)
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
ENSACOVE - ensartinib hcl cap 100 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent)	4	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent)	4	PA, QL (30 tablets/30 days)
erlotinib hcl tab 150 mg (base equivalent)	4	PA, QL (30 tablets/30 days)
ETCAMAH - camizestrant tab 75 mg	5	PA, QL (28 tablets/28 days)
EULEXIN - flutamide cap 125 mg	5	
everolimus tab for oral susp 2 mg	5	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
everolimus tab for oral susp 5 mg	5	PA, QL (60 tablets/30 days)
everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
everolimus tab 5 mg	5	PA, QL (60 tablets/30 days)
everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
exemestane tab 25 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FOTIVDA - tivozanib hcl cap 1.34 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	5	PA, QL (120 capsules/30 days)
gefitinib tab 250 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GOMEKLI - mirdametinib cap 1 mg	5	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	5	PA, QL (84 capsules/28 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	5	PA, QL (168 tablets/28 days)
HERNEXEOS - zongertinib tab 60 mg	5	PA, QL (180 tablets/60 days)
hydroxyurea cap 500 mg	2	
HYRNUO - sevabertinib tab 10 mg	5	PA, QL (120 tablets/30 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	5	PA, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 30 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent)	3	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent)	3	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 (90 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (2 bottles/30 days)
IMBRUVICA - ibrutinib tab 140 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 280 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	5	PA, QL (2 bottles/28 days)
INLURIYO - imlunestrant tosylate tab 200 mg	5	PA, QL (60 tablets/30 days)
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	5	PA, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	5	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg	5	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)*	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	5	PA, QL (60 tablets/30 days)
JIDEYTRO - zidesamtinib tab 25 mg	5	PA, QL (90 tablets/30 days)
JIDEYTRO - zidesamtinib tab 100 mg	5	PA, QL (30 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KOMZIFTI - ziftomenib cap 200 mg	5	PA, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	5	PA, QL (600 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	5	PA, QL (360 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*	5	PA, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv)	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	PA, QL (30 tablets/30 days)
lederle leucovorin - leucovorin calcium tab 5 mg	3	
lenalidomide caps 2.5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 10 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg	5	PA, QL (21 capsules/28 days)
lenalidomide cap 20 mg	5	PA, QL (21 capsules/28 days)
lenalidomide cap 25 mg	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)

You can find information 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 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg	2	
leucovorin calcium tab 5 mg	3	
leucovorin calcium tab 10 mg	3	
leucovorin calcium tab 15 mg	4	
leucovorin calcium tab 25 mg	4	
LEUKERAN - chlorambucil tab 2 mg	5	
lomustine cap 10 mg	4	
lomustine cap 40 mg	4	
lomustine cap 100 mg	5	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg*	5	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5	
mercaptopurine tab 50 mg	3	
mesna tab 400 mg	4	
MIMRYLO - rusfertide acetate for subcutaneous soln 9.5 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 19 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 28 mg	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 41 mg	5	PA, QL (8 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 54 mg	5	PA, QL (8 vials/28 days)
MODEYSO - dordaviprone hcl cap 125 mg	5	PA, QL (20 capsules/28 days)
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*	5	PA, QL (180 tablets/30 days)
nilotinib hcl cap 50 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
nilotinib hcl cap 150 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
nilotinib hcl cap 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg	5	PA, QL (56 tablets/28 days)
OGSIVEO - nirogacestat hydrobromide tab 150 mg	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 150 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 200 mg	5	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	5	PA, QL (60 grams/30 days)
pazopanib hcl tab 200 mg (base equiv)	5	PA, QL (120 tablets/30 days)
PAZOPANIB HYDROCHLORIDE - pazopanib hcl tab 400 mg (base equiv)	5	PA, QL (60 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)

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

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
pomalidomide cap 1 mg	5	PA, QL (21 capsules/28 days)
pomalidomide cap 2 mg	5	PA, QL (21 capsules/28 days)
pomalidomide cap 3 mg	5	PA, QL (21 capsules/28 days)
pomalidomide cap 4 mg	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RASONQUE - daraxonrasib tab 100 mg	5	PA, QL (60 tablets/30 days)
RASONQUE - daraxonrasib tab 150 mg	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 120 mg	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 160 mg	5	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	5	PA, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	5	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*	5	PA, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg	5	PA, QL (8 capsules/28 days)
ROMVIMZA - vimseltinib cap 20 mg	5	PA, QL (8 capsules/28 days)
ROMVIMZA - vimseltinib cap 30 mg	5	PA, QL (8 capsules/28 days)
ROZLYTREK - entrectinib cap 100 mg	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)*	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	
sorafenib tosylate tab 200 mg (base equivalent)	5	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent)	5	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
sunitinib malate cap 37.5 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
sunitinib malate cap 50 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (112 tablets/28 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (112 tablets/28 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.35 mg (base equivalent)	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.75 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent)	2	
tamoxifen citrate tab 20 mg (base equivalent)	2	
TEPMETKO - tepotinib hcl tab 225 mg*	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (120 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent)	4	
torpenz - everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 5 mg	5	PA, QL (60 tablets/30 days)
torpenz - everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
tretinoin cap 10 mg	5	PA
TRUQAP - capivasertib tab therapy pack 160 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab therapy pack 200 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 200 mg	5	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg*	5	PA, QL (60 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg*	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VEPPANU - vepdegestrant tab 100 mg	5	PA, QL (30 tablets/30 days)
VEPPANU - vepdegestrant tab 200 mg	5	PA, QL (30 tablets/30 days)
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
VONJO - pacritinib citrate cap 100 mg*	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 50 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 80 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	5	PA, QL (1 box/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
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)
yulithira - everolimus tab 2.5 mg	4	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 5 mg	4	PA, QL (60 tablets/30 days)
yulithira - everolimus tab 7.5 mg	4	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 10 mg	4	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 200 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZENBEXUS - iberdomide hydrochloride cap 0.75 mg	5	PA, QL (21 capsules/28 days)
ZENBEXUS - iberdomide hydrochloride cap 1 mg	5	PA, QL (21 capsules/28 days)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)
Antiparasitics		
albendazole tab 200 mg	4	
atovaquone susp 750 mg/5ml	4	PA, QL (600 mls/30 days)
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate tab 250 mg	4	
chloroquine phosphate tab 500 mg	4	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 200 mg	3	
ivermectin tab 3 mg	3	PA
LAMPIT - nifurtimox tab 30 mg	4	
LAMPIT - nifurtimox tab 120 mg	4	
mefloquine hcl tab 250 mg	3	
nitazoxanide tab 500 mg	4	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	4	
pentamidine isethionate for nebulization soln 300 mg	4	BD
praziquantel tab 600 mg	4	
primaquine phosphate tab 26.3 mg (15 mg base)	4	
pyrimethamine tab 25 mg	5	PA
quinine sulfate cap 324 mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents		
amantadine hcl cap 100 mg	3	
amantadine hcl soln 50 mg/5ml	3	
benztropine mesylate tab 0.5 mg#	3	PA (>=65 yr)
benztropine mesylate tab 1 mg#	3	PA (>=65 yr)
benztropine mesylate tab 2 mg#	3	PA (>=65 yr)
bromocriptine mesylate cap 5 mg (base equivalent)	4	
bromocriptine mesylate tab 2.5 mg (base equivalent)	4	
carbidopa & levodopa orally disintegrating tab 10-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-250 mg	4	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
entacapone tab 200 mg	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
pramipexole dihydrochloride tab 0.125 mg	2	
pramipexole dihydrochloride tab 0.25 mg	2	
pramipexole dihydrochloride tab 0.5 mg	2	
pramipexole dihydrochloride tab 0.75 mg	2	
pramipexole dihydrochloride tab 1 mg	2	
pramipexole dihydrochloride tab 1.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv)	4	
rasagiline mesylate tab 1 mg (base equiv)	4	
ropinirole hydrochloride tab 0.25 mg	2	
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 1 mg	2	
ropinirole hydrochloride tab 2 mg	2	
ropinirole hydrochloride tab 3 mg	2	
ropinirole hydrochloride tab 4 mg	2	
ropinirole hydrochloride tab 5 mg	2	
selegiline hcl cap 5 mg	3	
selegiline hcl tab 5 mg	3	
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml	5	QL (1 syringe/56 days)

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	QL (1 vial/28 days)
aripiprazole oral solution 1 mg/ml	4	PA (>=65 yr), QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole orally disintegrating tab 15 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole tab 2 mg	3	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 5 mg	3	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 15 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 20 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 30 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 5 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 10 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 1 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 2 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 4 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BYSANTI - milsaperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI TITRATION PACK A - milsaperidone tab therapy pack 1 mg & 2 mg & 4 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK B - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg & 8 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK C - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 21 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	QL (30 capsules/30 days)
clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	4	PA (>=65 yr), QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
clozapine tab 25 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 50 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg	5	PA, QL (60 capsules/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 100-20 mg	5	PA, QL (60 capsules/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 125-30 mg	5	PA, QL (60 capsules/30 days)
COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg	5	PA, QL (1 pack/28 days)
FANAPT - iloperidone tab 1 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	5	PA (>=65 yr), QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT - iloperidone tab 4 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
fluphenazine decanoate inj 25 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
fluphenazine hcl tab 1 mg	4	PA (>=65 yr)
fluphenazine hcl tab 2.5 mg	4	PA (>=65 yr)
fluphenazine hcl tab 5 mg	4	PA (>=65 yr)
fluphenazine hcl tab 10 mg	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
haloperidol decanoate im soln 50 mg/ml	4	PA (>=65 yr)
haloperidol decanoate im soln 100 mg/ml	4	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml	4	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml	3	PA (>=65 yr)
haloperidol tab 0.5 mg	2	PA (>=65 yr)
haloperidol tab 1 mg	2	PA (>=65 yr)
haloperidol tab 2 mg	2	PA (>=65 yr)
haloperidol tab 5 mg	2	PA (>=65 yr)
haloperidol tab 10 mg	2	PA (>=65 yr)
haloperidol tab 20 mg	3	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	5	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	5	QL (1 kit/180 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	5	QL (1 kit/84 days)
loxapine succinate cap 5 mg	3	PA (>=65 yr)
loxapine succinate cap 10 mg	3	PA (>=65 yr)
loxapine succinate cap 25 mg	3	PA (>=65 yr)
loxapine succinate cap 50 mg	3	PA (>=65 yr)
lurasidone hcl tab 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 40 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 60 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
lurasidone hcl tab 120 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA (>=65 yr)

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

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
olanzapine for im inj 10 mg	4	PA (>=65 yr), QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 10 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 15 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 2.5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 7.5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 10 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 15 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg	5	PA (>=65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg	5	PA (>=65 yr), QL (90 films/30 days)
OPIPZA - aripiprazole oral film 10 mg	5	PA (>=65 yr), QL (90 films/30 days)
paliperidone tab er 24hr 1.5 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 3 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
paliperidone tab er 24hr 9 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
pimozide tab 1 mg	4	PA (>=65 yr)
pimozide tab 2 mg	4	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA (>=65 yr), QL (150 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 50 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 200 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 400 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 50 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 100 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 400 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 25 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 37.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg	4	PA (>=65 yr), QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
risperidone orally disintegrating tab 1 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 2 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 3 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
risperidone soln 1 mg/ml	3	PA (>=65 yr), QL (480 mls/30 days)
risperidone tab 0.25 mg	2	QL (60 tablets/30 days)
risperidone tab 0.5 mg	2	QL (60 tablets/30 days)
risperidone tab 1 mg	2	QL (60 tablets/30 days)
risperidone tab 2 mg	2	QL (60 tablets/30 days)
risperidone tab 3 mg	2	QL (60 tablets/30 days)
risperidone tab 4 mg	2	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
thioridazine hcl tab 10 mg	3	PA (>=65 yr)
thioridazine hcl tab 25 mg	3	PA (>=65 yr)
thioridazine hcl tab 50 mg	3	PA (>=65 yr)
thioridazine hcl tab 100 mg	3	PA (>=65 yr)
thiothixene cap 1 mg	4	PA (>=65 yr)
thiothixene cap 2 mg	4	PA (>=65 yr)
thiothixene cap 5 mg	4	PA (>=65 yr)
thiothixene cap 10 mg	4	PA (>=65 yr)
trifluoperazine hcl tab 1 mg (base equivalent)	3	PA (>=65 yr)
trifluoperazine hcl tab 2 mg (base equivalent)	3	PA (>=65 yr)
trifluoperazine hcl tab 5 mg (base equivalent)	3	PA (>=65 yr)
trifluoperazine hcl tab 10 mg (base equivalent)	3	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 0.75 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	3	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	3	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg	4	QL (90 capsules/30 days)
ziprasidone hcl cap 40 mg	4	QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg	4	QL (60 capsules/30 days)
ziprasidone hcl cap 80 mg	4	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	4	PA (>=65 yr), QL (60 vials/30 days)
Antispasticity Agents		
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	
dantrolene sodium cap 25 mg	4	
dantrolene sodium cap 50 mg	4	
dantrolene sodium cap 100 mg	4	
tizanidine hcl tab 2 mg (base equivalent)	2	
tizanidine hcl tab 4 mg (base equivalent)	2	
Antivirals		
abacavir sulfate soln 20 mg/ml (base equiv)	4	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	4	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
acyclovir cap 200 mg	2	
acyclovir oint 5%	4	PA, QL (30 grams/30 days)
acyclovir sodium iv soln 50 mg/ml	4	BD
acyclovir susp 200 mg/5ml	4	
acyclovir tab 400 mg	2	
acyclovir tab 800 mg	2	
adefovir dipivoxil tab 10 mg	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	4	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)	4	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv)	4	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	5	QL (30 tablets/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
BIXLENVO - bictegravir sodium-lenacapavir sodium tab 75-50 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
darunavir tab 600 mg	4	QL (60 tablets/30 days)
darunavir tab 800 mg	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	5	QL (180 tablets/30 days)
efavirenz tab 600 mg	4	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
entecavir tab 0.5 mg	4	
entecavir tab 1 mg	4	
etravirine tab 100 mg	4	QL (60 tablets/30 days)
etravirine tab 200 mg	4	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
famciclovir tab 125 mg	3	
famciclovir tab 250 mg	3	
famciclovir tab 500 mg	3	
fosamprenavir calcium tab 700 mg (base equiv)	5	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
IDVYNSO - doravirine-islatravir tab 100-0.25 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	4	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5	QL (60 packets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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)	4	QL (480 mls/30 days)
lamivudine oral soln 10 mg/ml	3	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	3	
lamivudine tab 150 mg	3	QL (60 tablets/30 days)
lamivudine tab 300 mg	3	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	4	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/30 days)
lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	4	QL (120 tablets/30 days)
maraviroc tab 150 mg	5	QL (60 tablets/30 days)
maraviroc tab 300 mg	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	4	QL (30 tablets/30 days)
nevirapine tab 200 mg	3	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv)	3	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv)	3	QL (84 capsules/365 days)
oseltamivir phosphate cap 75 mg (base equiv)	3	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	3	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
ribavirin cap 200 mg	3	
ribavirin tab 200 mg	3	
rilpivirine hcl tab 25 mg (base equivalent)	5	QL (30 tablets/30 days)
ritonavir tab 100 mg	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SUNLENCA - lenacapavir sodium tab 300 mg	5	QL (4 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	4	QL (180 tablets/30 days)
valacyclovir hcl tab 500 mg	3	
valacyclovir hcl tab 1 gm	3	
valganciclovir hcl for soln 50 mg/ml (base equiv)	5	
valganciclovir hcl tab 450 mg (base equivalent)	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	4	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
zidovudine cap 100 mg	4	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
zidovudine tab 300 mg	3	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg	2	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
alprazolam tab 0.5 mg	2	PA, QL (120 tablets/30 days)
alprazolam tab 1 mg	2	PA, QL (120 tablets/30 days)
alprazolam tab 2 mg	2	PA, QL (150 tablets/30 days)
buspirone hcl tab 5 mg	2	
buspirone hcl tab 7.5 mg	2	
buspirone hcl tab 10 mg	2	
buspirone hcl tab 15 mg	2	
buspirone hcl tab 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 1 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	4	QL (300 tablets/30 days)
clonazepam tab 0.5 mg	2	QL (120 tablets/30 days)
clonazepam tab 1 mg	2	QL (120 tablets/30 days)
clonazepam tab 2 mg	2	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	4	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	4	PA, QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	4	PA, QL (180 tablets/30 days)
diazepam conc 5 mg/ml	4	PA, QL (240 mls/30 days)
diazepam intensol - diazepam conc 5 mg/ml	4	PA, QL (240 mls/30 days)
diazepam oral soln 1 mg/ml	4	PA, QL (1200 mls/30 days)
diazepam tab 2 mg	2	PA, QL (120 tablets/30 days)
diazepam tab 5 mg	2	PA, QL (120 tablets/30 days)
diazepam tab 10 mg	2	PA, QL (120 tablets/30 days)
hydroxyzine hcl tab 10 mg#	4	PA (>=65 yr)
hydroxyzine hcl tab 25 mg#	4	PA (>=65 yr)
hydroxyzine hcl tab 50 mg#	4	PA (>=65 yr)
lorazepam conc 2 mg/ml	3	PA, QL (150 mls/30 days)
lorazepam intensol - lorazepam conc 2 mg/ml	3	PA, QL (150 mls/30 days)
lorazepam tab 0.5 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 1 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg	2	PA, QL (150 tablets/30 days)
Bipolar Agents		
lithium carbonate cap 150 mg	2	
lithium carbonate cap 300 mg	2	
lithium carbonate cap 600 mg	2	
lithium carbonate tab er 300 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate tab er 450 mg	2	
lithium carbonate tab 300 mg	2	
lithium oral solution 8 meq/5ml	4	
Blood Glucose Regulators		
acarbose tab 25 mg	2	QL (360 tablets/30 days)
acarbose tab 50 mg	2	QL (180 tablets/30 days)
acarbose tab 100 mg	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	PA
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	3	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	3	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	3	QL (30 tablets/30 days)
dapagliflozin tab 5 mg	6	QL (30 tablets/30 days)
dapagliflozin tab 10 mg	6	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml	4	
FARXIGA - dapagliflozin tab 5 mg	3	QL (30 tablets/30 days)
FARXIGA - dapagliflozin tab 10 mg	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
glimepiride tab 1 mg#	6	QL (240 tablets/30 days)
glimepiride tab 2 mg#	6	QL (120 tablets/30 days)
glimepiride tab 4 mg#	6	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg	6	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg	6	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg	6	QL (60 tablets/30 days)
glipizide tab 5 mg	6	QL (240 tablets/30 days)
glipizide tab 10 mg	6	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 2.5 mg	6	QL (240 tablets/30 days)
glipizide xl - glipizide tab er 24hr 5 mg	6	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 10 mg	6	QL (60 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg	6	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg	6	QL (120 tablets/30 days)
glipizide-metformin hcl tab 5-500 mg	6	QL (120 tablets/30 days)
glyburide tab 1.25 mg#	2	QL (480 tablets/30 days)
glyburide tab 2.5 mg#	2	QL (240 tablets/30 days)
glyburide tab 5 mg#	2	QL (120 tablets/30 days)
glyburide-metformin tab 1.25-250 mg#	6	QL (240 tablets/30 days)
glyburide-metformin tab 2.5-500 mg#	6	QL (120 tablets/30 days)
glyburide-metformin tab 5-500 mg#	6	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	3	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	5	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN LISPRO - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
INSULIN LISPRO JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	3	PA
JARDIANCE - empagliflozin tab 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
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
metformin hcl tab er 24hr 500 mg	6	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	6	QL (60 tablets/30 days)
metformin hcl tab 500 mg	6	QL (150 tablets/30 days)
metformin hcl tab 850 mg	6	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	6	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 7.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 10 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 12.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
nateglinide tab 60 mg	6	QL (180 tablets/30 days)
nateglinide tab 120 mg	6	QL (90 tablets/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD 5 LIBRE INTRO KIT - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	3	PA, QL (1 pen/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg	3	PA, QL (30 tablets/30 days)
OZEMPIC - semaglutide tab 4 mg	3	PA, QL (30 tablets/30 days)
OZEMPIC - semaglutide tab 9 mg	3	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv)	6	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg (base equiv)	6	QL (30 tablets/30 days)
pioglitazone hcl tab 45 mg (base equiv)	6	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-2 mg#	6	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-4 mg#	6	QL (30 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	6	QL (90 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	6	QL (90 tablets/30 days)
repaglinide tab 0.5 mg	6	QL (960 tablets/30 days)
repaglinide tab 1 mg	6	QL (480 tablets/30 days)
repaglinide tab 2 mg	6	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 7 mg	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 14 mg	3	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate tab 50 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate tab 100 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 1.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 3 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
Blood Products and Modifiers		
anagrelide hcl cap 0.5 mg	3	
anagrelide hcl cap 1 mg	3	
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	4	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	4	QL (120 capsules/30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	4	QL (60 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg	3	QL (74 capsules/30 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
eltrombopag olamine powder pack for susp 25 mg (base equiv)	5	PA
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	5	PA
eltrombopag olamine tab 12.5 mg (base equiv)	5	PA
eltrombopag olamine tab 25 mg (base equiv)	5	PA
eltrombopag olamine tab 50 mg (base equiv)	5	PA
eltrombopag olamine tab 75 mg (base equiv)	5	PA
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 100 mg/ml	4	QL (30 syringes/90 days)

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

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 150 mg/ml	4	QL (30 syringes/90 days)
heparin sodium (porcine) inj 1000 unit/ml	3	
heparin sodium (porcine) inj 5000 unit/ml	3	
heparin sodium (porcine) inj 10000 unit/ml	3	
heparin sodium (porcine) inj 20000 unit/ml	3	
heparin sodium (porcine) pf inj 5000 unit/ml	3	
heparin sodium (porcine) pf inj 1000 unit/ml	3	
jantoven - warfarin sodium tab 1 mg	1	
jantoven - warfarin sodium tab 2 mg	1	
jantoven - warfarin sodium tab 2.5 mg	1	
jantoven - warfarin sodium tab 3 mg	1	
jantoven - warfarin sodium tab 4 mg	1	
jantoven - warfarin sodium tab 5 mg	1	
jantoven - warfarin sodium tab 6 mg	1	
jantoven - warfarin sodium tab 7.5 mg	1	
jantoven - warfarin sodium tab 10 mg	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	PA
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
prasugrel hcl tab 5 mg (base equiv)	3	
prasugrel hcl tab 10 mg (base equiv)	3	
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	4	PA
rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
ticagrelor tab 60 mg	4	
ticagrelor tab 90 mg	4	
tranexamic acid tab 650 mg	3	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO - rivaroxaban tab 10 mg	4	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	4	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	4	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	4	QL (51 tablets/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	5	PA
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	5	PA
Cardiovascular Agents		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
acetazolamide cap er 12hr 500 mg	4	
acetazolamide tab 125 mg	3	
acetazolamide tab 250 mg	3	
aliskiren fumarate tab 150 mg (base equivalent)	3	QL (30 tablets/30 days)
aliskiren fumarate tab 300 mg (base equivalent)	3	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
amiodarone hcl tab 100 mg	4	
amiodarone hcl tab 200 mg	2	
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	6	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg	4	
bumetanide tab 1 mg	4	
bumetanide tab 2 mg	4	
candesartan cilexetil tab 4 mg	6	QL (60 tablets/30 days)
candesartan cilexetil tab 8 mg	6	QL (60 tablets/30 days)
candesartan cilexetil tab 16 mg	6	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	6	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	6	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	6	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	6	QL (30 tablets/30 days)
captopril tab 12.5 mg	6	
captopril tab 25 mg	6	
captopril tab 50 mg	6	
captopril tab 100 mg	6	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg	2	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
chlorthalidone tab 25 mg	2	
chlorthalidone tab 50 mg	2	
cholestyramine light powder packets 4 gm	4	
cholestyramine light powder 4 gm/dose	4	
cholestyramine powder packets 4 gm	4	
cholestyramine powder 4 gm/dose	4	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	3	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	3	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
clonidine td patch weekly 0.1 mg/24hr	4	
clonidine td patch weekly 0.2 mg/24hr	4	
clonidine td patch weekly 0.3 mg/24hr	4	
colestipol hcl granule packets 5 gm	4	
colestipol hcl granules 5 gm	4	
colestipol hcl tab 1 gm	3	
digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg)#	2	QL (30 tablets/30 days)
digoxin tab 250 mcg (0.25 mg)#	2	QL (30 tablets/30 days)
dilt-xr - diltiazem hcl cap er 24hr 120 mg	2	
dilt-xr - diltiazem hcl cap er 24hr 180 mg	2	
dilt-xr - diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl cap er 24hr 120 mg	2	
diltiazem hcl cap er 24hr 180 mg	2	
diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl tab er 24hr 120 mg	3	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab 120 mg	2	
dofetilide cap 125 mcg (0.125 mg)	4	
dofetilide cap 250 mcg (0.25 mg)	4	
dofetilide cap 500 mcg (0.5 mg)	4	
doxazosin mesylate tab 1 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 2 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 4 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 8 mg	2	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
droxidopa cap 100 mg	4	PA
droxidopa cap 200 mg	4	PA
droxidopa cap 300 mg	4	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	6	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	6	
enalapril maleate tab 2.5 mg	6	
enalapril maleate tab 5 mg	6	
enalapril maleate tab 10 mg	6	
enalapril maleate tab 20 mg	6	
ezetimibe tab 10 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg	6	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-20 mg	6	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-40 mg	6	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-80 mg	6	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
fenofibrate micronized cap 67 mg	3	QL (30 capsules/30 days)
fenofibrate micronized cap 134 mg	3	QL (30 capsules/30 days)
fenofibrate micronized cap 200 mg	3	QL (30 capsules/30 days)
fenofibrate tab 48 mg	3	QL (60 tablets/30 days)
fenofibrate tab 54 mg	3	QL (60 tablets/30 days)
fenofibrate tab 145 mg	3	QL (30 tablets/30 days)
fenofibrate tab 160 mg	3	QL (30 tablets/30 days)
FILSPARI - sparsentan tab 200 mg	5	PA, QL (30 tablets/30 days)
FILSPARI - sparsentan tab 400 mg	5	PA, QL (60 tablets/30 days)
flecainide acetate tab 50 mg	2	
flecainide acetate tab 100 mg	2	
flecainide acetate tab 150 mg	2	
fluvastatin sodium cap 20 mg (base equivalent)	3	QL (60 capsules/30 days)
fluvastatin sodium cap 40 mg (base equivalent)	3	QL (60 capsules/30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	6	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	6	
fosinopril sodium tab 10 mg	6	
fosinopril sodium tab 20 mg	6	
fosinopril sodium tab 40 mg	6	
furosemide inj 10 mg/ml	4	
furosemide oral soln 8 mg/ml	2	

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

Drug Name	Drug Tier	Requirements/Limits
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
gemfibrozil tab 600 mg	2	QL (60 tablets/30 days)
guanfacine hcl tab 1 mg#	3	
guanfacine hcl tab 2 mg#	3	
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
irbesartan tab 75 mg	6	QL (30 tablets/30 days)
irbesartan tab 150 mg	6	QL (30 tablets/30 days)
irbesartan tab 300 mg	6	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	6	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	6	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg	4	
isosorbide dinitrate tab 10 mg	4	
isosorbide dinitrate tab 20 mg	4	
isosorbide dinitrate tab 30 mg	4	
isosorbide mononitrate tab er 24hr 30 mg	2	
isosorbide mononitrate tab er 24hr 60 mg	2	
isosorbide mononitrate tab er 24hr 120 mg	2	
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	2	
ivabradine hcl tab 5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
ivabradine hcl tab 7.5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg	3	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 20 mg	3	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 40 mg	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg	2	
labetalol hcl tab 200 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
labetalol hcl tab 300 mg	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	6	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	6	
lisinopril & hydrochlorothiazide tab 20-25 mg	6	
lisinopril tab 2.5 mg	6	
lisinopril tab 5 mg	6	
lisinopril tab 10 mg	6	
lisinopril tab 20 mg	6	
lisinopril tab 30 mg	6	
lisinopril tab 40 mg	6	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	6	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	6	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg	6	QL (30 tablets/30 days)
losartan potassium tab 25 mg	6	QL (60 tablets/30 days)
losartan potassium tab 50 mg	6	QL (60 tablets/30 days)
losartan potassium tab 100 mg	6	QL (30 tablets/30 days)
lovastatin tab 10 mg	6	QL (60 tablets/30 days)
lovastatin tab 20 mg	6	QL (60 tablets/30 days)
lovastatin tab 40 mg	6	QL (60 tablets/30 days)
methazolamide tab 25 mg	4	
methazolamide tab 50 mg	4	
metolazone tab 2.5 mg	4	
metolazone tab 5 mg	4	
metolazone tab 10 mg	4	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
metyrosine cap 250 mg	5	PA, QL (480 capsules/30 days)
midodrine hcl tab 2.5 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
midodrine hcl tab 5 mg	4	
midodrine hcl tab 10 mg	4	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
moexipril hcl tab 7.5 mg	6	
moexipril hcl tab 15 mg	6	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
nebivolol hcl tab 2.5 mg (base equivalent)	4	
nebivolol hcl tab 5 mg (base equivalent)	4	
nebivolol hcl tab 10 mg (base equivalent)	4	
nebivolol hcl tab 20 mg (base equivalent)	4	
NEXLETOL - bempedoic acid tab 180 mg	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic)	2	QL (30 tablets/30 days)
niacin tab er 750 mg (antihyperlipidemic)	2	QL (60 tablets/30 days)
niacin tab er 1000 mg (antihyperlipidemic)	2	QL (60 tablets/30 days)
nifedipine tab er 24hr 30 mg	3	
nifedipine tab er 24hr 60 mg	3	
nifedipine tab er 24hr 90 mg	3	
nifedipine tab er 24hr osmotic release 30 mg	3	
nifedipine tab er 24hr osmotic release 60 mg	3	
nifedipine tab er 24hr osmotic release 90 mg	3	
nimodipine cap 30 mg	4	
nitro-bid - nitroglycerin oint 2%	4	
nitroglycerin oint 0.4%	4	
nitroglycerin oint 2%	4	
nitroglycerin sl tab 0.3 mg	2	
nitroglycerin sl tab 0.4 mg	2	
nitroglycerin sl tab 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr	3	
nitroglycerin td patch 24hr 0.2 mg/hr	3	
nitroglycerin td patch 24hr 0.4 mg/hr	3	
nitroglycerin td patch 24hr 0.6 mg/hr	3	
olmesartan medoxomil tab 5 mg	6	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg	6	QL (30 tablets/30 days)
olmesartan medoxomil tab 40 mg	6	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	6	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	6	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	6	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	3	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	3	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	3	QL (120 capsules/30 days)
pacerone - amiodarone hcl tab 100 mg	4	
pacerone - amiodarone hcl tab 200 mg	2	
pentoxifylline tab er 400 mg	2	
perindopril erbumine tab 2 mg	6	
perindopril erbumine tab 4 mg	6	
perindopril erbumine tab 8 mg	6	
phenoxybenzamine hcl cap 10 mg	5	
pindolol tab 5 mg	3	
pindolol tab 10 mg	3	
pravastatin sodium tab 10 mg	6	QL (45 tablets/30 days)
pravastatin sodium tab 20 mg	6	QL (45 tablets/30 days)
pravastatin sodium tab 40 mg	6	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	6	QL (30 tablets/30 days)
prazosin hcl cap 1 mg	2	
prazosin hcl cap 2 mg	2	
prazosin hcl cap 5 mg	2	
prevalite - cholestyramine light powder packets 4 gm	4	
prevalite - cholestyramine light powder 4 gm/dose	4	
propafenone hcl cap er 12hr 225 mg	4	
propafenone hcl cap er 12hr 325 mg	4	
propafenone hcl cap er 12hr 425 mg	4	
propafenone hcl tab 150 mg	3	
propafenone hcl tab 225 mg	3	
propafenone hcl tab 300 mg	3	
propranolol hcl cap er 24hr 60 mg	4	
propranolol hcl cap er 24hr 80 mg	4	
propranolol hcl cap er 24hr 120 mg	4	
propranolol hcl cap er 24hr 160 mg	4	
propranolol hcl oral soln 20 mg/5ml	2	
propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl tab 10 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl tab 20 mg	2	
propranolol hcl tab 40 mg	2	
propranolol hcl tab 60 mg	2	
propranolol hcl tab 80 mg	2	
quinapril hcl tab 5 mg	6	
quinapril hcl tab 10 mg	6	
quinapril hcl tab 20 mg	6	
quinapril hcl tab 40 mg	6	
quinapril-hydrochlorothiazide tab 10-12.5 mg	6	
quinapril-hydrochlorothiazide tab 20-12.5 mg	6	
quinapril-hydrochlorothiazide tab 20-25 mg	6	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	4	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	4	
ramipril cap 1.25 mg	6	
ramipril cap 2.5 mg	6	
ramipril cap 5 mg	6	
ramipril cap 10 mg	6	
ranolazine tab er 12hr 500 mg	4	QL (60 tablets/30 days)
ranolazine tab er 12hr 1000 mg	4	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg	6	QL (45 tablets/30 days)
rosuvastatin calcium tab 10 mg	6	QL (45 tablets/30 days)
rosuvastatin calcium tab 20 mg	6	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg	6	QL (30 tablets/30 days)
sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
simvastatin tab 5 mg	6	QL (45 tablets/30 days)
simvastatin tab 10 mg	6	QL (45 tablets/30 days)
simvastatin tab 20 mg	6	QL (60 tablets/30 days)
simvastatin tab 40 mg	6	QL (45 tablets/30 days)
simvastatin tab 80 mg	6	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl tab 80 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
telmisartan tab 20 mg	6	QL (30 tablets/30 days)
telmisartan tab 40 mg	6	QL (30 tablets/30 days)
telmisartan tab 80 mg	6	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-10 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-10 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-5 mg	3	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	6	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	6	QL (60 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	6	QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent)	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg (base equivalent)	1	QL (60 capsules/30 days)
terazosin hcl cap 5 mg (base equivalent)	1	QL (60 capsules/30 days)
terazosin hcl cap 10 mg (base equivalent)	1	QL (60 capsules/30 days)
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg	2	
timolol maleate tab 5 mg	4	
timolol maleate tab 10 mg	4	
timolol maleate tab 20 mg	4	
torsemide tab 5 mg	2	
torsemide tab 10 mg	2	
torsemide tab 20 mg	2	
torsemide tab 100 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
trandolapril tab 1 mg	6	
trandolapril tab 2 mg	6	
trandolapril tab 4 mg	6	
trandolapril-verapamil hcl tab er 1-240 mg	6	
trandolapril-verapamil hcl tab er 2-180 mg	6	
trandolapril-verapamil hcl tab er 2-240 mg	6	
trandolapril-verapamil hcl tab er 4-240 mg	6	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
valsartan tab 40 mg	6	QL (60 tablets/30 days)
valsartan tab 80 mg	6	QL (60 tablets/30 days)
valsartan tab 160 mg	6	QL (60 tablets/30 days)
valsartan tab 320 mg	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	6	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	6	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
verapamil hcl cap er 24hr 360 mg	4	
verapamil hcl cap er 24hr 120 mg	3	
verapamil hcl cap er 24hr 180 mg	3	
verapamil hcl cap er 24hr 240 mg	3	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
VERQUVO - vericiguat tab 2.5 mg	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 5 mg	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 10 mg	3	QL (30 tablets/30 days)
WEGOVY - semaglutide (weight management) tab 1.5 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 4 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 9 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 25 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
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml	3	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1 mg/0.5ml	3	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml	3	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75ml	3	PA, QL (4 pens/28 days)
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 25 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 40 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv)	4	QL (30 capsules/30 days)
atomoxetine hcl cap 80 mg (base equiv)	4	QL (30 capsules/30 days)
atomoxetine hcl cap 100 mg (base equiv)	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO - deutetrabenazine tab 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 30 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 36 mg	5	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR - deutetrabenazine tab er 24hr 42 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
clonidine hcl tab er 12hr 0.1 mg	4	QL (120 tablets/30 days)
dalfampridine tab er 12hr 10 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 2.5 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 10 mg	3	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 120 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 240 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (60 capsules/30 days)
fingolimod hcl cap 0.5 mg (base equiv)	4	PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 2 mg (base equiv)#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 3 mg (base equiv)#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 4 mg (base equiv)#	3	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
methylphenidate hcl soln 5 mg/5ml	4	PA, QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml	4	PA, QL (900 mls/30 days)
methylphenidate hcl tab er 10 mg	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab er 20 mg	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 10 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 20 mg	3	PA, QL (90 tablets/30 days)
riluzole tab 50 mg	4	
tetrabenazine tab 12.5 mg	4	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	4	PA, QL (120 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	2	
kourzeq - triamcinolone acetonide dental paste 0.1%	3	
oralone dental paste - triamcinolone acetonide dental paste0.1%	3	
periogard - chlorhexidine gluconate soln 0.12%	2	
pilocarpine hcl tab 5 mg	4	
pilocarpine hcl tab 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	3	
Dermatological Agents		
accutane - isotretinoin cap 10 mg	4	PA
accutane - isotretinoin cap 20 mg	4	PA
accutane - isotretinoin cap 30 mg	4	PA
accutane - isotretinoin cap 40 mg	4	PA
acitretin cap 10 mg	4	PA
acitretin cap 17.5 mg	4	PA
acitretin cap 25 mg	4	PA
ala-cort - hydrocortisone cream 1%	2	
alclometasone dipropionate cream 0.05%	3	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	3	QL (120 grams/30 days)
amnesteem - isotretinoin cap 10 mg	4	PA
amnesteem - isotretinoin cap 20 mg	4	PA
amnesteem - isotretinoin cap 30 mg	4	PA
amnesteem - isotretinoin cap 40 mg	4	PA
azelaic acid gel 15%	4	
benzoyl peroxide-erythromycin gel 5-3%	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	4	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	4	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3	QL (135 grams/30 days)
calcipotriene cream 0.005%	4	QL (120 grams/30 days)
calcipotriene oint 0.005%	4	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3	QL (120 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
calcitrene - calcipotriene oint 0.005%	4	QL (120 grams/30 days)
claravis - isotretinoin cap 10 mg	4	PA
claravis - isotretinoin cap 20 mg	4	PA
claravis - isotretinoin cap 30 mg	4	PA
claravis - isotretinoin cap 40 mg	4	PA
clobetasol propionate cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate e - clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate gel 0.05%	4	QL (210 grams/28 days)
clobetasol propionate oint 0.05%	4	QL (210 grams/28 days)
clobetasol propionate soln 0.05%	4	QL (200 mls/28 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	
desonide oint 0.05%	4	QL (120 grams/30 days)
desoximetasone cream 0.25%	4	QL (120 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%	4	PA
EUCRISA - crisaborole oint 2%	4	PA, QL (120 grams/30 days)
fluocinolone acetonide cream 0.01%	4	QL (120 grams/30 days)
fluocinolone acetonide cream 0.025%	4	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil)	4	QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	4	QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025%	3	QL (120 grams/30 days)
fluocinolone acetonide soln 0.01%	4	QL (120 mls/30 days)
fluocinonide cream 0.05%	3	QL (120 grams/30 days)
fluocinonide gel 0.05%	4	QL (120 grams/30 days)
fluocinonide oint 0.05%	3	QL (120 grams/30 days)
fluocinonide soln 0.05%	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	QL (10 mls/30 days)
fluorouracil cream 5%	3	QL (40 grams/30 days)
fluorouracil soln 5%	3	QL (10 mls/30 days)
fluticasone propionate cream 0.05%	2	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	2	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	4	
gentamicin sulfate oint 0.1%	4	
halobetasol propionate cream 0.05%	4	QL (200 grams/28 days)
halobetasol propionate oint 0.05%	4	QL (200 grams/28 days)
hydrocortisone cream 1%	2	

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

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone cream 2.5%	2	QL (454 grams/30 days)
hydrocortisone lotion 2.5%	2	QL (118 mls/30 days)
hydrocortisone oint 1%	2	
hydrocortisone oint 2.5%	2	QL (454 grams/30 days)
imiquimod cream 5%	3	PA
isotretinoin cap 10 mg	4	PA
isotretinoin cap 20 mg	4	PA
isotretinoin cap 25 mg	4	PA
isotretinoin cap 30 mg	4	PA
isotretinoin cap 35 mg	4	PA
isotretinoin cap 40 mg	4	PA
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	3	
malathion lotion 0.5%	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
metronidazole lotion 0.75%	4	
mometasone furoate cream 0.1%	2	QL (135 grams/30 days)
mometasone furoate oint 0.1%	2	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	2	QL (120 mls/30 days)
mupirocin oint 2%	2	QL (30 grams/30 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab 20 mg	5	PA, QL (60 tablets/30 days)
OTEZLA - apremilast tab 30 mg*	5	PA, QL (60 tablets/30 days)
OTEZLA XR - apremilast tab er 24hr 75 mg	5	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	5	PA, QL (1 pack/180 days)
permethrin cream 5%	3	
podofilox soln 0.5%	4	
SANTYL - collagenase oint 250 unit/gm	4	QL (180 grams/30 days)
selenium sulfide lotion 2.5%	2	
silver sulfadiazine cream 1%	2	
ssd - silver sulfadiazine cream 1%	2	
sulfacetamide sodium lotion 10% (acne)	4	
tacrolimus oint 0.03%	4	PA, QL (120 grams/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
tacrolimus oint 0.1%	4	PA, QL (120 grams/30 days)
tazarotene cream 0.1%	4	PA, QL (60 grams/30 days)
tretinoin cream 0.025%	4	PA, QL (45 grams/30 days)
tretinoin cream 0.05%	4	PA, QL (45 grams/30 days)
tretinoin cream 0.1%	4	PA, QL (45 grams/30 days)
tretinoin gel 0.01%	4	PA, QL (45 grams/30 days)
tretinoin gel 0.025%	4	PA, QL (45 grams/30 days)
triamcinolone acetonide cream 0.025%	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.5%	2	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%	3	QL (120 mls/30 days)
triamcinolone acetonide lotion 0.1%	3	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	2	QL (120 grams/30 days)
triderm - triamcinolone acetonide cream 0.5%	2	QL (454 grams/30 days)
zenatane - isotretinoin cap 10 mg	4	PA
zenatane - isotretinoin cap 20 mg	4	PA
zenatane - isotretinoin cap 30 mg	4	PA
zenatane - isotretinoin cap 40 mg	4	PA
Electrolytes/Minerals/Metals/Vitamins		
calcium acetate (phosphate binder) tab 667 mg	3	
carglumic acid soluble tab 200 mg	5	PA
CHEMET - succimer cap 100 mg	4	
deferasirox tab for oral susp 125 mg	4	PA
deferasirox tab for oral susp 250 mg	4	PA
deferasirox tab for oral susp 500 mg	5	PA
deferasirox tab 90 mg	3	PA
deferasirox tab 180 mg	4	PA
deferasirox tab 360 mg	4	PA
dextrose inj 10%	4	
dextrose inj 5%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.2%	4	
dextrose 5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.9%	4	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	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
kcl 20 meq/l (0.149%) in nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	4	
kionex - sodium polystyrene sulfonate susp 15 gm/60ml	3	
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq	2	
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq	2	
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq	2	
klor-con 8 - potassium chloride tab er 8 meq (600 mg)	2	
klor-con 10 - potassium chloride tab er 10 meq	2	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	3	QL (90 packets/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	3	QL (34 packets/30 days)
magnesium sulfate inj 50%	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
potassium chloride cap er 8 meq	2	
potassium chloride cap er 10 meq	2	
potassium chloride inj 2 meq/ml	4	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 15 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml)	4	
potassium chloride oral soln 20% (40 meq/15ml)	4	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 20 meq (1500 mg)	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	4	
potassium citrate tab er 5 meq (540 mg)	4	
potassium citrate tab er 10 meq (1080 mg)	4	
potassium citrate tab er 15 meq (1620 mg)	4	
sevelamer carbonate tab 800 mg	4	
sodium chloride iv soln 0.9%	4	
sodium chloride iv soln 0.45%	4	
sodium polystyrene sulfonate powder	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
sodium polystyrene sulfonate susp 15 gm/60ml	3	
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml	3	
sps - sodium polystyrene sulfonate susp 15 gm/60ml	3	
tolvaptan tab 15 mg	5	PA, QL (120 tablets/30 days)
tolvaptan tab 30 mg	5	PA, QL (120 tablets/30 days)
TRAVASOL - amino acid infusion 10%	4	BD
trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
alosetron hcl tab 1 mg (base equiv)	4	PA, QL (60 tablets/30 days)
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4	
cimetidine tab 200 mg	3	
cimetidine tab 300 mg	3	
cimetidine tab 400 mg	3	
cimetidine tab 800 mg	3	
constulose - lactulose solution 10 gm/15ml	2	
CTEXLI - chenodiol (basds) tab 250 mg	5	PA, QL (90 tablets/30 days)
dicyclomine hcl cap 10 mg#	4	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#	4	PA (>=65 yr)
dicyclomine hcl tab 20 mg#	4	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#	4	PA (>=65 yr)
enulose - lactulose (encephalopathy) solution 10 gm/15ml	2	
esomeprazole magnesium cap delayed release 20 mg (base eq)	3	QL (30 capsules/30 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)	3	QL (30 capsules/30 days)
famotidine for susp 40 mg/5ml	4	
famotidine tab 20 mg	2	
famotidine tab 40 mg	2	
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
generlac - lactulose (encephalopathy) solution 10 gm/15ml	2	
glycopyrrolate tab 1 mg	3	
glycopyrrolate tab 2 mg	3	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
lansoprazole cap delayed release 15 mg	2	QL (30 capsules/30 days)
lansoprazole cap delayed release 30 mg	2	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LINZESS - linaclotide cap 72 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg	3	QL (30 capsules/30 days)
loperamide hcl cap 2 mg	2	
lubiprostone cap 8 mcg	3	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	3	QL (60 capsules/30 days)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
misoprostol tab 100 mcg	3	
misoprostol tab 200 mcg	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)	3	QL (30 tablets/30 days)
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	3	QL (30 tablets/30 days)
nizatidine cap 150 mg	4	
nizatidine cap 300 mg	4	
omeprazole cap delayed release 10 mg	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg	1	QL (60 capsules/30 days)
omeprazole cap delayed release 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (60 tablets/30 days)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
rabeprazole sodium ec tab 20 mg	3	QL (30 tablets/30 days)
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
sucralfate tab 1 gm	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg	4	
ursodiol tab 500 mg	4	
VOQUEZNA DUAL PAK - amoxicillin cap 500 mg & vonoprazan tab 20 mg therapy pack	4	
VOQUEZNA TRIPLE PAK - amoxicillin cap & clarithromycin tab & vonoprazan tab pack	4	
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	3	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
betaine powder for oral solution	5	
cromolyn sodium oral conc 100 mg/5ml	4	
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
glutamine (sickle cell) powd pack 5 gm	5	PA, QL (180 packets/30 days)
levocarnitine oral soln 1 gm/10ml (10%)	4	
levocarnitine tab 330 mg	4	
nitisinone cap 2 mg	5	PA
nitisinone cap 5 mg	5	PA
nitisinone cap 10 mg	5	PA
nitisinone cap 20 mg	5	PA
PYRUKYND - mitapivat sulfate tab 5 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND - mitapivat sulfate tab 20 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND - mitapivat sulfate tab 50 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*	5	PA, QL (7 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg*	5	PA, QL (14 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg*	5	PA, QL (14 tablets/28 days)
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	PA
REZDIFFRA - resmetirom 60 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	5	PA, QL (30 tablets/30 days)
sapropterin dihydrochloride powder packet 100 mg	5	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA, QL (3 bottles/30 days)
sodium phenylbutyrate tab 500 mg	5	PA, QL (1200 tablets/30 days)
WELIREG - belzutifan tab 40 mg*	5	PA, QL (90 tablets/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3	

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg*	5	PA, QL (120 capsules/30 days)
ZOKINVY - lonafarnib cap 75 mg*	5	PA, QL (120 capsules/30 days)
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg	2	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg	3	
bethanechol chloride tab 10 mg	3	
bethanechol chloride tab 25 mg	3	
bethanechol chloride tab 50 mg	3	
dutasteride cap 0.5 mg	2	QL (30 capsules/30 days)
finasteride tab 5 mg	1	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
oxybutynin chloride solution 5 mg/5ml	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
solifenacin succinate tab 5 mg	2	QL (30 tablets/30 days)
solifenacin succinate tab 10 mg	2	QL (30 tablets/30 days)
tadalafil tab 2.5 mg	4	PA, QL (30 tablets/30 days)
tadalafil tab 5 mg	4	PA, QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg	2	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg	4	QL (30 capsules/30 days)
tolterodine tartrate cap er 24hr 4 mg	4	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg	4	QL (60 tablets/30 days)
tolterodine tartrate tab 2 mg	4	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone elixir 0.5 mg/5ml	3	
dexamethasone soln 0.5 mg/5ml	3	
dexamethasone tab 0.5 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	2	
methylprednisolone tab 4 mg	2	
methylprednisolone tab 8 mg	2	
methylprednisolone tab 16 mg	2	
methylprednisolone tab 32 mg	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	4	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	4	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3	
prednisolone soln 15 mg/5ml	4	
prednisone oral soln 5 mg/5ml	4	
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	2	
prednisone tab 5 mg	2	
prednisone tab 10 mg	2	
prednisone tab 20 mg	2	
prednisone tab 50 mg	2	
TARPEYO - budesonide delayed release cap 4 mg*	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate nasal spray soln 0.01%	4	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	4	
desmopressin acetate tab 0.1 mg	3	
desmopressin acetate tab 0.2 mg	3	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	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
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
abigale - estradiol & norethindrone acetate tab 1-0.5 mg#	3	
abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg#	3	
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg	3	
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	3	
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg	3	
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg	3	
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)	3	
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
camila - norethindrone tab 0.35 mg	3	
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	QL (8 patches/28 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	QL (8 patches/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
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
danazol cap 50 mg	4	PA
danazol cap 100 mg	4	PA
danazol cap 200 mg	4	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
deblitane - norethindrone tab 0.35 mg	3	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
dotti - estradiol td patch twice weekly 0.025 mg/24hr#	3	QL (8 patches/28 days)
dotti - estradiol td patch twice weekly 0.0375 mg/24hr#	3	QL (8 patches/28 days)
dotti - estradiol td patch twice weekly 0.05 mg/24hr#	3	QL (8 patches/28 days)
dotti - estradiol td patch twice weekly 0.075 mg/24hr#	3	QL (8 patches/28 days)
dotti - estradiol td patch twice weekly 0.1 mg/24hr#	3	QL (8 patches/28 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	3	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	3	
emzahh - norethindrone tab 0.35 mg	3	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
errin - norethindrone tab 0.35 mg	3	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg#	3	
estradiol & norethindrone acetate tab 1-0.5 mg#	3	
estradiol tab 0.5 mg#	1	
estradiol tab 1 mg#	1	
estradiol tab 2 mg#	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)#	3	QL (30 packets/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
estradiol td gel 0.5 mg/0.5gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td gel 0.75 mg/0.75gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td gel 1 mg/gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td gel 1.25 mg/1.25gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.05 mg/24hr#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.06 mg/24hr#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.075 mg/24hr#	3	QL (4 patches/28 days)
estradiol td patch weekly 0.1 mg/24hr#	3	QL (4 patches/28 days)
estradiol vaginal cream 0.01%	3	QL (6 tubes/365 days)
estradiol vaginal tab 10 mcg	4	
estradiol valerate im in oil 10 mg/ml	4	
estradiol valerate im in oil 20 mg/ml	4	
estradiol valerate im in oil 40 mg/ml	4	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
gallifrey - norethindrone acetate tab 5 mg	3	
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg	3	
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	3	
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
heather - norethindrone tab 0.35 mg	3	
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
incassia - norethindrone tab 0.35 mg	3	
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg	3	
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
jencycla - norethindrone tab 0.35 mg	3	
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg	3	
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	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
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	3	
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg	3	
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
lyleq - norethindrone tab 0.35 mg	3	
lyllana - estradiol td patch twice weekly 0.025 mg/24hr#	3	QL (8 patches/28 days)
lyllana - estradiol td patch twice weekly 0.0375 mg/24hr#	3	QL (8 patches/28 days)
lyllana - estradiol td patch twice weekly 0.05 mg/24hr#	3	QL (8 patches/28 days)
lyllana - estradiol td patch twice weekly 0.075 mg/24hr#	3	QL (8 patches/28 days)
lyllana - estradiol td patch twice weekly 0.1 mg/24hr#	3	QL (8 patches/28 days)
lyza - norethindrone tab 0.35 mg	3	
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3	
medroxyprogesterone acetate im susp 150 mg/ml	3	
medroxyprogesterone acetate tab 2.5 mg	2	
medroxyprogesterone acetate tab 5 mg	2	
medroxyprogesterone acetate tab 10 mg	2	
megestrol acetate susp 40 mg/ml#	4	
megestrol acetate tab 20 mg#	3	
megestrol acetate tab 40 mg#	3	
meleya - norethindrone tab 0.35 mg	3	
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	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
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#	3	
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg	3	
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
nora-be - norethindrone tab 0.35 mg	3	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
norethindrone acetate tab 5 mg	3	
norethindrone tab 0.35 mg	3	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
norlyroc - norethindrone tab 0.35 mg	3	
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg	3	
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
orquidea - norethindrone tab 0.35 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
progesterone cap 100 mg	2	
progesterone cap 200 mg	2	
raloxifene hcl tab 60 mg	2	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
sharobel - norethindrone tab 0.35 mg	3	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	3	
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA, QL (1 vial/28 days)
testosterone td gel 12.5 mg/act (1%)	4	PA, QL (4 pump bottles/30 days)
testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	4	PA, QL (30 packets/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	4	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	4	PA, QL (2 pump bottles/30 days)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	

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

Drug Name	Drug Tier	Requirements/Limits
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
yuvafem - estradiol vaginal tab 10 mcg	4	
zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg	3	
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levo-t - levothyroxine sodium tab 25 mcg	3	
levo-t - levothyroxine sodium tab 50 mcg	3	
levo-t - levothyroxine sodium tab 75 mcg	3	
levo-t - levothyroxine sodium tab 88 mcg	3	
levo-t - levothyroxine sodium tab 100 mcg	3	
levo-t - levothyroxine sodium tab 112 mcg	3	
levo-t - levothyroxine sodium tab 125 mcg	3	
levo-t - levothyroxine sodium tab 137 mcg	3	
levo-t - levothyroxine sodium tab 150 mcg	3	
levo-t - levothyroxine sodium tab 175 mcg	3	
levo-t - levothyroxine sodium tab 200 mcg	3	
levo-t - levothyroxine sodium tab 300 mcg	3	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl - levothyroxine sodium tab 25 mcg	3	
levoxyl - levothyroxine sodium tab 50 mcg	3	
levoxyl - levothyroxine sodium tab 75 mcg	3	
levoxyl - levothyroxine sodium tab 88 mcg	3	
levoxyl - levothyroxine sodium tab 100 mcg	3	
levoxyl - levothyroxine sodium tab 112 mcg	3	
levoxyl - levothyroxine sodium tab 125 mcg	3	
levoxyl - levothyroxine sodium tab 137 mcg	3	
levoxyl - levothyroxine sodium tab 150 mcg	3	
levoxyl - levothyroxine sodium tab 175 mcg	3	
levoxyl - levothyroxine sodium tab 200 mcg	3	
liomny - liothyronine sodium tab 5 mcg	2	
liomny - liothyronine sodium tab 25 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
liomny - liothyronine sodium tab 50 mcg	2	
liothyronine sodium tab 5 mcg	2	
liothyronine sodium tab 25 mcg	2	
liothyronine sodium tab 50 mcg	2	
SYNTHROID - levothyroxine sodium tab 25 mcg	4	
SYNTHROID - levothyroxine sodium tab 50 mcg	4	
SYNTHROID - levothyroxine sodium tab 75 mcg	4	
SYNTHROID - levothyroxine sodium tab 88 mcg	4	
SYNTHROID - levothyroxine sodium tab 100 mcg	4	
SYNTHROID - levothyroxine sodium tab 112 mcg	4	
SYNTHROID - levothyroxine sodium tab 125 mcg	4	
SYNTHROID - levothyroxine sodium tab 137 mcg	4	
SYNTHROID - levothyroxine sodium tab 150 mcg	4	
SYNTHROID - levothyroxine sodium tab 175 mcg	4	
SYNTHROID - levothyroxine sodium tab 200 mcg	4	
SYNTHROID - levothyroxine sodium tab 300 mcg	4	
unithroid - levothyroxine sodium tab 25 mcg	3	
unithroid - levothyroxine sodium tab 50 mcg	3	
unithroid - levothyroxine sodium tab 75 mcg	3	
unithroid - levothyroxine sodium tab 88 mcg	3	
unithroid - levothyroxine sodium tab 100 mcg	3	
unithroid - levothyroxine sodium tab 112 mcg	3	
unithroid - levothyroxine sodium tab 125 mcg	3	
unithroid - levothyroxine sodium tab 137 mcg	3	
unithroid - levothyroxine sodium tab 150 mcg	3	
unithroid - levothyroxine sodium tab 175 mcg	3	
unithroid - levothyroxine sodium tab 200 mcg	3	
unithroid - levothyroxine sodium tab 300 mcg	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tab 0.5 mg	3	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA, QL (1 kit/84 days)
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA, QL (1 kit/112 days)
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA, QL (1 kit/168 days)
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA, QL (1 kit/28 days)
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	4	PA
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	PA, QL (2 kits/28 days)
LIFYORLI - relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose)	5	PA, QL (18 capsules/28 days)
LIFYORLI - relacorilant cap pak 2 x 25 mg & 1 x 100 mg (150 mg dose)	5	PA, QL (27 capsules/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA, QL (1 kit/84 days)
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA, QL (1 kit/168 days)
mifepristone tab 300 mg	5	PA, QL (120 tablets/30 days)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA, QL (90 vials/30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA, QL (90 vials/30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA, QL (18 vials/30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5	PA, QL (90 vials/30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA, QL (9 vials/30 days)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA, QL (90 syringes/30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA, QL (90 syringes/30 days)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA, QL (90 syringes/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv)*	5	PA, QL (60 ampules/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml (base equiv)*	5	PA, QL (60 ampules/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml (base equiv)*	5	PA, QL (60 ampules/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein)*	5	PA, QL (30 vials/30 days)
SOMAVERT - pegvisomant for inj 15 mg (as protein)*	5	PA, QL (30 vials/30 days)
SOMAVERT - pegvisomant for inj 20 mg (as protein)*	5	PA, QL (30 vials/30 days)
SOMAVERT - pegvisomant for inj 25 mg (as protein)*	5	PA, QL (30 vials/30 days)
SOMAVERT - pegvisomant for inj 30 mg (as protein)*	5	PA, QL (30 vials/30 days)
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	2	
Immunological Agents		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml+	6	QL (1 vaccine/lifetime)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	6	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	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
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml+	6	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml+	6	
ARCALYST - rilonacept for inj 220 mg*	5	PA, QL (8 vials/28 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml+	6	QL (1 vaccine/lifetime; >=18 yr)
azathioprine tab 50 mg	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg+	6	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA, QL (8 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA, QL (8 syringes/28 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	5	PA, QL (2 pens/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe+	6	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml+	6	
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA, QL (8 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA, QL (4 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA, QL (8 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA, QL (8 pens/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA, QL (8 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA, QL (4 pens/28 days)
cyclosporine cap 25 mg	4	BD
cyclosporine cap 100 mg	4	BD
cyclosporine modified cap 25 mg	4	BD
cyclosporine modified cap 50 mg	4	BD
cyclosporine modified cap 100 mg	4	BD
cyclosporine modified oral soln 100 mg/ml	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	6	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	5	PA, QL (3 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	5	PA, QL (4 pens/28 days)

You can find information 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 200 mg/1.14ml	5	PA, QL (3 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA, QL (8 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA, QL (8 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA, QL (8 pens/28 days)
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml+	6	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml+	6	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml+	6	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	PA, QL (2 pens/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 1 mg	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp+	6	
everolimus tab 0.25 mg	4	BD
everolimus tab 0.5 mg	5	BD
everolimus tab 0.75 mg	5	BD
everolimus tab 1 mg	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD LIQUID ERC - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID ERC - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA

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

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp+	6	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr+	6	
gengraf - cyclosporine modified cap 25 mg	4	BD
gengraf - cyclosporine modified cap 100 mg	4	BD
gengraf - cyclosporine modified oral soln 100 mg/ml	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	4	PA, QL (6 syringes/28 days)
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	3	PA, QL (6 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml	4	PA, QL (6 pens/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.8ml	4	PA, QL (6 pens/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	6	
HAVRIX - hepatitis a vaccine susp prefilled syr 1440 el unit/ml+	6	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml+	6	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	6	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp +	6	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	6	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp+	6	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj+	6	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml+	6	BD

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

Drug Name	Drug Tier	Requirements/Limits
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	6	
leflunomide tab 10 mg	3	QL (30 tablets/30 days)
leflunomide tab 20 mg	3	QL (30 tablets/30 days)
M-M-R II - measles-mumps-rubella virus vaccines for inj soln+	6	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine+	6	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj +	6	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln+	6	
methotrexate sodium for inj 1 gm	3	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml+	6	QL (1 vaccine/lifetime; >=18 yr)
mycophenolate mofetil cap 250 mg	3	BD
mycophenolate mofetil for oral susp 200 mg/ml	4	BD
mycophenolate mofetil tab 500 mg	3	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4	BD
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	4	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	6	
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	6	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj+	6	
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj+	6	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	6	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp+	6	
PROGRAF - tacrolimus packet for susp 0.2 mg	4	BD
PROGRAF - tacrolimus packet for susp 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	6	

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

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA - ustekinumab-ttwe iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml	3	PA, QL (3 vials/84 days)
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	6	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	6	
RABAVERT - rabies vaccine, pcec for inj+	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml+	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml+	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml+	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml+	6	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml+	6	BD
REZUROCK - belumosudil mesylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
RIDAURA - auranofin cap 3 mg	3	
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 30 mg	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA, QL (84 tablets/180 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA, QL (2 bottles/30 days)
ROTARIX - rotavirus vaccine, live oral susp	6	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	6	
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml+	6	QL (2 vaccines/lifetime; >=18 yr)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml+	6	QL (2 vaccines/lifetime; >=18 yr)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml	4	PA, QL (2 syringes/28 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml	5	PA, QL (4 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (4 pens/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 80 mg/0.8ml	5	PA, QL (3 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (4 pens/28 days)
sirolimus oral soln 1 mg/ml	4	BD
sirolimus tab 0.5 mg	4	BD

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

Drug Name	Drug Tier	Requirements/Limits
sirolimus tab 1 mg	4	BD
sirolimus tab 2 mg	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA, QL (6 vials/180 days)
SKYRIZI - risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml	5	PA, QL (6 syringes/365 days)
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA, QL (6 syringes/365 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	PA, QL (7 cartridges/365 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	PA, QL (7 cartridges/365 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA, QL (6 pens/365 days)
tacrolimus cap 0.5 mg	4	BD
tacrolimus cap 1 mg	4	BD
tacrolimus cap 5 mg	4	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml+	6	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml	6	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml+	6	
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	5	PA, QL (1 pen/28 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA, QL (3 pens/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA, QL (3 syringes/56 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	5	PA, QL (1 syringe/28 days)
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ ULCERATIVE COLITIS - guselkumab soln auto-injector 200 mg/2ml	5	PA, QL (6 pens/180 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	5	PA, QL (3 pens/56 days)
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr+	6	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml+	6	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	5	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	5	PA, QL (4 syringes/28 days)
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml+	6	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	6	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml+	6	
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml	6	
VAQTA - hepatitis a vaccine susp prefilled syr 50 unit/ml+	6	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml+	6	
VAXCHORA - cholera vaccine live attenuated for oral susp+	6	

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

Drug Name	Drug Tier	Requirements/Limits
VELSIPITY - etrasimod arginine tab 2 mg	5	PA, QL (30 tablets/30 days)
VIMKUNYA - chikungunya virus vac rcmb vlp im susp pref syr 40 mcg/0.8ml+	6	
VIVOTIF - typhoid vaccine cap delayed release+	6	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 300 mg/2ml*	5	PA
YESINTEK - ustekinumab-kfce iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	4	PA, QL (3 vials/84 days)
YF-VAX - yellow fever vaccine for subcutaneous suspension+	6	
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	5	PA, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	5	PA, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	5	PA, QL (2 syringes/28 days)
Inflammatory Bowel Disease Agents		
balsalazide disodium cap 750 mg	4	
budesonide delayed release particles cap 3 mg	4	PA, QL (90 capsules/30 days)
budesonide tab er 24hr 9 mg	4	PA, QL (30 tablets/30 days)
hydrocortisone enema 100 mg/60ml	4	
hydrocortisone perianal cream 1%	2	
hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	4	
mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
procto-med hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctocort - hydrocortisone perianal cream 1%	2	
proctosol hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctozone-hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
sulfasalazine tab delayed release 500 mg	2	
sulfasalazine tab 500 mg	2	
Metabolic Bone Disease Agents		
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg	1	QL (4 tablets/28 days)
alendronate sodium tab 70 mg	1	QL (4 tablets/28 days)
BILDYOS - denosumab-nxxp inj soln prefilled syringe 60 mg/ml	4	PA, QL (1 syringe/180 days)
BILPREVDA - denosumab-nxxp inj 120 mg/1.7ml	5	PA, QL (3 vials/28 days)
BONSITY - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
calcitonin (salmon) nasal soln 200 unit/act	3	
calcitriol cap 0.25 mcg	2	
calcitriol cap 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	4	
cinacalcet hcl tab 30 mg (base equiv)	4	PA, QL (60 tablets/30 days)
cinacalcet hcl tab 60 mg (base equiv)	4	PA, QL (60 tablets/30 days)
cinacalcet hcl tab 90 mg (base equiv)	4	PA, QL (120 tablets/30 days)
ibandronate sodium tab 150 mg (base equivalent)	2	QL (1 tablet/28 days)
paricalcitol cap 1 mcg	4	
paricalcitol cap 2 mcg	4	
paricalcitol cap 4 mcg	4	
risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)
risedronate sodium tab 5 mg	3	QL (30 tablets/30 days)
risedronate sodium tab 30 mg	3	QL (30 tablets/30 days)
risedronate sodium tab 35 mg	3	QL (4 tablets/28 days)
risedronate sodium tab 150 mg	3	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml	5	PA
Ophthalmic Agents		
atropine sulfate ophth soln 1%	3	
azelastine hcl ophth soln 0.05%	3	
bacitracin-polymyxin b ophth oint	2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
betaxolol hcl ophth soln 0.5%	3	
bimatoprost ophth soln 0.03%	3	QL (15 mls/75 days)
brimonidine tartrate ophth soln 0.15%	4	
brimonidine tartrate ophth soln 0.2%	2	

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

Drug Name	Drug Tier	Requirements/Limits
carteolol hcl ophth soln 1%	2	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2	
cromolyn sodium ophth soln 4%	2	
cyclosporine (ophth) emulsion 0.05% (pf)	3	QL (60 vials/30 days)
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA, QL (4 bottles/28 days)
dexamethasone sodium phosphate ophth soln 0.1%	3	
diclofenac sodium ophth soln 0.1%	2	
dorzolamide hcl ophth soln 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
epinastine hcl ophth soln 0.05%	3	
erythromycin ophth oint 5 mg/gm	2	
fluorometholone ophth susp 0.1%	3	
flurbiprofen sodium ophth soln 0.03%	3	
gentamicin sulfate ophth soln 0.3%	2	
ketorolac tromethamine ophth soln 0.4%	3	
ketorolac tromethamine ophth soln 0.5%	2	
latanoprost ophth soln 0.005%	1	QL (15 mls/75 days)
levobunolol hcl ophth soln 0.5%	2	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	4	
moxifloxacin hcl ophth soln 0.5% (base equiv)(generic for Vigamox)	4	
NATACYN - natamycin ophth susp 5%	4	
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3%	2	
pilocarpine hcl ophth soln 1%	3	
pilocarpine hcl ophth soln 2%	3	
pilocarpine hcl ophth soln 4%	3	
polycin - bacitracin-polymyxin b ophth oint	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
prednisolone acetate ophth susp 1%	3	
prednisolone sodium phosphate ophth soln 1%	3	
sulfacetamide sodium ophth soln 10%	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	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
timolol maleate ophth gel forming soln 0.25%	3	
timolol maleate ophth gel forming soln 0.5%	3	
timolol maleate ophth soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
tobramycin ophth soln 0.3%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMVY - lotilaner ophth soln 0.25%	5	PA
Otic Agents		
acetic acid otic soln 2%	2	
flac - fluocinolone acetonide (otic) oil 0.01%	4	
fluocinolone acetonide (otic) oil 0.01%	4	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin otic soln 0.3%	3	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhal soln 10%	3	BD
acetylcysteine inhal soln 20%	3	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	BD
albuterol sulfate soln nebu 0.5% (5 mg/ml)	3	BD
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	3	BD
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	3	BD
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg	4	
albuterol sulfate tab 4 mg	4	
*ambrisentan tab 5 mg**	4	PA, QL (30 tablets/30 days)
*ambrisentan tab 10 mg**	4	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4	QL (3 inhalers/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act	3	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml	4	BD
budesonide inhalation susp 0.5 mg/2ml	4	BD
budesonide inhalation susp 1 mg/2ml	4	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4	QL (3 inhalers/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA, QL (84 vials/56 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	3	BD
desloratadine tab 5 mg	3	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3	QL (3 inhalers/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for Adrenaclick 0.3 mg/0.3 ml)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)	3	QL (4 pens/28 days)
flunisolide nasal soln 25 mcg/act (0.025%)	3	QL (3 bottles/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	3	BD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	QL (3 bottles/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	BD
KALYDECO - ivacaftor packet 5.8 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 13.4 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 25 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
levocetirizine dihydrochloride tab 5 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium chew tab 4 mg (base equiv)	2	QL (30 tablets/30 days)
montelukast sodium chew tab 5 mg (base equiv)	2	QL (30 tablets/30 days)
montelukast sodium oral granules packet 4 mg (base equiv)	4	QL (30 packets/30 days)
montelukast sodium tab 10 mg (base equiv)	2	QL (30 tablets/30 days)
nintedanib esylate cap 100 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
nintedanib esylate cap 150 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
NUCALA - mepolizumab for inj 100 mg*	5	PA, QL (3 vials/28 days)
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml*	5	PA, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml*	5	PA, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml*	5	PA, QL (3 syringes/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent)*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg (base equivalent)*	5	PA, QL (60 capsules/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	5	PA
ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv)	5	PA
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	5	PA
pirfenidone cap 267 mg	3	PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg	3	PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg	3	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
roflumilast tab 250 mcg	4	PA, QL (30 tablets/30 days)
roflumilast tab 500 mcg	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
sildenafil citrate tab 20 mg	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
tadalafil tab 20 mg (pah)	4	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
theophylline tab er 12hr 300 mg	4	
theophylline tab er 12hr 450 mg	4	
theophylline tab er 24hr 400 mg	3	
theophylline tab er 24hr 600 mg	3	
TOBI PODHALER - tobramycin inhal cap 28 mg	5	PA, QL (224 capsules/56 days)
tobramycin nebu soln 300 mg/5ml	5	BD, PA, QL (56 ampules/56 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg	5	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 60 mg	5	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 45 mg	5	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 60 mg	5	PA, QL (1 kit/21 days)
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (1 inhaler/30 days)
zafirlukast tab 10 mg	4	QL (60 tablets/30 days)
zafirlukast tab 20 mg	4	QL (60 tablets/30 days)
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tab 5 mg#	2	
cyclobenzaprine hcl tab 10 mg#	2	
methocarbamol tab 500 mg#	3	
methocarbamol tab 750 mg#	3	
Sleep Disorder Agents		
armodafinil tab 50 mg	4	PA, QL (30 tablets/30 days)
armodafinil tab 150 mg	4	PA, QL (30 tablets/30 days)
armodafinil tab 200 mg	4	PA, QL (30 tablets/30 days)
armodafinil tab 250 mg	4	PA, QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	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
doxepin hcl (sleep) tab 6 mg (base equiv)	3	QL (30 tablets/30 days)
eszopiclone tab 1 mg#	3	QL (30 tablets/30 days)
eszopiclone tab 2 mg#	3	QL (30 tablets/30 days)
eszopiclone tab 3 mg#	3	QL (30 tablets/30 days)
modafinil tab 100 mg	3	PA, QL (30 tablets/30 days)
modafinil tab 200 mg	3	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg	4	QL (30 tablets/30 days)
sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
tasimelteon capsule 20 mg	5	PA, QL (30 capsules/30 days)
zaleplon cap 5 mg#	3	QL (30 capsules/30 days)
zaleplon cap 10 mg#	3	QL (60 capsules/30 days)
zolpidem tartrate tab 5 mg#	2	QL (30 tablets/30 days)
zolpidem tartrate tab 10 mg#	2	QL (30 tablets/30 days)

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

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg....41
abacavir sulfate soln 20 mg/ml (base equiv)....41
abacavir sulfate tab 300 mg (base equiv)....41
abigale - estradiol & norethindrone acetate tab 1-0.5 mg....76
abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg....76
ABILIFY ASIMTUFII....33
ABILIFY ASIMTUFII....34
ABILIFY MAINTENA....34
ABILIFY MAINTENA....34
ABILIFY MAINTENA....34
ABILIFY MAINTENA....34
abiraterone acetate tab 250 mg....22
abirtega - abiraterone acetate tab 250 mg....22
ABRYSVO....86
acamprosate calcium tab delayed release 333 mg....3
acarbose tab 100 mg....46
acarbose tab 25 mg....46
acarbose tab 50 mg....46
accutane - isotretinoin cap 10 mg....66
accutane - isotretinoin cap 20 mg....66
accutane - isotretinoin cap 30 mg....66
accutane - isotretinoin cap 40 mg....66
acebutolol hcl cap 200 mg....52
acebutolol hcl cap 400 mg....52
acetaminophen w/ codeine soln 120-12 mg/5ml....1
acetaminophen w/ codeine tab 300-15 mg....1
acetaminophen w/ codeine tab 300-30 mg....1
acetaminophen w/ codeine tab 300-60 mg....1
acetazolamide cap er 12hr 500 mg....52
acetazolamide tab 125 mg....52
acetazolamide tab 250 mg....52
acetic acid otic soln 2%....96
acetylcysteine inhal soln 10%....96
acetylcysteine inhal soln 20%....96
acitretin cap 10 mg....66
acitretin cap 17.5 mg....66
acitretin cap 25 mg....66
ACTHIB....86
ACTIMMUNE....86
acyclovir cap 200 mg....41
acyclovir oint 5%....41
acyclovir sodium iv soln 50 mg/ml....41
acyclovir susp 200 mg/5ml....41
acyclovir tab 400 mg....41
acyclovir tab 800 mg....41
ADACEL....87
ADACEL....87
adefovir dipivoxil tab 10 mg....41
ADEMPAS....96
ADEMPAS....96
ADEMPAS....96
ADEMPAS....96
ADEMPAS....96
ADVAIR HFA....96
ADVAIR HFA....96
ADVAIR HFA....96
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....76
AIMOVIG....21
AIMOVIG....21
AKEEGA....22
AKEEGA....22
ala-cort - hydrocortisone cream 1%....66
albendazole tab 200 mg....32
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)....96
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)....96
albuterol sulfate soln nebu 0.5% (5 mg/ml)....96
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)....96
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)....96
albuterol sulfate syrup 2 mg/5ml....96
albuterol sulfate tab 2 mg....96
albuterol sulfate tab 4 mg....96
alclometasone dipropionate cream 0.05%....66
alclometasone dipropionate oint 0.05%....66
ALCOHOL SWABS....46
ALECENSA....22
alendronate sodium tab 10 mg....94
alendronate sodium tab 35 mg....94
alendronate sodium tab 70 mg....94
alfuzosin hcl tab er 24hr 10 mg....74
aliskiren fumarate tab 150 mg (base equivalent)....52

aliskiren fumarate tab 300 mg (base equivalent)....52
allopurinol tab 100 mg....21
allopurinol tab 300 mg....21
alosetron hcl tab 0.5 mg (base equiv)....71
alosetron hcl tab 1 mg (base equiv)....71
alprazolam tab 0.25 mg....44
alprazolam tab 0.5 mg....45
alprazolam tab 1 mg....45
alprazolam tab 2 mg....45
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....76
ALUNBRIG....22
ALUNBRIG....22
ALUNBRIG....22
ALUNBRIG....22
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg....76
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg....76
amantadine hcl cap 100 mg....33
amantadine hcl soln 50 mg/5ml....33
ambrisentan tab 10 mg....96
ambrisentan tab 5 mg....96
amikacin sulfate inj 1 gm/4ml (250 mg/ml)....4
amikacin sulfate inj 500 mg/2ml (250 mg/ml)....4
amiloride & hydrochlorothiazide tab 5-50 mg....52
amiloride hcl tab 5 mg....52
amiodarone hcl tab 100 mg....52
amiodarone hcl tab 200 mg....52
amitriptyline hcl tab 100 mg....15
amitriptyline hcl tab 10 mg....15
amitriptyline hcl tab 150 mg....15
amitriptyline hcl tab 25 mg....15
amitriptyline hcl tab 50 mg....15
amitriptyline hcl tab 75 mg....15
amlodipine besylate-atorvastatin calcium tab 10-10 mg....52
amlodipine besylate-atorvastatin calcium tab 10-20 mg....52
amlodipine besylate-atorvastatin calcium tab 10-40 mg....52
amlodipine besylate-atorvastatin calcium tab 10-80 mg....52
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg....52
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg....52
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg....52
amlodipine besylate-atorvastatin calcium tab 5-10 mg....52
amlodipine besylate-atorvastatin calcium tab 5-20 mg....52
amlodipine besylate-atorvastatin calcium tab 5-40 mg....52
amlodipine besylate-atorvastatin calcium tab 5-80 mg....52
amlodipine besylate-benazepril hcl cap 10-20 mg....53
amlodipine besylate-benazepril hcl cap 10-40 mg....53
amlodipine besylate-benazepril hcl cap 2.5-10 mg....52
amlodipine besylate-benazepril hcl cap 5-10 mg....53
amlodipine besylate-benazepril hcl cap 5-20 mg....53
amlodipine besylate-benazepril hcl cap 5-40 mg....53
amlodipine besylate-olmesartan medoxomil tab 10-20 mg....53
amlodipine besylate-olmesartan medoxomil tab 10-40 mg....53
amlodipine besylate-olmesartan medoxomil tab 5-20 mg....53
amlodipine besylate-olmesartan medoxomil tab 5-40 mg....53
amlodipine besylate tab 10 mg (base equivalent)....52
amlodipine besylate tab 2.5 mg (base equivalent)....52
amlodipine besylate tab 5 mg (base equivalent)....52
amlodipine besylate-valsartan tab 10-160 mg....53
amlodipine besylate-valsartan tab 10-320 mg....53
amlodipine besylate-valsartan tab 5-160 mg....53
amlodipine besylate-valsartan tab 5-320 mg....53
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg....53
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg....53
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg....53
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg....53

amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 53
amnesteem - isotretinoin cap 10 mg 66
amnesteem - isotretinoin cap 20 mg 66
amnesteem - isotretinoin cap 30 mg 66
amnesteem - isotretinoin cap 40 mg 66
amoxapine tab 100 mg 15
amoxapine tab 150 mg 15
amoxapine tab 25 mg 15
amoxapine tab 50 mg 15
amoxicillin (trihydrate) cap 250 mg 4
amoxicillin (trihydrate) cap 500 mg 4
amoxicillin (trihydrate) chew tab 125 mg 4
amoxicillin (trihydrate) chew tab 250 mg 4
amoxicillin (trihydrate) for susp 125 mg/5ml 4
amoxicillin (trihydrate) for susp 200 mg/5ml 4
amoxicillin (trihydrate) for susp 250 mg/5ml 4
amoxicillin (trihydrate) for susp 400 mg/5ml 4
amoxicillin (trihydrate) tab 500 mg 4
amoxicillin (trihydrate) tab 875 mg 4
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 4
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 4
amoxicillin & k clavulanate for susp 400-57 mg/5ml 4
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 4
amoxicillin & k clavulanate tab 250-125 mg 4
amoxicillin & k clavulanate tab 500-125 mg 4
amoxicillin & k clavulanate tab 875-125 mg 4
amphetamine-dextroamphetamine cap er 24hr 10 mg 64
amphetamine-dextroamphetamine cap er 24hr 15 mg 64
amphetamine-dextroamphetamine cap er 24hr 20 mg 64
amphetamine-dextroamphetamine cap er 24hr 25 mg 64
amphetamine-dextroamphetamine cap er 24hr 30 mg 64
amphetamine-dextroamphetamine cap er 24hr 5 mg 64
amphetamine-dextroamphetamine tab 10 mg 64
amphetamine-dextroamphetamine tab 12.5 mg 64
amphetamine-dextroamphetamine tab 15 mg 64
amphetamine-dextroamphetamine tab 20 mg 64
amphetamine-dextroamphetamine tab 30 mg 64
amphetamine-dextroamphetamine tab 5 mg 64
amphetamine-dextroamphetamine tab 7.5 mg 64
AMPHOTERICIN B 20
amphotericin b liposome iv for susp 50 mg 20
ampicillin & sulbactam sodium for inj 3 (2-1) gm 4
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 4
ampicillin cap 500 mg 4
ampicillin sodium for inj 1 gm 4
ampicillin sodium for iv soln 1 gm 4
anagrelide hcl cap 0.5 mg 50
anagrelide hcl cap 1 mg 50
anastrozole tab 1 mg 22
ANORO ELLIPTA 97
aprepitant capsule 125 mg 19
aprepitant capsule 40 mg 19
aprepitant capsule 80 mg 19
aprepitant capsule therapy pack 80 & 125 mg 19
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 76
APTIVUS 41
ARALAST NP 72
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg 76
ARCALYST 87
AREXVY 87
ARIKAYCE 4
aripiprazole orally disintegrating tab 10 mg 34
aripiprazole orally disintegrating tab 15 mg 34
aripiprazole oral solution 1 mg/ml 34
aripiprazole tab 10 mg 34
aripiprazole tab 15 mg 34
aripiprazole tab 20 mg 34
aripiprazole tab 2 mg 34
aripiprazole tab 30 mg 34
aripiprazole tab 5 mg 34
armodafinil tab 150 mg 100

armodafinil tab 200 mg..... 100
armodafinil tab 250 mg..... 100
armodafinil tab 50 mg..... 100
ARNUITY ELLIPTA..... 97
ARNUITY ELLIPTA..... 97
ARNUITY ELLIPTA..... 97
asenapine maleate sl tab 10 mg (base equiv)..... 34
asenapine maleate sl tab 2.5 mg (base equiv)..... 34
asenapine maleate sl tab 5 mg (base equiv)..... 34
ASMANEX HFA..... 97
ASMANEX HFA..... 97
ASMANEX HFA..... 97
ASMANEX TWISTHALER 120 METERED DOSES..... 97
ASMANEX TWISTHALER 14 METERED DOSES..... 97
ASMANEX TWISTHALER 30 METERED DOSES..... 97
ASMANEX TWISTHALER 30 METERED DOSES..... 97
ASMANEX TWISTHALER 60 METERED DOSES..... 97
aspirin-dipyridamole cap er 12hr 25-200 mg..... 50
atazanavir sulfate cap 150 mg (base equiv)..... 41
atazanavir sulfate cap 200 mg (base equiv)..... 41
atazanavir sulfate cap 300 mg (base equiv)..... 41
atenolol & chlorthalidone tab 100-25 mg..... 53
atenolol & chlorthalidone tab 50-25 mg..... 53
atenolol tab 100 mg..... 53
atenolol tab 25 mg..... 53
atenolol tab 50 mg..... 53
atomoxetine hcl cap 100 mg (base equiv)..... 64
atomoxetine hcl cap 10 mg (base equiv)..... 64
atomoxetine hcl cap 18 mg (base equiv)..... 64
atomoxetine hcl cap 25 mg (base equiv)..... 64
atomoxetine hcl cap 40 mg (base equiv)..... 64
atomoxetine hcl cap 60 mg (base equiv)..... 64
atomoxetine hcl cap 80 mg (base equiv)..... 64
atorvastatin calcium tab 10 mg (base equivalent)..... 53
atorvastatin calcium tab 20 mg (base equivalent)..... 53
atorvastatin calcium tab 40 mg (base equivalent)..... 53
atorvastatin calcium tab 80 mg (base equivalent)..... 53
atovaquone-proguanil hcl tab 250-100 mg..... 32
atovaquone-proguanil hcl tab 62.5-25 mg..... 32
atovaquone susp 750 mg/5ml..... 32
atropine sulfate ophth soln 1%..... 94
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg..... 76
AUGTYRO..... 23
AUGTYRO..... 23
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg..... 76
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg..... 76
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)..... 76
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg..... 76
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg..... 76
AUSTEDO..... 64
AUSTEDO..... 64
AUSTEDO..... 64
AUSTEDO XR..... 64
AUSTEDO XR..... 64
AUSTEDO XR..... 64
AUSTEDO XR..... 64
AUSTEDO XR..... 64
AUSTEDO XR..... 64
AUSTEDO XR..... 65
AUSTEDO XR..... 65
AUSTEDO XR PATIENT TITRATION KIT..... 65
AUVELITY..... 15
AUVELITY TITRATION PACK..... 15
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg..... 76
avidoxy - doxycycline monohydrate tab 100 mg..... 4
AVMAPKI FAKZYNJA CO-PACK..... 23
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... 76

AYVAKIT....23
AYVAKIT....23
AYVAKIT....23
AYVAKIT....23
AYVAKIT....23
azathioprine tab 50 mg....87
azelaic acid gel 15%....66
azelastine hcl nasal spray 0.1% (137 mcg/ spray)....97
azelastine hcl ophth soln 0.05%....94
azithromycin for susp 100 mg/5ml....4
azithromycin for susp 200 mg/5ml....4
azithromycin iv for soln 500 mg....4
azithromycin tab 250 mg....4
azithromycin tab 500 mg....4
azithromycin tab 600 mg....5
aztreonam for inj 1 gm....5
aztreonam for inj 2 gm....5
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....76

B

bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg....1
bacitracin-polymyxin b ophth oint....94
bacitracin-polymyxin-neomycin-hc ophth oint 1%....94
baclofen tab 10 mg....41
baclofen tab 20 mg....41
balsalazide disodium cap 750 mg....93
BALVERSA....23
BALVERSA....23
BALVERSA....23
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....76
BARACLUDE....41
BCG VACCINE....87
benazepril & hydrochlorothiazide tab 10-12.5 mg....53
benazepril & hydrochlorothiazide tab 20-12.5 mg....53
benazepril & hydrochlorothiazide tab 20-25 mg....53
benazepril & hydrochlorothiazide tab 5-6.25 mg....53
benazepril hcl tab 10 mg....53
benazepril hcl tab 20 mg....53
benazepril hcl tab 40 mg....53
benazepril hcl tab 5 mg....53
BENLYSTA....87
BENLYSTA....87
benzoyl peroxide-erythromycin gel 5-3%....66
benztropine mesylate tab 0.5 mg....33
benztropine mesylate tab 1 mg....33
benztropine mesylate tab 2 mg....33
BEQALZI....23
BEQALZI....23
BEQALZI....23
BEQALZI....23
BEQALZI STARTER PACK....23
BESREMI....87
BESREMI PEN....87
betaine powder for oral solution....73
BETAMETHASONE DIPROPIONATE AUGMENTED....66
betamethasone dipropionate augmented cream 0.05%....66
betamethasone dipropionate augmented lotion 0.05%....66
betamethasone dipropionate augmented oint 0.05%....66
betamethasone dipropionate cream 0.05%....66
betamethasone dipropionate lotion 0.05%....66
betamethasone dipropionate oint 0.05%....66
betamethasone valerate cream 0.1% (base equivalent)....66
betamethasone valerate lotion 0.1% (base equivalent)....66
betamethasone valerate oint 0.1% (base equivalent)....66
BETASERON....65
betaxolol hcl ophth soln 0.5%....94
betaxolol hcl tab 10 mg....53
betaxolol hcl tab 20 mg....53
bethanechol chloride tab 10 mg....74
bethanechol chloride tab 25 mg....74
bethanechol chloride tab 50 mg....74
bethanechol chloride tab 5 mg....74
bexarotene cap 75 mg....23
bexarotene gel 1%....23
BEXSERO....87
bicalutamide tab 50 mg....23
BICILLIN L-A....5
BICILLIN L-A....5
BICILLIN L-A....5
BIKTARVY....41
BIKTARVY....41
BILDYOS....94
BILPREVDA....94

bimatoprost ophth soln 0.03%..... 94
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg.....71
bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....54
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....53
bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....54
bisoprolol fumarate tab 10 mg..... 54
bisoprolol fumarate tab 5 mg..... 54
BIXLENVO..... 41
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)..... 76
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....76
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....76
BONSITY.....94
BOOSTRIX.....87
BOSULIF..... 23
BOSULIF..... 23
BOSULIF..... 23
BOSULIF..... 23
bosutinib tab 100 mg.....23
bosutinib tab 400 mg.....23
bosutinib tab 500 mg.....23
BRAFTOVI.....23
BREO ELLIPTA.....97
BREO ELLIPTA.....97
BREO ELLIPTA.....97
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....97
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act..... 97
BREZTRI AEROSPHERE..... 97
BREZTRI AEROSPHERE..... 97
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....76
brimonidine tartrate ophth soln 0.15%..... 94
brimonidine tartrate ophth soln 0.2%..... 94
brivaracetam oral soln 10 mg/ml..... 10
brivaracetam tab 100 mg.....10
brivaracetam tab 10 mg.....10
brivaracetam tab 25 mg.....10
brivaracetam tab 50 mg.....10
brivaracetam tab 75 mg.....10
bromocriptine mesylate cap 5 mg (base equivalent).....33
bromocriptine mesylate tab 2.5 mg (base equivalent).....33
BRUKINSA.....23
BRUKINSA.....23
budesonide delayed release particles cap 3 mg.....93
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act..... 97
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act..... 97
budesonide inhalation susp 0.25 mg/2ml.....97
budesonide inhalation susp 0.5 mg/2ml.....97
budesonide inhalation susp 1 mg/2ml.....97
budesonide tab er 24hr 9 mg.....93
bumetanide inj 0.25 mg/ml..... 54
bumetanide tab 0.5 mg..... 54
bumetanide tab 1 mg..... 54
bumetanide tab 2 mg..... 54
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....3
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....3
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)..... 3
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)..... 3
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....3
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)..... 3
buprenorphine hcl sl tab 2 mg (base equiv)..... 3
buprenorphine hcl sl tab 8 mg (base equiv)..... 3
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....3
bupropion hcl tab 100 mg.....15
bupropion hcl tab 75 mg.....15
bupropion hcl tab er 12hr 100 mg..... 15
bupropion hcl tab er 12hr 150 mg..... 15
bupropion hcl tab er 12hr 200 mg..... 15
bupropion hcl tab er 24hr 150 mg..... 15
bupropion hcl tab er 24hr 300 mg..... 15
buspirone hcl tab 10 mg.....45
buspirone hcl tab 15 mg.....45
buspirone hcl tab 30 mg.....45
buspirone hcl tab 5 mg.....45
buspirone hcl tab 7.5 mg.....45
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....1
butalbital-aspirin-caffeine cap 50-325-40 mg.....1
BYSANTI..... 34

BYSANTI..... 34
BYSANTI..... 34
BYSANTI..... 34
BYSANTI..... 35
BYSANTI..... 35
BYSANTI..... 35
BYSANTI TITRATION PACK A..... 35
BYSANTI TITRATION PACK B..... 35
BYSANTI TITRATION PACK C..... 35

C

cabergoline tab 0.5 mg..... 85
CABOMETYX..... 23
CABOMETYX..... 23
CABOMETYX..... 23
calcipotriene cream 0.005%..... 66
calcipotriene oint 0.005%..... 66
calcipotriene soln 0.005% (50 mcg/ml)..... 66
calcitonin (salmon) nasal soln 200 unit/ act..... 94
calcitrene - calcipotriene oint 0.005%..... 67
calcitriol cap 0.25 mcg..... 94
calcitriol cap 0.5 mcg..... 94
calcitriol oral soln 1 mcg/ml..... 94
calcium acetate (phosphate binder) tab 667 mg..... 69
CALQUENCE..... 23
camila - norethindrone tab 0.35 mg..... 76
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)..... 76
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg..... 54
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg..... 54
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg..... 54
candesartan cilexetil tab 16 mg..... 54
candesartan cilexetil tab 32 mg..... 54
candesartan cilexetil tab 4 mg..... 54
candesartan cilexetil tab 8 mg..... 54
CAPLYTA..... 35
CAPLYTA..... 35
CAPLYTA..... 35
CAPRELSA..... 23
CAPRELSA..... 23
captopril tab 100 mg..... 54
captopril tab 12.5 mg..... 54
captopril tab 25 mg..... 54
captopril tab 50 mg..... 54
carbamazepine cap er 12hr 100 mg..... 10
carbamazepine cap er 12hr 200 mg..... 10
carbamazepine cap er 12hr 300 mg..... 10
carbamazepine chew tab 100 mg..... 10
carbamazepine susp 100 mg/5ml..... 10
carbamazepine tab 200 mg..... 10
carbamazepine tab er 12hr 100 mg..... 10
carbamazepine tab er 12hr 200 mg..... 10
carbamazepine tab er 12hr 400 mg..... 10
carbidopa & levodopa orally disintegrating tab 10-100 mg..... 33
carbidopa & levodopa orally disintegrating tab 25-100 mg..... 33
carbidopa & levodopa orally disintegrating tab 25-250 mg..... 33
carbidopa & levodopa tab 10-100 mg..... 33
carbidopa & levodopa tab 25-100 mg..... 33
carbidopa & levodopa tab 25-250 mg..... 33
carbidopa & levodopa tab er 25-100 mg..... 33
carbidopa & levodopa tab er 50-200 mg..... 33
carglumic acid soluble tab 200 mg..... 69
carteolol hcl ophth soln 1%..... 95
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg..... 54
cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg..... 54
cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg..... 54
cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg..... 54
carvedilol tab 12.5 mg..... 54
carvedilol tab 25 mg..... 54
carvedilol tab 3.125 mg..... 54
carvedilol tab 6.25 mg..... 54
caspofungin acetate for iv soln 50 mg..... 20
caspofungin acetate for iv soln 70 mg..... 20
CAVHANZA..... 23
CAVHANZA..... 23
CAYSTON..... 98
cefaclor cap 250 mg..... 5
cefaclor cap 500 mg..... 5
cefadroxil cap 500 mg..... 5
cefadroxil for susp 250 mg/5ml..... 5
cefadroxil for susp 500 mg/5ml..... 5
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%..... 5
cefazolin sodium for inj 1 gm..... 5
cefazolin sodium for inj 500 mg..... 5
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)..... 5
cefdinir cap 300 mg..... 5
cefdinir for susp 125 mg/5ml..... 5
cefdinir for susp 250 mg/5ml..... 5

cefepime hcl for inj 1 gm 5
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml) 5
cefepime hcl for iv soln 2 gm 5
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml) 5
cefepime hcl iv soln 1 gm/50ml 5
cefepime hcl iv soln 2 gm/100ml 5
cefixime cap 400 mg 5
cefoxitin sodium for iv soln 1 gm 5
cefoxitin sodium for iv soln 2 gm 5
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml) 5
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml) 5
cefpodoxime proxetil for susp 100 mg/5ml 5
cefpodoxime proxetil for susp 50 mg/5ml 5
cefpodoxime proxetil tab 100 mg 5
cefpodoxime proxetil tab 200 mg 5
cefprozil tab 250 mg 5
cefprozil tab 500 mg 5
ceftaroline fosamil for iv soln 400 mg 5
ceftaroline fosamil for iv soln 600 mg 6
ceftazidime for inj 1 gm 6
ceftazidime for inj 6 gm 6
ceftazidime for iv soln 2 gm 6
ceftriaxone sodium (bulk) for inj 100 gm 6
ceftriaxone sodium for inj 10 gm 6
ceftriaxone sodium for inj 1 gm 6
ceftriaxone sodium for inj 250 mg 6
ceftriaxone sodium for inj 2 gm 6
ceftriaxone sodium for inj 500 mg 6
ceftriaxone sodium for iv soln 1 gm 6
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml 6
ceftriaxone sodium for iv soln 2 gm 6
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml 6
ceftriaxone sodium in dextrose inj 20 mg/ml 6
ceftriaxone sodium in dextrose inj 40 mg/ml 6
cefuroxime axetil tab 250 mg 6
cefuroxime axetil tab 500 mg 6
cefuroxime sodium for inj 750 mg 6
cefuroxime sodium for iv soln 1.5 gm 6
celecoxib cap 100 mg 1
celecoxib cap 200 mg 1
celecoxib cap 400 mg 1
celecoxib cap 50 mg 1
cephalexin cap 250 mg 6
cephalexin cap 500 mg 6
cephalexin for susp 125 mg/5ml 6
cephalexin for susp 250 mg/5ml 6
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 76
CHEMET 69
chlorhexidine gluconate soln 0.12% 66
chloroquine phosphate tab 250 mg 32
chloroquine phosphate tab 500 mg 32
chlorpromazine hcl conc 100 mg/ml 19
chlorpromazine hcl conc 30 mg/ml 19
chlorpromazine hcl tab 100 mg 19
chlorpromazine hcl tab 10 mg 19
chlorpromazine hcl tab 200 mg 19
chlorpromazine hcl tab 25 mg 19
chlorpromazine hcl tab 50 mg 19
chlorthalidone tab 25 mg 54
chlorthalidone tab 50 mg 54
cholestyramine light powder 4 gm/dose 54
cholestyramine light powder packets 4 gm 54
cholestyramine powder 4 gm/dose 54
cholestyramine powder packets 4 gm 54
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 54
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 54
ciclodan - ciclopirox solution 8% 20
ciclopirox gel 0.77% 20
ciclopirox olamine cream 0.77% (base equiv) 20
ciclopirox olamine susp 0.77% (base equiv) 20
ciclopirox solution 8% 20
cilostazol tab 100 mg 50
cilostazol tab 50 mg 50
CIMDUO 41
cimetidine tab 200 mg 71
cimetidine tab 300 mg 71
cimetidine tab 400 mg 71
cimetidine tab 800 mg 71
cinacalcet hcl tab 30 mg (base equiv) 94
cinacalcet hcl tab 60 mg (base equiv) 94
cinacalcet hcl tab 90 mg (base equiv) 94
ciprofloxacin 200 mg/100ml in d5w 6
ciprofloxacin 400 mg/200ml in d5w 6
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 95
ciprofloxacin hcl tab 250 mg (base equiv) 6

ciprofloxacin hcl tab 500 mg (base equiv).... 6
ciprofloxacin hcl tab 750 mg (base equiv).... 6
citalopram hydrobromide oral soln 10 mg/5ml.... 15
citalopram hydrobromide tab 10 mg (base equiv).... 15
citalopram hydrobromide tab 20 mg (base equiv).... 16
citalopram hydrobromide tab 40 mg (base equiv).... 16
claravis - isotretinoin cap 10 mg.... 67
claravis - isotretinoin cap 20 mg.... 67
claravis - isotretinoin cap 30 mg.... 67
claravis - isotretinoin cap 40 mg.... 67
CLARITHROMYCIN.... 6
CLARITHROMYCIN.... 6
clarithromycin tab 250 mg.... 6
clarithromycin tab 500 mg.... 6
clindamycin hcl cap 150 mg.... 6
clindamycin hcl cap 300 mg.... 6
clindamycin hcl cap 75 mg.... 6
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).... 6
clindamycin phosphate gel 1% (twice-daily).... 6
clindamycin phosphate in d5w iv soln 300 mg/50ml.... 7
clindamycin phosphate in d5w iv soln 600 mg/50ml.... 7
clindamycin phosphate in d5w iv soln 900 mg/50ml.... 7
clindamycin phosphate inj 300 mg/2ml.... 7
clindamycin phosphate inj 600 mg/4ml.... 7
clindamycin phosphate inj 900 mg/6ml.... 7
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml.... 7
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml.... 7
clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml.... 7
clindamycin phosphate soln 1%.... 7
clindamycin phosphate vaginal cream 2%.... 7
clobazam suspension 2.5 mg/ml.... 10
clobazam tab 10 mg.... 10
clobazam tab 20 mg.... 10
clobetasol propionate cream 0.05%.... 67
clobetasol propionate e - clobetasol propionate emollient base cream 0.05%.... 67
clobetasol propionate emollient base cream 0.05%.... 67
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%.... 67
clobetasol propionate gel 0.05%.... 67
clobetasol propionate oint 0.05%.... 67
clobetasol propionate soln 0.05%.... 67
clomipramine hcl cap 25 mg.... 16
clomipramine hcl cap 50 mg.... 16
clomipramine hcl cap 75 mg.... 16
clonazepam orally disintegrating tab 0.125 mg.... 45
clonazepam orally disintegrating tab 0.25 mg.... 45
clonazepam orally disintegrating tab 0.5 mg.... 45
clonazepam orally disintegrating tab 1 mg.... 45
clonazepam orally disintegrating tab 2 mg.... 45
clonazepam tab 0.5 mg.... 45
clonazepam tab 1 mg.... 45
clonazepam tab 2 mg.... 45
clonidine hcl tab 0.1 mg.... 54
clonidine hcl tab 0.2 mg.... 54
clonidine hcl tab 0.3 mg.... 54
clonidine hcl tab er 12hr 0.1 mg.... 65
clonidine td patch weekly 0.1 mg/24hr.... 55
clonidine td patch weekly 0.2 mg/24hr.... 55
clonidine td patch weekly 0.3 mg/24hr.... 55
clopidogrel bisulfate tab 75 mg (base equiv).... 50
clorazepate dipotassium tab 15 mg.... 45
clorazepate dipotassium tab 3.75 mg.... 45
clorazepate dipotassium tab 7.5 mg.... 45
clotrimazole cream 1%.... 20
clotrimazole troche 10 mg.... 20
clotrimazole w/ betamethasone cream 1-0.05%.... 67
clozapine orally disintegrating tab 100 mg.... 35
clozapine orally disintegrating tab 12.5 mg.... 35
clozapine orally disintegrating tab 150 mg.... 35
clozapine orally disintegrating tab 200 mg.... 35
clozapine orally disintegrating tab 25 mg.... 35
clozapine tab 100 mg.... 35
clozapine tab 200 mg.... 35

clozapine tab 25 mg.....35
clozapine tab 50 mg.....35
COARTEM.....32
COBENFY.....35
COBENFY.....35
COBENFY.....35
COBENFY STARTER PACK.....35
colchicine tab 0.6 mg.....21
colchicine w/ probenecid tab 0.5-500 mg.....21
colestipol hcl granule packets 5 gm.....55
colestipol hcl granules 5 gm.....55
colestipol hcl tab 1 gm.....55
colistimethate sod for inj 150 mg (colistin base activity).....7
COMBIPATCH.....76
COMBIPATCH.....76
COMBIVENT RESPIMAT.....98
COMETRIQ.....24
COMETRIQ.....24
COMETRIQ.....24
compro - prochlorperazine suppos 25 mg.....19
constulose - lactulose solution 10 gm/15ml.....71
COPIKTRA.....24
COPIKTRA.....24
COSENTYX.....87
COSENTYX.....87
COSENTYX.....87
COSENTYX SENSOREADY PEN.....87
COSENTYX SENSOREADY PEN.....87
COSENTYX UNOREADY.....87
COTELLIC.....24
CRESEMBA.....20
CRESEMBA.....20
cromolyn sodium ophth soln 4%.....95
cromolyn sodium oral conc 100 mg/5ml.....73
cromolyn sodium soln nebu 20 mg/2ml.....98
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....77
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....77
CTEXLI.....71
cyclobenzaprine hcl tab 10 mg.....100
cyclobenzaprine hcl tab 5 mg.....100
cyclophosphamide cap 25 mg.....24
cyclophosphamide cap 50 mg.....24
cyclosporine (ophth) emulsion 0.05% (pf).....95
cyclosporine cap 100 mg.....87
cyclosporine cap 25 mg.....87
cyclosporine modified cap 100 mg.....87
cyclosporine modified cap 25 mg.....87
cyclosporine modified cap 50 mg.....87
cyclosporine modified oral soln 100 mg/ml.....87
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....77
CYSTAGON.....73
CYSTAGON.....73
CYSTARAN.....95

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....50
dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....50
dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....50
dalfampridine tab er 12hr 10 mg.....65
danazol cap 100 mg.....77
danazol cap 200 mg.....77
danazol cap 50 mg.....77
dantrolene sodium cap 100 mg.....41
dantrolene sodium cap 25 mg.....41
dantrolene sodium cap 50 mg.....41
DANZITEN.....24
DANZITEN.....24
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg.....46
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg.....46
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg.....46
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg.....46
dapagliflozin tab 10 mg.....46
dapagliflozin tab 5 mg.....46
dapsone tab 100 mg.....22
dapsone tab 25 mg.....22
DAPTACEL.....87
daptomycin for iv soln 500 mg.....7
darunavir tab 600 mg.....41
darunavir tab 800 mg.....41
dasatinib tab 100 mg.....24
dasatinib tab 140 mg.....24
dasatinib tab 20 mg.....24
dasatinib tab 50 mg.....24
dasatinib tab 70 mg.....24
dasatinib tab 80 mg.....24
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....77

dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 77
DAURISMO 24
DAURISMO 24
deblitane - norethindrone tab 0.35 mg 77
deferasirox tab 180 mg 69
deferasirox tab 360 mg 69
deferasirox tab 90 mg 69
deferasirox tab for oral susp 125 mg 69
deferasirox tab for oral susp 250 mg 69
deferasirox tab for oral susp 500 mg 69
DELSTRIGO 42
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 77
DEPO-ESTRADIOL 77
DEPO-SUBQ PROVERA 104 77
DESCOVY 42
DESCOVY 42
desipramine hcl tab 100 mg 16
desipramine hcl tab 10 mg 16
desipramine hcl tab 150 mg 16
desipramine hcl tab 25 mg 16
desipramine hcl tab 50 mg 16
desipramine hcl tab 75 mg 16
desloratadine tab 5 mg 98
desmopressin acetate nasal spray soln 0.01% 75
desmopressin acetate nasal spray soln 0.01% (refrigerated) 75
desmopressin acetate tab 0.1 mg 75
desmopressin acetate tab 0.2 mg 75
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 77
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 77
desonide oint 0.05% 67
desoximetasone cream 0.25% 67
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 16
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 16
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 16
dexamethasone elixir 0.5 mg/5ml 74
dexamethasone sodium phosphate ophth soln 0.1% 95
dexamethasone soln 0.5 mg/5ml 74
dexamethasone tab 0.5 mg 74
dexamethasone tab 0.75 mg 75
dexamethasone tab 1 mg 75
dexamethasone tab 2 mg 75
dexamethasone tab 4 mg 75
dexamethasone tab 6 mg 75
dexmethylphenidate hcl tab 10 mg 65
dexmethylphenidate hcl tab 2.5 mg 65
dexmethylphenidate hcl tab 5 mg 65
dextroamphetamine sulfate tab 10 mg 65
dextroamphetamine sulfate tab 5 mg 65
dextromethorphan hbr-quinidine sulfate cap 20-10 mg 65
dextrose 2.5% w/ sodium chloride 0.45% 69
dextrose 5% w/ sodium chloride 0.2% 69
dextrose 5% w/ sodium chloride 0.45% 69
dextrose 5% w/ sodium chloride 0.9% 69
dextrose inj 10% 69
dextrose inj 5% 69
DIACOMIT 10
DIACOMIT 10
DIACOMIT 10
DIACOMIT 10
diazepam conc 5 mg/ml 45
diazepam intensol - diazepam conc 5 mg/ml 45
diazepam oral soln 1 mg/ml 45
diazepam rectal gel delivery system 10 mg 10
diazepam rectal gel delivery system 2.5 mg 10
diazepam rectal gel delivery system 20 mg 10
diazepam tab 10 mg 45
diazepam tab 2 mg 45
diazepam tab 5 mg 45
diazoxide susp 50 mg/ml 46
diclofenac potassium tab 50 mg 1
diclofenac sodium (actinic keratoses) gel 3% 67
diclofenac sodium ophth soln 0.1% 95
diclofenac sodium soln 1.5% 1
diclofenac sodium tab delayed release 25 mg 1
diclofenac sodium tab delayed release 50 mg 1
diclofenac sodium tab delayed release 75 mg 1
diclofenac sodium tab er 24hr 100 mg 1
dicloxacillin sodium cap 250 mg 7
dicloxacillin sodium cap 500 mg 7
dicyclomine hcl cap 10 mg 71
dicyclomine hcl oral soln 10 mg/5ml 71
dicyclomine hcl tab 20 mg 71
digoxin oral soln 0.05 mg/ml 55

digoxin tab 125 mcg (0.125 mg).....55
digoxin tab 250 mcg (0.25 mg).....55
dihydroergotamine mesylate nasal spray 4 mg/ml.....21
DILANTIN.....11
diltiazem hcl cap er 24hr 120 mg.....55
diltiazem hcl cap er 24hr 180 mg.....55
diltiazem hcl cap er 24hr 240 mg.....55
diltiazem hcl coated beads cap er 24hr 120 mg.....55
diltiazem hcl coated beads cap er 24hr 180 mg.....55
diltiazem hcl coated beads cap er 24hr 240 mg.....55
diltiazem hcl coated beads cap er 24hr 300 mg.....55
diltiazem hcl coated beads cap er 24hr 360 mg.....55
diltiazem hcl extended release beads cap er 24hr 120 mg.....55
diltiazem hcl extended release beads cap er 24hr 180 mg.....55
diltiazem hcl extended release beads cap er 24hr 240 mg.....55
diltiazem hcl extended release beads cap er 24hr 300 mg.....55
diltiazem hcl extended release beads cap er 24hr 360 mg.....55
diltiazem hcl extended release beads cap er 24hr 420 mg.....55
diltiazem hcl tab 120 mg.....55
diltiazem hcl tab 30 mg.....55
diltiazem hcl tab 60 mg.....55
diltiazem hcl tab 90 mg.....55
diltiazem hcl tab er 24hr 120 mg.....55
dilt-xr - diltiazem hcl cap er 24hr 120 mg.....55
dilt-xr - diltiazem hcl cap er 24hr 180 mg.....55
dilt-xr - diltiazem hcl cap er 24hr 240 mg.....55
dimethyl fumarate capsule delayed release 120 mg.....65
dimethyl fumarate capsule delayed release 240 mg.....65
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....65
diphenoxylate w/ atropine tab 2.5-0.025 mg.....71
disulfiram tab 250 mg.....3
disulfiram tab 500 mg.....3
divalproex sodium cap delayed release sprinkle 125 mg.....11
divalproex sodium tab delayed release 125 mg.....11
divalproex sodium tab delayed release 250 mg.....11
divalproex sodium tab delayed release 500 mg.....11
divalproex sodium tab er 24 hr 250 mg.....11
divalproex sodium tab er 24 hr 500 mg.....11
dofetilide cap 125 mcg (0.125 mg).....55
dofetilide cap 250 mcg (0.25 mg).....55
dofetilide cap 500 mcg (0.5 mg).....55
donepezil hydrochloride orally disintegrating tab 10 mg.....14
donepezil hydrochloride orally disintegrating tab 5 mg.....14
donepezil hydrochloride tab 10 mg.....14
donepezil hydrochloride tab 23 mg.....14
donepezil hydrochloride tab 5 mg.....14
dorzolamide hcl ophth soln 2%.....95
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....95
dotti - estradiol td patch twice weekly 0.025 mg/24hr.....77
dotti - estradiol td patch twice weekly 0.0375 mg/24hr.....77
dotti - estradiol td patch twice weekly 0.05 mg/24hr.....77
dotti - estradiol td patch twice weekly 0.075 mg/24hr.....77
dotti - estradiol td patch twice weekly 0.1 mg/24hr.....77
DOVATO.....42
doxazosin mesylate tab 1 mg.....55
doxazosin mesylate tab 2 mg.....55
doxazosin mesylate tab 4 mg.....55
doxazosin mesylate tab 8 mg.....55
doxepin hcl (sleep) tab 3 mg (base equiv).....100
doxepin hcl (sleep) tab 6 mg (base equiv).....101
doxepin hcl cap 100 mg.....16
doxepin hcl cap 10 mg.....16
doxepin hcl cap 150 mg.....16
doxepin hcl cap 25 mg.....16
doxepin hcl cap 50 mg.....16
doxepin hcl cap 75 mg.....16
doxepin hcl conc 10 mg/ml.....16
doxy 100 - doxycycline hyclate for inj 100 mg.....7
doxycycline hyclate cap 100 mg.....7

doxycycline hyclate cap 50 mg.....7
doxycycline hyclate for inj 100 mg.....7
doxycycline hyclate tab 100 mg.....7
doxycycline hyclate tab 20 mg.....7
doxycycline monohydrate cap 100 mg.....7
doxycycline monohydrate cap 50 mg.....7
doxycycline monohydrate tab 100 mg.....7
doxycycline monohydrate tab 50 mg.....7
doxycycline monohydrate tab 75 mg.....7
DRIZALMA SPRINKLE.....16
DRIZALMA SPRINKLE.....16
DRIZALMA SPRINKLE.....16
DRIZALMA SPRINKLE.....16
dronabinol cap 10 mg.....19
dronabinol cap 2.5 mg.....19
dronabinol cap 5 mg.....19
drospirenone-ethinyl estradiol tab 3-0.02 mg.....77
drospirenone-ethinyl estradiol tab 3-0.03 mg.....77
droxidopa cap 100 mg.....56
droxidopa cap 200 mg.....56
droxidopa cap 300 mg.....56
DUAVEE.....77
DULERA.....98
DULERA.....98
DULERA.....98
duloxetine hcl enteric coated pellets cap 20 mg (base eq).....16
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....16
duloxetine hcl enteric coated pellets cap 60 mg (base eq).....16
DUPIXENT.....87
DUPIXENT.....87
DUPIXENT.....88
DUPIXENT.....88
dutasteride cap 0.5 mg.....74

E

econazole nitrate cream 1%.....20
EDURANT PED.....42
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE.....42
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....42
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....42
efavirenz tab 600 mg.....42
ELIGARD.....85
ELIGARD.....85
ELIGARD.....85
ELIGARD.....85
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....77
ELIQUIS.....50
ELIQUIS.....50
ELIQUIS.....50
ELIQUIS.....50
ELIQUIS.....50
ELIQUIS.....50
ELIQUIS STARTER PACK.....50
eltrombopag olamine powder pack for susp 12.5 mg (base eq).....50
eltrombopag olamine powder pack for susp 25 mg (base equiv).....50
eltrombopag olamine tab 12.5 mg (base equiv).....50
eltrombopag olamine tab 25 mg (base equiv).....50
eltrombopag olamine tab 50 mg (base equiv).....50
eltrombopag olamine tab 75 mg (base equiv).....50
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr.....77
EMGALITY.....21
EMGALITY.....21
EMGALITY.....21
EMSAM.....16
EMSAM.....16
EMSAM.....16
emtricitabine caps 200 mg.....42
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg.....42
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....42
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....42
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....42
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....42
EMTRIVA.....42
emzahh - norethindrone tab 0.35 mg.....77
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....56
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....56
enalapril maleate tab 10 mg.....56
enalapril maleate tab 2.5 mg.....56
enalapril maleate tab 20 mg.....56
enalapril maleate tab 5 mg.....56
ENBREL.....88

ENBREL..... 88
ENBREL..... 88
ENBREL MINI..... 88
ENBREL SURECLICK..... 88
endocet - oxycodone w/ acetaminophen tab 10-325 mg..... 1
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg..... 1
endocet - oxycodone w/ acetaminophen tab 5-325 mg..... 1
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg..... 1
ENGERIX-B..... 88
ENGERIX-B..... 88
ENGERIX-B..... 88
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr..... 77
enoxaparin sodium inj soln pref syr 100 mg/ml..... 50
enoxaparin sodium inj soln pref syr 120 mg/0.8ml..... 51
enoxaparin sodium inj soln pref syr 150 mg/ml..... 51
enoxaparin sodium inj soln pref syr 30 mg/0.3ml..... 50
enoxaparin sodium inj soln pref syr 40 mg/0.4ml..... 50
enoxaparin sodium inj soln pref syr 60 mg/0.6ml..... 50
enoxaparin sodium inj soln pref syr 80 mg/0.8ml..... 50
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg..... 77
ENSACOVE..... 24
ENSACOVE..... 24
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... 77
entacapone tab 200 mg..... 33
entecavir tab 0.5 mg..... 42
entecavir tab 1 mg..... 42
ENTYVIO PEN..... 88
enulose - lactulose (encephalopathy) solution 10 gm/15ml..... 71
ENVARSUS XR..... 88
ENVARSUS XR..... 88
ENVARSUS XR..... 88
EPIDIOLEX..... 11
epinastine hcl ophth soln 0.05%..... 95
EPINEPHRINE..... 98
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)..... 98
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(authorized generic for Adrenaclick 0.3 mg/0.3 ml)..... 98
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)..... 98
epitol - carbamazepine tab 200 mg..... 11
ergotamine w/ caffeine tab 1-100 mg..... 21
ERIVEDGE..... 24
ERLEADA..... 24
ERLEADA..... 24
erlotinib hcl tab 100 mg (base equivalent)..... 24
erlotinib hcl tab 150 mg (base equivalent)..... 24
erlotinib hcl tab 25 mg (base equivalent)..... 24
errin - norethindrone tab 0.35 mg..... 77
ertapenem sodium for inj 1 gm (base equivalent)..... 7
ERVEBO..... 88
erythrocin lactobionate - erythromycin lactobionate for inj500 mg..... 7
erythromycin ethylsuccinate for susp 200 mg/5ml..... 7
erythromycin ophth oint 5 mg/gm..... 95
erythromycin soln 2%..... 7
erythromycin tab 250 mg..... 7
erythromycin tab 500 mg..... 7
erythromycin tab delayed release 250 mg..... 7
erythromycin tab delayed release 333 mg..... 7
erythromycin tab delayed release 500 mg..... 7
erythromycin w/ delayed release particles cap 250 mg..... 7
escitalopram oxalate soln 5 mg/5ml (base equiv)..... 16
escitalopram oxalate tab 10 mg (base equiv)..... 16
escitalopram oxalate tab 20 mg (base equiv)..... 16
escitalopram oxalate tab 5 mg (base equiv)..... 16
eslicarbazepine acetate tab 200 mg..... 11
eslicarbazepine acetate tab 400 mg..... 11
eslicarbazepine acetate tab 600 mg..... 11
eslicarbazepine acetate tab 800 mg..... 11
esomeprazole magnesium cap delayed release 20 mg (base eq)..... 71
esomeprazole magnesium cap delayed release 40 mg (base eq)..... 71

estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg.....77
estradiol & norethindrone acetate tab 0.5-0.1 mg.....77
estradiol & norethindrone acetate tab 1-0.5 mg.....77
estradiol tab 0.5 mg.....77
estradiol tab 1 mg.....77
estradiol tab 2 mg.....77
estradiol td gel 0.25 mg/0.25gm (0.1%).....77
estradiol td gel 0.5 mg/0.5gm (0.1%).....78
estradiol td gel 0.75 mg/0.75gm (0.1%).....78
estradiol td gel 1.25 mg/1.25gm (0.1%).....78
estradiol td gel 1 mg/gm (0.1%).....78
estradiol td patch twice weekly 0.025 mg/24hr.....78
estradiol td patch twice weekly 0.0375 mg/24hr.....78
estradiol td patch twice weekly 0.05 mg/24hr.....78
estradiol td patch twice weekly 0.075 mg/24hr.....78
estradiol td patch twice weekly 0.1 mg/24hr.....78
estradiol td patch weekly 0.025 mg/24hr.....78
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....78
estradiol td patch weekly 0.05 mg/24hr.....78
estradiol td patch weekly 0.06 mg/24hr.....78
estradiol td patch weekly 0.075 mg/24hr.....78
estradiol td patch weekly 0.1 mg/24hr.....78
estradiol vaginal cream 0.01%.....78
estradiol vaginal tab 10 mcg.....78
estradiol valerate im in oil 10 mg/ml.....78
estradiol valerate im in oil 20 mg/ml.....78
estradiol valerate im in oil 40 mg/ml.....78
eszopiclone tab 1 mg.....101
eszopiclone tab 2 mg.....101
eszopiclone tab 3 mg.....101
ETCAMAH.....24
ethambutol hcl tab 100 mg.....22
ethambutol hcl tab 400 mg.....22
ethosuximide cap 250 mg.....11
ethosuximide soln 250 mg/5ml.....11
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....78
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....78
etodolac cap 200 mg.....1
etodolac cap 300 mg.....1
etodolac tab 400 mg.....1
etodolac tab 500 mg.....1
etodolac tab er 24hr 400 mg.....1
etodolac tab er 24hr 500 mg.....1
etodolac tab er 24hr 600 mg.....1
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....78
etravirine tab 100 mg.....42
etravirine tab 200 mg.....42
EUCRISA.....67
EULEXIN.....24
everolimus tab 0.25 mg.....88
everolimus tab 0.5 mg.....88
everolimus tab 0.75 mg.....88
everolimus tab 10 mg.....24
everolimus tab 1 mg.....88
everolimus tab 2.5 mg.....24
everolimus tab 5 mg.....24
everolimus tab 7.5 mg.....24
everolimus tab for oral susp 2 mg.....24
everolimus tab for oral susp 3 mg.....24
everolimus tab for oral susp 5 mg.....24
EVOTAZ.....42
exemestane tab 25 mg.....24
EXXUA.....17
EXXUA.....17
EXXUA.....17
EXXUA.....17
EXXUA TITRATION PACK.....17
ezetimibe-simvastatin tab 10-10 mg.....56
ezetimibe-simvastatin tab 10-20 mg.....56
ezetimibe-simvastatin tab 10-40 mg.....56
ezetimibe-simvastatin tab 10-80 mg.....56
ezetimibe tab 10 mg.....56

F

falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....78
famciclovir tab 125 mg.....42
famciclovir tab 250 mg.....42
famciclovir tab 500 mg.....42
famotidine for susp 40 mg/5ml.....71
famotidine tab 20 mg.....71
famotidine tab 40 mg.....71
FANAPT.....35
FANAPT.....35
FANAPT.....36
FANAPT.....36

FANAPT....36
FANAPT....36
FANAPT....36
FANAPT TITRATION PACK A....36
FANAPT TITRATION PACK B....36
FANAPT TITRATION PACK C....36
FARXIGA....46
FARXIGA....46
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....78
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....78
felbamate susp 600 mg/5ml....11
felbamate tab 400 mg....11
felbamate tab 600 mg....11
felodipine tab er 24hr 10 mg....56
felodipine tab er 24hr 2.5 mg....56
felodipine tab er 24hr 5 mg....56
fenofibrate micronized cap 134 mg....56
fenofibrate micronized cap 200 mg....56
fenofibrate micronized cap 67 mg....56
fenofibrate tab 145 mg....56
fenofibrate tab 160 mg....56
fenofibrate tab 48 mg....56
fenofibrate tab 54 mg....56
fentanyl td patch 72hr 100 mcg/hr....1
fentanyl td patch 72hr 12 mcg/hr....1
fentanyl td patch 72hr 25 mcg/hr....1
fentanyl td patch 72hr 50 mcg/hr....1
fentanyl td patch 72hr 75 mcg/hr....1
FETZIMA....17
FETZIMA....17
FETZIMA....17
FETZIMA....17
FETZIMA TITRATION PACK....17
fidaxomicin tab 200 mg....7
FILSPARI....56
FILSPARI....56
finasteride tab 5 mg....74
fingolimod hcl cap 0.5 mg (base equiv)....65
FINTEPLA....11
FIRMAGON....85
FIRMAGON....85
flac - fluocinolone acetonide (otic) oil 0.01%....96
flecainide acetate tab 100 mg....56
flecainide acetate tab 150 mg....56
flecainide acetate tab 50 mg....56
fluconazole for susp 10 mg/ml....20
fluconazole for susp 40 mg/ml....20
fluconazole in nacl 0.9% inj 200 mg/100ml....20
fluconazole in nacl 0.9% inj 400 mg/200ml....20
fluconazole tab 100 mg....20
fluconazole tab 150 mg....20
fluconazole tab 200 mg....20
fluconazole tab 50 mg....20
flucytosine cap 250 mg....20
flucytosine cap 500 mg....20
fludrocortisone acetate tab 0.1 mg....75
flunisolide nasal soln 25 mcg/act (0.025%)....98
fluocinolone acetonide (otic) oil 0.01%....96
fluocinolone acetonide cream 0.01%....67
fluocinolone acetonide cream 0.025%....67
fluocinolone acetonide oil 0.01% (body oil)....67
fluocinolone acetonide oil 0.01% (scalp oil)....67
fluocinolone acetonide oint 0.025%....67
fluocinolone acetonide soln 0.01%....67
fluocinonide cream 0.05%....67
fluocinonide gel 0.05%....67
fluocinonide oint 0.05%....67
fluocinonide soln 0.05%....67
fluorometholone ophth susp 0.1%....95
FLUOROURACIL....67
fluorouracil cream 5%....67
fluorouracil soln 5%....67
fluoxetine hcl cap 10 mg....17
fluoxetine hcl cap 20 mg....17
fluoxetine hcl cap 40 mg....17
fluoxetine hcl solution 20 mg/5ml....17
fluphenazine decanoate inj 25 mg/ml....36
FLUPHENAZINE HCL....36
fluphenazine hcl tab 10 mg....36
fluphenazine hcl tab 1 mg....36
fluphenazine hcl tab 2.5 mg....36
fluphenazine hcl tab 5 mg....36
FLUPHENAZINE HYDROCHLORIDE....36
FLUPHENAZINE HYDROCHLORIDE....36
flurbiprofen sodium ophth soln 0.03%....95
FLUTICASONE FUROATE/VILANTEROL ELLIPTA....98
FLUTICASONE FUROATE/VILANTEROL ELLIPTA....98
fluticasone propionate cream 0.05%....67
fluticasone propionate nasal susp 50 mcg/act....98
fluticasone propionate oint 0.005%....67
fluticasone-salmeterol aer powder ba 100-50 mcg/act....98

fluticasone-salmeterol aer powder ba 250-50 mcg/ act....98
fluticasone-salmeterol aer powder ba 500-50 mcg/ act....98
fluvastatin sodium cap 20 mg (base equivalent)....56
fluvastatin sodium cap 40 mg (base equivalent)....56
fluvoxamine maleate tab 100 mg....17
fluvoxamine maleate tab 25 mg....17
fluvoxamine maleate tab 50 mg....17
fosamprenavir calcium tab 700 mg (base equiv)....42
fosfomycin tromethamine powd pack 3 gm (base equivalent)....7
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg....56
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg....56
fosinopril sodium tab 10 mg....56
fosinopril sodium tab 20 mg....56
fosinopril sodium tab 40 mg....56
FOTIVDA....25
FOTIVDA....25
FRUZAQLA....25
FRUZAQLA....25
furosemide inj 10 mg/ml....56
furosemide oral soln 10 mg/ml....57
furosemide oral soln 8 mg/ml....56
furosemide tab 20 mg....57
furosemide tab 40 mg....57
furosemide tab 80 mg....57

G

gabapentin cap 100 mg....11
gabapentin cap 300 mg....11
gabapentin cap 400 mg....11
gabapentin oral soln 250 mg/5ml....11
gabapentin tab 600 mg....11
gabapentin tab 800 mg....11
GALANTAMINE HYDROBROMIDE....14
galantamine hydrobromide cap er 24hr 16 mg....14
galantamine hydrobromide cap er 24hr 24 mg....14
galantamine hydrobromide cap er 24hr 8 mg....14
galantamine hydrobromide tab 12 mg....15
galantamine hydrobromide tab 4 mg....14
galantamine hydrobromide tab 8 mg....15
gallifrey - norethindrone acetate tab 5 mg....78
GAMMAGARD LIQUID....88
GAMMAGARD LIQUID....88
GAMMAGARD LIQUID....88
GAMMAGARD LIQUID....88
GAMMAGARD LIQUID....88
GAMMAGARD LIQUID....88
GAMMAGARD LIQUID ERC....88
GAMMAGARD LIQUID ERC....88
GAMUNEX-C....89
GAMUNEX-C....89
GAMUNEX-C....89
GAMUNEX-C....89
GAMUNEX-C....89
GAMUNEX-C....89
GAMUNEX-C....89
GARDASIL 9....89
GARDASIL 9....89
GAUZE PADS 2" X 2"....46
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm....71
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm....71
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm....71
GAVRETO....25
gefitinib tab 250 mg....25
gemfibrozil tab 600 mg....57
generlac - lactulose (encephalopathy) solution 10 gm/15ml....71
gengraf - cyclosporine modified cap 100 mg....89
gengraf - cyclosporine modified cap 25 mg....89
gengraf - cyclosporine modified oral soln 100 mg/ml....89
gentamicin sulfate cream 0.1%....67
gentamicin sulfate inj 40 mg/ml....8
gentamicin sulfate oint 0.1%....67
gentamicin sulfate ophth soln 0.3%....95
GENVOYA....42
GILOTRIF....25
GILOTRIF....25
GILOTRIF....25
glatiramer acetate soln prefilled syringe 20 mg/ml....65
glatiramer acetate soln prefilled syringe 40 mg/ml....65
glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml....65
glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml....65
glimepiride tab 1 mg....46
glimepiride tab 2 mg....46

glimepiride tab 4 mg....46
glipizide-metformin hcl tab 2.5-250 mg....46
glipizide-metformin hcl tab 2.5-500 mg....46
glipizide-metformin hcl tab 5-500 mg....46
glipizide tab 10 mg....46
glipizide tab 5 mg....46
glipizide tab er 24hr 10 mg....46
glipizide tab er 24hr 2.5 mg....46
glipizide tab er 24hr 5 mg....46
glipizide xl - glipizide tab er 24hr 10 mg....46
glipizide xl - glipizide tab er 24hr 2.5 mg....46
glipizide xl - glipizide tab er 24hr 5 mg....46
glutamine (sickle cell) powd pack 5 gm....73
glyburide-metformin tab 1.25-250 mg....46
glyburide-metformin tab 2.5-500 mg....46
glyburide-metformin tab 5-500 mg....46
glyburide tab 1.25 mg....46
glyburide tab 2.5 mg....46
glyburide tab 5 mg....46
glycopyrrolate tab 1 mg....71
glycopyrrolate tab 2 mg....71
GLYXAMBI....47
GLYXAMBI....47
GOMEKLI....25
GOMEKLI....25
GOMEKLI....25
griseofulvin microsize susp 125 mg/5ml....20
griseofulvin microsize tab 500 mg....20
griseofulvin ultramicrosize tab 125 mg....20
griseofulvin ultramicrosize tab 250 mg....20
guanfacine hcl tab 1 mg....57
guanfacine hcl tab 2 mg....57
guanfacine hcl tab er 24hr 1 mg (base equiv)....65
guanfacine hcl tab er 24hr 2 mg (base equiv)....65
guanfacine hcl tab er 24hr 3 mg (base equiv)....65
guanfacine hcl tab er 24hr 4 mg (base equiv)....65
GVOKE HYPOPEN 1-PACK....47
GVOKE HYPOPEN 1-PACK....47
GVOKE HYPOPEN 2-PACK....47
GVOKE HYPOPEN 2-PACK....47
GVOKE KIT....47
GVOKE PFS....47

H

HADLIMA....89
HADLIMA....89
HADLIMA PUSHTOUCH....89
HADLIMA PUSHTOUCH....89
HAEGARDA....89
HAEGARDA....89
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....78
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)....78
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....78
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg....78
halobetasol propionate cream 0.05%....67
halobetasol propionate oint 0.05%....67
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr....78
haloperidol decanoate im soln 100 mg/ml....36
haloperidol decanoate im soln 50 mg/ml....36
haloperidol lactate inj 5 mg/ml....36
haloperidol lactate oral conc 2 mg/ml....36
haloperidol tab 0.5 mg....36
haloperidol tab 10 mg....36
haloperidol tab 1 mg....36
haloperidol tab 20 mg....36
haloperidol tab 2 mg....36
haloperidol tab 5 mg....36
HAVRIX....89
HAVRIX....89
heather - norethindrone tab 0.35 mg....78
heparin sodium (porcine) inj 10000 unit/ml....51
heparin sodium (porcine) inj 1000 unit/ml....51
heparin sodium (porcine) inj 20000 unit/ml....51
heparin sodium (porcine) inj 5000 unit/ml....51
heparin sodium (porcine) pf inj 1000 unit/ml....51
heparin sodium (porcine) pf inj 5000 unit/ml....51
HEPLISAV-B....89
HERNEXEOS....25
HIBERIX....89
HUMALOG....47
HUMALOG....47
HUMALOG JUNIOR KWIKPEN....47
HUMALOG KWIKPEN....47
HUMALOG KWIKPEN....47

HUMALOG MIX 50/50 KWIKPEN..... 47
HUMALOG MIX 75/25.....47
HUMALOG MIX 75/25 KWIKPEN..... 47
HUMATIN.....8
HUMULIN 70/30.....47
HUMULIN 70/30 KWIKPEN..... 47
HUMULIN N.....47
HUMULIN N KWIKPEN..... 47
HUMULIN R.....47
HUMULIN R U-500 KWIKPEN.....47
hydralazine hcl tab 100 mg..... 57
hydralazine hcl tab 10 mg..... 57
hydralazine hcl tab 25 mg..... 57
hydralazine hcl tab 50 mg..... 57
hydrochlorothiazide cap 12.5 mg.....57
hydrochlorothiazide tab 12.5 mg.....57
hydrochlorothiazide tab 25 mg.....57
hydrochlorothiazide tab 50 mg.....57
hydrocodone-acetaminophen soln 7.5-325 mg/15ml..... 1
hydrocodone-acetaminophen tab 10-325 mg.....1
hydrocodone-acetaminophen tab 5-325 mg.....1
hydrocodone-acetaminophen tab 7.5-325 mg.....1
hydrocortisone cream 1%.....67
hydrocortisone cream 2.5%.....68
hydrocortisone enema 100 mg/60ml.....93
hydrocortisone lotion 2.5%..... 68
hydrocortisone oint 1%..... 68
hydrocortisone oint 2.5%..... 68
hydrocortisone perianal cream 1%.....93
hydrocortisone perianal cream 2.5%.....93
hydrocortisone tab 10 mg.....75
hydrocortisone tab 20 mg.....75
hydrocortisone tab 5 mg.....75
hydrocortisone w/ acetic acid otic soln 1-2%.....96
hydromorphone hcl tab 2 mg..... 2
hydromorphone hcl tab 4 mg..... 2
hydromorphone hcl tab 8 mg..... 2
hydroxychloroquine sulfate tab 200 mg..... 32
hydroxyurea cap 500 mg..... 25
hydroxyzine hcl tab 10 mg.....45
hydroxyzine hcl tab 25 mg.....45
hydroxyzine hcl tab 50 mg.....45
HYRNUO..... 25

I

ibandronate sodium tab 150 mg (base equivalent).....94
IBRANCE.....25
IBRANCE.....25
IBRANCE.....25
IBRANCE.....25
IBTROZI.....25
ibu - ibuprofen tab 400 mg..... 2
ibu - ibuprofen tab 600 mg..... 2
ibu - ibuprofen tab 800 mg..... 2
ibuprofen susp 100 mg/5ml..... 2
ibuprofen tab 400 mg..... 2
ibuprofen tab 600 mg..... 2
ibuprofen tab 800 mg..... 2
icatibant acetate subcutaneous soln pref syr 30 mg/3ml..... 89
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... 78
ICLUSIG..... 25
ICLUSIG..... 25
ICLUSIG..... 25
ICLUSIG..... 25
IDHIFA.....25
IDHIFA.....25
IDVYNSO..... 42
imatinib mesylate tab 100 mg (base equivalent).....25
imatinib mesylate tab 400 mg (base equivalent).....25
IMBRUVICA..... 25
IMBRUVICA..... 25
IMBRUVICA..... 25
IMBRUVICA..... 25
IMBRUVICA..... 25
IMBRUVICA..... 25
IMIPENEM/CILASTATIN..... 8
imipenem-cilastatin intravenous for soln 500 mg.....8
imipramine hcl tab 10 mg..... 17
imipramine hcl tab 25 mg..... 17
imipramine hcl tab 50 mg..... 17
imiquimod cream 5%.....68
IMKELDI..... 25
IMOVAX RABIES (H.D.C.V.)..... 89
IMPAVIDO.....8
INBRIJA..... 33
incassia - norethindrone tab 0.35 mg.....79
INCRELEX..... 75
INCRUSE ELLIPTA..... 98
indapamide tab 1.25 mg..... 57
indapamide tab 2.5 mg..... 57
indomethacin cap 25 mg.....2
indomethacin cap 50 mg.....2
INFANRIX..... 89

INLURIYO....25
INLYTA....25
INLYTA....25
INQOVI....26
INREBIC....26
INSULIN LISPRO....47
INSULIN LISPRO JUNIOR KWIKPEN....47
INSULIN LISPRO KWIKPEN....47
INSULIN SYRINGE/NEEDLE....47
INTELENCE....42
INTRALIPID....69
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg....79
INVEGA HAFYERA....36
INVEGA HAFYERA....36
INVEGA SUSTENNA....37
INVEGA SUSTENNA....37
INVEGA SUSTENNA....37
INVEGA SUSTENNA....37
INVEGA SUSTENNA....37
INVEGA TRINZA....37
INVEGA TRINZA....37
INVEGA TRINZA....37
INVEGA TRINZA....37
IPOL INACTIVATED IPV....89
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml....98
ipratropium bromide inhal soln 0.02%....98
ipratropium bromide nasal soln 0.03% (21 mcg/ spray)....98
ipratropium bromide nasal soln 0.06% (42 mcg/ spray)....98
irbesartan-hydrochlorothiazide tab 150-12.5 mg....57
irbesartan-hydrochlorothiazide tab 300-12.5 mg....57
irbesartan tab 150 mg....57
irbesartan tab 300 mg....57
irbesartan tab 75 mg....57
ISENTRESS....42
ISENTRESS....42
ISENTRESS....42
ISENTRESS....43
ISENTRESS HD....43
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....79
isoniazid syrup 50 mg/5ml....22
isoniazid tab 100 mg....22
isoniazid tab 300 mg....22
isosorbide dinitrate tab 10 mg....57
isosorbide dinitrate tab 20 mg....57
isosorbide dinitrate tab 30 mg....57
isosorbide dinitrate tab 5 mg....57
isosorbide mononitrate tab 10 mg....57
isosorbide mononitrate tab 20 mg....57
isosorbide mononitrate tab er 24hr 120 mg....57
isosorbide mononitrate tab er 24hr 30 mg....57
isosorbide mononitrate tab er 24hr 60 mg....57
isotretinoin cap 10 mg....68
isotretinoin cap 20 mg....68
isotretinoin cap 25 mg....68
isotretinoin cap 30 mg....68
isotretinoin cap 35 mg....68
isotretinoin cap 40 mg....68
ITOVEBI....26
ITOVEBI....26
itraconazole cap 100 mg....20
ivabradine hcl tab 5 mg (base equiv)....57
ivabradine hcl tab 7.5 mg (base equiv)....57
ivermectin tab 3 mg....32
IWILFIN....26
IXIARO....89

J

JAKAFI....26
JAKAFI....26
JAKAFI....26
JAKAFI....26
JAKAFI....26
jantoven - warfarin sodium tab 10 mg....51
jantoven - warfarin sodium tab 1 mg....51
jantoven - warfarin sodium tab 2.5 mg....51
jantoven - warfarin sodium tab 2 mg....51
jantoven - warfarin sodium tab 3 mg....51
jantoven - warfarin sodium tab 4 mg....51
jantoven - warfarin sodium tab 5 mg....51
jantoven - warfarin sodium tab 6 mg....51
jantoven - warfarin sodium tab 7.5 mg....51
JARDIANCE....47
JARDIANCE....48
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg....79
JAYPIRCA....26
JAYPIRCA....26
jencycla - norethindrone tab 0.35 mg....79
JENTADUETO....48
JENTADUETO....48
JENTADUETO....48
JENTADUETO XR....48
JENTADUETO XR....48
JIDEYTRO....26

JIDEYTRO....26
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....79
JOURNAVX....2
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....79
JULUCA....43
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....79
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....79
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....79
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....79
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)....79
JYNNEOS....89

K

KALETRA....43
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....79
KALYDECO....98
KALYDECO....98
KALYDECO....98
KALYDECO....98
KALYDECO....98
KALYDECO....98
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....79
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj....69
kcl 20 meq/l (0.149%) in nacl 0.45% inj....70
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj....70
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj....70
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj....70
kcl 20 meq/l (0.15%) in nacl 0.45% inj....70
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj....70
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj....70
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg....79
kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg....79
KERENDIA....57
KERENDIA....57
KERENDIA....57
KESIMPTA....65
ketoconazole cream 2%....20
ketoconazole shampoo 2%....20
ketoconazole tab 200 mg....20
ketorolac tromethamine ophth soln 0.4%....95
ketorolac tromethamine ophth soln 0.5%....95
KINRIX....90
kionex - sodium polystyrene sulfonate susp 15 gm/60ml....70
KISQALI....26
KISQALI....26
KISQALI....26
klayesta - nystatin topical powder 100000 unit/gm....20
klor-con 10 - potassium chloride tab er 10 meq....70
klor-con 8 - potassium chloride tab er 8 meq (600 mg)....70
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq....70
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq....70
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq....70
KLOXXADO....3
KOMZIFTI....26
KOSELUGO....26
KOSELUGO....26
KOSELUGO....26
KOSELUGO....26
kourzeq - triamcinolone acetonide dental paste 0.1%....66
KRAZATI....26
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg....79

L

labetalol hcl tab 100 mg....57
labetalol hcl tab 200 mg....57
labetalol hcl tab 300 mg....58
lacosamide oral solution 10 mg/ml....11
lacosamide tab 100 mg....11
lacosamide tab 150 mg....11
lacosamide tab 200 mg....11
lacosamide tab 50 mg....11

lactic acid (ammonium lactate) cream 12%....68
lactic acid (ammonium lactate) lotion 12%....68
lactulose (encephalopathy) solution 10 gm/15ml....71
lactulose solution 10 gm/15ml....71
lamivudine oral soln 10 mg/ml....43
lamivudine tab 100 mg (hbv)....43
lamivudine tab 150 mg....43
lamivudine tab 300 mg....43
lamivudine-zidovudine tab 150-300 mg....43
lamotrigine tab 100 mg....11
lamotrigine tab 150 mg....11
lamotrigine tab 200 mg....11
lamotrigine tab 25 mg....11
lamotrigine tab chewable dispersible 25 mg....11
lamotrigine tab chewable dispersible 5 mg....11
LAMPIT....32
LAMPIT....32
lansoprazole cap delayed release 15 mg....71
lansoprazole cap delayed release 30 mg....71
LANTUS....48
LANTUS SOLOSTAR....48
lapatinib ditosylate tab 250 mg (base equiv)....26
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....79
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....79
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)....79
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....79
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....79
latanoprost ophth soln 0.005%....95
LAZCLUZE....26
LAZCLUZE....26
lederle leucovorin - leucovorin calcium tab 5 mg....26
leflunomide tab 10 mg....90
leflunomide tab 20 mg....90
lenalidomide cap 10 mg....26
lenalidomide cap 15 mg....26
lenalidomide cap 20 mg....26
lenalidomide cap 25 mg....26
lenalidomide cap 5 mg....26
lenalidomide caps 2.5 mg....26
LENVIMA 10 MG DAILY DOSE....26
LENVIMA 12MG DAILY DOSE....26
LENVIMA 14 MG DAILY DOSE....27
LENVIMA 18 MG DAILY DOSE....27
LENVIMA 20 MG DAILY DOSE....27
LENVIMA 24 MG DAILY DOSE....27
LENVIMA 4 MG DAILY DOSE....27
LENVIMA 8 MG DAILY DOSE....27
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....79
letrozole tab 2.5 mg....27
leucovorin calcium tab 10 mg....27
leucovorin calcium tab 15 mg....27
leucovorin calcium tab 25 mg....27
leucovorin calcium tab 5 mg....27
LEUKERAN....27
LEUKINE....51
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)....86
levetiracetam oral soln 100 mg/ml....11
levetiracetam tab 1000 mg....12
levetiracetam tab 250 mg....12
levetiracetam tab 500 mg....12
levetiracetam tab 750 mg....12
levetiracetam tab er 24hr 500 mg....11
levetiracetam tab er 24hr 750 mg....12
levobunolol hcl ophth soln 0.5%....95
levocarnitine oral soln 1 gm/10ml (10%)....73
levocarnitine tab 330 mg....73
levocetirizine dihydrochloride tab 5 mg....98
levofloxacin in d5w iv soln 250 mg/50ml....8
levofloxacin in d5w iv soln 500 mg/100ml....8
levofloxacin in d5w iv soln 750 mg/150ml....8
levofloxacin oral soln 25 mg/ml....8
levofloxacin tab 250 mg....8
levofloxacin tab 500 mg....8
levofloxacin tab 750 mg....8
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....79
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....79
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....79
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....79
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....80

levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....79
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....80
levothyroxine sodium tab 100 mcg....84
levothyroxine sodium tab 112 mcg....84
levothyroxine sodium tab 125 mcg....84
levothyroxine sodium tab 137 mcg....84
levothyroxine sodium tab 150 mcg....84
levothyroxine sodium tab 175 mcg....84
levothyroxine sodium tab 200 mcg....84
levothyroxine sodium tab 25 mcg....84
levothyroxine sodium tab 300 mcg....84
levothyroxine sodium tab 50 mcg....84
levothyroxine sodium tab 75 mcg....84
levothyroxine sodium tab 88 mcg....84
levo-t - levothyroxine sodium tab 100 mcg....84
levo-t - levothyroxine sodium tab 112 mcg....84
levo-t - levothyroxine sodium tab 125 mcg....84
levo-t - levothyroxine sodium tab 137 mcg....84
levo-t - levothyroxine sodium tab 150 mcg....84
levo-t - levothyroxine sodium tab 175 mcg....84
levo-t - levothyroxine sodium tab 200 mcg....84
levo-t - levothyroxine sodium tab 25 mcg....84
levo-t - levothyroxine sodium tab 300 mcg....84
levo-t - levothyroxine sodium tab 50 mcg....84
levo-t - levothyroxine sodium tab 75 mcg....84
levo-t - levothyroxine sodium tab 88 mcg....84
levoxyl - levothyroxine sodium tab 100 mcg....84
levoxyl - levothyroxine sodium tab 112 mcg....84
levoxyl - levothyroxine sodium tab 125 mcg....84
levoxyl - levothyroxine sodium tab 137 mcg....84
levoxyl - levothyroxine sodium tab 150 mcg....84
levoxyl - levothyroxine sodium tab 175 mcg....84
levoxyl - levothyroxine sodium tab 200 mcg....84
levoxyl - levothyroxine sodium tab 25 mcg....84
levoxyl - levothyroxine sodium tab 50 mcg....84
levoxyl - levothyroxine sodium tab 75 mcg....84
levoxyl - levothyroxine sodium tab 88 mcg....84
lidocaine hcl viscous soln 2%....3
lidocaine patch 5%....3
lidocaine-prilocaine cream 2.5-2.5%....3
lidocan - lidocaine patch 5%....3
LIFYORLI....86
LIFYORLI....86
LILETTA....74
linezolid for susp 100 mg/5ml....8
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%....8
linezolid iv soln 600 mg/300ml (2 mg/ml)....8
linezolid tab 600 mg....8
LINZESS....72
LINZESS....72
LINZESS....72
liomny - liothyronine sodium tab 25 mcg....84
liomny - liothyronine sodium tab 50 mcg....85
liomny - liothyronine sodium tab 5 mcg....84
liothyronine sodium tab 25 mcg....85
liothyronine sodium tab 50 mcg....85
liothyronine sodium tab 5 mcg....85
lisinopril & hydrochlorothiazide tab 10-12.5 mg....58
lisinopril & hydrochlorothiazide tab 20-12.5 mg....58
lisinopril & hydrochlorothiazide tab 20-25 mg....58
lisinopril tab 10 mg....58
lisinopril tab 2.5 mg....58
lisinopril tab 20 mg....58
lisinopril tab 30 mg....58
lisinopril tab 40 mg....58
lisinopril tab 5 mg....58
lithium carbonate cap 150 mg....45
lithium carbonate cap 300 mg....45
lithium carbonate cap 600 mg....45
lithium carbonate tab 300 mg....46
lithium carbonate tab er 300 mg....45
lithium carbonate tab er 450 mg....46

lithium oral solution 8 meq/5ml..... 46
LIVTENCITY..... 43
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....80
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg..... 80
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg..... 80
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....80
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....80
LOKELMA.....70
LOKELMA.....70
lomustine cap 100 mg.....27
lomustine cap 10 mg.....27
lomustine cap 40 mg.....27
LONSURF..... 27
LONSURF..... 27
loperamide hcl cap 2 mg..... 72
lopinavir-ritonavir tab 100-25 mg.....43
lopinavir-ritonavir tab 200-50 mg.....43
lorazepam conc 2 mg/ml..... 45
lorazepam intensol - lorazepam conc 2 mg/ml.....45
lorazepam tab 0.5 mg..... 45
lorazepam tab 1 mg..... 45
lorazepam tab 2 mg..... 45
LORBRENA..... 27
LORBRENA..... 27
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg.....80
losartan potassium & hydrochlorothiazide tab 100-12.5 mg..... 58
losartan potassium & hydrochlorothiazide tab 100-25 mg.....58
losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....58
losartan potassium tab 100 mg.....58
losartan potassium tab 25 mg.....58
losartan potassium tab 50 mg.....58
lovastatin tab 10 mg.....58
lovastatin tab 20 mg.....58
lovastatin tab 40 mg.....58
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg..... 80
loxapine succinate cap 10 mg.....37
loxapine succinate cap 25 mg.....37
loxapine succinate cap 50 mg.....37
loxapine succinate cap 5 mg.....37
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg.....80
lubiprostone cap 24 mcg..... 72
lubiprostone cap 8 mcg.....72
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg..... 80
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg..... 80
LUMAKRAS..... 27
LUMAKRAS..... 27
LUMAKRAS..... 27
LUPRON DEPOT (1-MONTH).....86
LUPRON DEPOT (1-MONTH).....86
LUPRON DEPOT-PED (1-MONTH).....86
LUPRON DEPOT-PED (3-MONTH).....86
LUPRON DEPOT-PED (6-MONTH).....86
lurasidone hcl tab 120 mg..... 37
lurasidone hcl tab 20 mg..... 37
lurasidone hcl tab 40 mg..... 37
lurasidone hcl tab 60 mg..... 37
lurasidone hcl tab 80 mg..... 37
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....80
LYBALVI.....37
LYBALVI.....37
LYBALVI.....37
LYBALVI.....37
lyleq - norethindrone tab 0.35 mg.....80
lyllana - estradiol td patch twice weekly 0.025 mg/24hr..... 80
lyllana - estradiol td patch twice weekly 0.0375 mg/24hr..... 80
lyllana - estradiol td patch twice weekly 0.05 mg/24hr..... 80
lyllana - estradiol td patch twice weekly 0.075 mg/24hr..... 80
lyllana - estradiol td patch twice weekly 0.1 mg/24hr..... 80
LYNPARZA.....27
LYNPARZA.....27
LYSODREN.....27
LYTGOBI..... 27
LYTGOBI..... 27
LYTGOBI..... 27
LYUMJEV..... 48
LYUMJEV KWIKPEN.....48
LYUMJEV KWIKPEN.....48
lyza - norethindrone tab 0.35 mg.....80

M

magnesium sulfate inj 50%..... 70
malathion lotion 0.5%.....68
maraviroc tab 150 mg..... 43
maraviroc tab 300 mg..... 43

marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....80
MARPLAN....17
MATULANE....27
MAVYRET....43
MAVYRET....43
meclizine hcl tab 12.5 mg....19
meclizine hcl tab 25 mg....19
medroxyprogesterone acetate im susp 150 mg/ml....80
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....80
medroxyprogesterone acetate tab 10 mg....80
medroxyprogesterone acetate tab 2.5 mg....80
medroxyprogesterone acetate tab 5 mg....80
mefloquine hcl tab 250 mg....32
megestrol acetate susp 40 mg/ml....80
megestrol acetate tab 20 mg....80
megestrol acetate tab 40 mg....80
MEKINIST....27
MEKINIST....27
MEKINIST....27
MEKTOVI....28
meleya - norethindrone tab 0.35 mg....80
meloxicam tab 15 mg....2
meloxicam tab 7.5 mg....2
memantine hcl oral solution 2 mg/ml....15
memantine hcl tab 10 mg....15
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack....15
memantine hcl tab 5 mg....15
MENQUADFI....90
MENVEO....90
MENVEO....90
mercaptopurine susp 2000 mg/100ml (20 mg/ml)....28
mercaptopurine tab 50 mg....28
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml....8
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml....8
meropenem iv for soln 1 gm....8
meropenem iv for soln 500 mg....8
mesalamine cap er 24hr 0.375 gm....93
mesalamine enema 4 gm....93
mesalamine rectal enema 4 gm & cleanser wipe kit....93
mesalamine suppos 1000 mg....93
mesalamine tab delayed release 1.2 gm....93
mesna tab 400 mg....28
metformin hcl tab 1000 mg....48
metformin hcl tab 500 mg....48
metformin hcl tab 850 mg....48
metformin hcl tab er 24hr 500 mg....48
metformin hcl tab er 24hr 750 mg....48
methadone hcl tab 10 mg....2
methadone hcl tab 5 mg....2
methazolamide tab 25 mg....58
methazolamide tab 50 mg....58
methenamine hippurate tab 1 gm....8
methimazole tab 10 mg....86
methimazole tab 5 mg....86
methocarbamol tab 500 mg....100
methocarbamol tab 750 mg....100
methotrexate sodium for inj 1 gm....90
methotrexate sodium inj 250 mg/10ml (25 mg/ml)....90
methotrexate sodium inj 50 mg/2ml (25 mg/ml)....90
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)....90
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)....90
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)....90
methotrexate sodium tab 2.5 mg (base equiv)....90
methsuximide cap 300 mg....12
methylphenidate hcl soln 10 mg/5ml....65
methylphenidate hcl soln 5 mg/5ml....65
methylphenidate hcl tab 10 mg....65
methylphenidate hcl tab 20 mg....65
methylphenidate hcl tab 5 mg....65
methylphenidate hcl tab er 10 mg....65
methylphenidate hcl tab er 20 mg....65
methylprednisolone tab 16 mg....75
methylprednisolone tab 32 mg....75
methylprednisolone tab 4 mg....75
methylprednisolone tab 8 mg....75
methylprednisolone tab therapy pack 4 mg (21)....75
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)....72
metoclopramide hcl tab 10 mg (base equivalent)....72
metoclopramide hcl tab 5 mg (base equivalent)....72
metolazone tab 10 mg....58
metolazone tab 2.5 mg....58

metolazone tab 5 mg....58
metoprolol & hydrochlorothiazide tab 100-25 mg....58
metoprolol & hydrochlorothiazide tab 100-50 mg....58
metoprolol & hydrochlorothiazide tab 50-25 mg....58
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)....58
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)....58
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)....58
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)....58
metoprolol tartrate tab 100 mg....58
metoprolol tartrate tab 25 mg....58
metoprolol tartrate tab 37.5 mg....58
metoprolol tartrate tab 50 mg....58
metoprolol tartrate tab 75 mg....58
metronidazole cream 0.75%....68
metronidazole gel 0.75%....68
metronidazole gel 1%....68
metronidazole iv soln 500 mg/100ml....8
metronidazole lotion 0.75%....68
metronidazole tab 250 mg....8
metronidazole tab 500 mg....8
metronidazole vaginal gel 0.75%....8
metyrosine cap 250 mg....58
micafungin sodium for iv soln 100 mg....20
micafungin sodium for iv soln 50 mg....20
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....81
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....81
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....80
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....80
midodrine hcl tab 10 mg....59
midodrine hcl tab 2.5 mg....58
midodrine hcl tab 5 mg....59
mifepristone tab 300 mg....86
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....81
MIMRYLO....28
MIMRYLO....28
MIMRYLO....28
MIMRYLO....28
MIMRYLO....28
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg....81
minocycline hcl cap 100 mg....8
minocycline hcl cap 50 mg....8
minocycline hcl cap 75 mg....8
minocycline hcl tab 50 mg....8
minocycline hcl tab 75 mg....8
minoxidil tab 10 mg....59
minoxidil tab 2.5 mg....59
mirtazapine orally disintegrating tab 15 mg....17
mirtazapine orally disintegrating tab 30 mg....17
mirtazapine orally disintegrating tab 45 mg....17
mirtazapine tab 15 mg....17
mirtazapine tab 30 mg....17
mirtazapine tab 45 mg....17
mirtazapine tab 7.5 mg....17
misoprostol tab 100 mcg....72
misoprostol tab 200 mcg....72
M-M-R II....90
modafinil tab 100 mg....101
modafinil tab 200 mg....101
MODEYSO....28
moexipril hcl tab 15 mg....59
moexipril hcl tab 7.5 mg....59
MOLINDONE HYDROCHLORIDE....37
MOLINDONE HYDROCHLORIDE....37
MOLINDONE HYDROCHLORIDE....37
mometasone furoate cream 0.1%....68
mometasone furoate oint 0.1%....68
mometasone furoate solution 0.1% (lotion)....68
mondoxyne nl - doxycycline monohydrate cap 100 mg....8
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....81
montelukast sodium chew tab 4 mg (base equiv)....99
montelukast sodium chew tab 5 mg (base equiv)....99
montelukast sodium oral granules packet 4 mg (base equiv)....99
montelukast sodium tab 10 mg (base equiv)....99
morphine sulfate tab 15 mg....2
morphine sulfate tab 30 mg....2
morphine sulfate tab er 100 mg....2
morphine sulfate tab er 15 mg....2
morphine sulfate tab er 200 mg....2
morphine sulfate tab er 30 mg....2
morphine sulfate tab er 60 mg....2
MOUNJARO....48

MOUNJARO....48
MOUNJARO....48
MOUNJARO....48
MOUNJARO....48
MOUNJARO....48
MOVANTIK....72
MOVANTIK....72
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj....8
moxifloxacin hcl iv solution 400 mg/250ml (base equiv)....8
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)....95
moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)....95
moxifloxacin hcl tab 400 mg (base equiv)....8
MRESVIA....90
MULTAQ....59
mupirocin oint 2%....68
mycophenolate mofetil cap 250 mg....90
mycophenolate mofetil for oral susp 200 mg/ml....90
mycophenolate mofetil tab 500 mg....90
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)....90
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)....90
MYRBETRIQ....74
MYRBETRIQ....74
MYRBETRIQ....74

N

nabumetone tab 500 mg....2
nabumetone tab 750 mg....2
nafcillin sodium for inj 1 gm....8
nafcillin sodium for inj 2 gm....8
nafcillin sodium for iv soln 10 gm....8
nafcillin sodium in dextrose inj 2 gm/100ml....8
naloxone hcl inj 0.4 mg/ml....3
naloxone hcl inj 4 mg/10ml....3
naloxone hcl soln cartridge 0.4 mg/ml....3
naloxone hcl soln prefilled syringe 2 mg/2ml....3
naltrexone hcl tab 50 mg....3
naproxen sodium tab 275 mg....2
naproxen sodium tab 550 mg....2
naproxen tab 250 mg....2
naproxen tab 375 mg....2
naproxen tab 500 mg....2
naproxen tab ec 375 mg....2
naproxen tab ec 500 mg....2
naratriptan hcl tab 1 mg (base equiv)....21
naratriptan hcl tab 2.5 mg (base equiv)....21
NATACYN....95
nateglinide tab 120 mg....48
nateglinide tab 60 mg....48
NAYZILAM....12
nebivolol hcl tab 10 mg (base equivalent)....59
nebivolol hcl tab 2.5 mg (base equivalent)....59
nebivolol hcl tab 20 mg (base equivalent)....59
nebivolol hcl tab 5 mg (base equivalent)....59
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg....81
NEFAZODONE HYDROCHLORIDE....17
NEFAZODONE HYDROCHLORIDE....17
NEFAZODONE HYDROCHLORIDE....17
NEFAZODONE HYDROCHLORIDE....17
NEFAZODONE HYDROCHLORIDE....17
NEOMYCIN/POLYMYXIN/GRAMICIDIN....95
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin....95
neomycin-polymyxin-dexamethasone ophth oint 0.1%....95
neomycin-polymyxin-dexamethasone ophth susp 0.1%....95
neomycin-polymyxin-hc otic soln 1%....96
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%....96
neomycin sulfate tab 500 mg....9
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%....95
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin....95
NERLYNX....28
nevirapine susp 50 mg/5ml....43
nevirapine tab 200 mg....43
nevirapine tab er 24hr 400 mg....43
NEXLETOL....59
NEXLIZET....59
NEXPLANON....74
niacin tab er 1000 mg (antihyperlipidemic)....59
niacin tab er 500 mg (antihyperlipidemic)....59
niacin tab er 750 mg (antihyperlipidemic)....59
NICOTROL NS....4

nifedipine tab er 24hr 30 mg.....59
nifedipine tab er 24hr 60 mg.....59
nifedipine tab er 24hr 90 mg.....59
nifedipine tab er 24hr osmotic release 30 mg.....59
nifedipine tab er 24hr osmotic release 60 mg.....59
nifedipine tab er 24hr osmotic release 90 mg.....59
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg.....81
nilotinib hcl cap 150 mg (base equivalent).....28
nilotinib hcl cap 200 mg (base equivalent).....28
nilotinib hcl cap 50 mg (base equivalent).....28
nilutamide tab 150 mg.....28
nimodipine cap 30 mg.....59
NINLARO.....28
NINLARO.....28
NINLARO.....28
nintedanib esylate cap 100 mg (base equivalent).....99
nintedanib esylate cap 150 mg (base equivalent).....99
nitazoxanide tab 500 mg.....32
nitisinone cap 10 mg.....73
nitisinone cap 20 mg.....73
nitisinone cap 2 mg.....73
nitisinone cap 5 mg.....73
nitro-bid - nitroglycerin oint 2%.....59
nitrofurantoin macrocrystalline cap 100 mg.....9
nitrofurantoin macrocrystalline cap 50 mg.....9
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....9
nitroglycerin oint 0.4%.....59
nitroglycerin oint 2%.....59
nitroglycerin sl tab 0.3 mg.....59
nitroglycerin sl tab 0.4 mg.....59
nitroglycerin sl tab 0.6 mg.....59
nitroglycerin td patch 24hr 0.1 mg/hr.....59
nitroglycerin td patch 24hr 0.2 mg/hr.....59
nitroglycerin td patch 24hr 0.4 mg/hr.....59
nitroglycerin td patch 24hr 0.6 mg/hr.....59
NIVESTYM.....51
NIVESTYM.....51
NIVESTYM.....51
NIVESTYM.....51
nizatidine cap 150 mg.....72
nizatidine cap 300 mg.....72
nora-be - norethindrone tab 0.35 mg.....81
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....81
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....81
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....81
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....81
norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....81
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....81
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....81
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....81
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....81
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....81
norethindrone acetate tab 5 mg.....81
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....81
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....81
norethindrone tab 0.35 mg.....81
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....81
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....81
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....81
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....81
norlyroc - norethindrone tab 0.35 mg.....81
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg.....81
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....81
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....81
nortriptyline hcl cap 10 mg.....17
nortriptyline hcl cap 25 mg.....17
nortriptyline hcl cap 50 mg.....18
nortriptyline hcl cap 75 mg.....18
nortriptyline hcl soln 10 mg/5ml.....18
NORVIR.....43
NOVOLIN R FLEXPEN.....48
NOVOLIN R FLEXPEN RELION.....48
NUBEQA.....28

NUCALA..... 99
NUCALA..... 99
NUCALA..... 99
NUCALA..... 99
NUPLAZID..... 38
NUPLAZID..... 38
NURTEC..... 21
NUTRILIPID..... 70
nyamyc - nystatin topical powder 100000 unit/ gm..... 20
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg..... 81
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg..... 81
nystatin cream 100000 unit/gm..... 20
nystatin oint 100000 unit/gm..... 21
nystatin susp 100000 unit/ml..... 21
nystatin tab 500000 unit..... 21
nystatin topical powder 100000 unit/ gm..... 21
nystop - nystatin topical powder 100000 unit/ gm..... 21

O

ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg..... 81
octreotide acetate inj 1000 mcg/ml (1 mg/ ml)..... 86
octreotide acetate inj 100 mcg/ml (0.1 mg/ ml)..... 86
octreotide acetate inj 200 mcg/ml (0.2 mg/ ml)..... 86
octreotide acetate inj 500 mcg/ml (0.5 mg/ ml)..... 86
octreotide acetate inj 50 mcg/ml (0.05 mg/ ml)..... 86
octreotide acetate subcutaneous soln pref syr 100 mcg/ml..... 86
octreotide acetate subcutaneous soln pref syr 500 mcg/ml..... 86
octreotide acetate subcutaneous soln pref syr 50 mcg/ml..... 86
ODEFSEY..... 43
ODOMZO..... 28
OFEV..... 99
OFEV..... 99
ofloxacin ophth soln 0.3%..... 95
ofloxacin otic soln 0.3%..... 96
OGSIVEO..... 28
OGSIVEO..... 28
OJEMDA..... 28
OJEMDA..... 28
OJJAARA..... 28
OJJAARA..... 28
OJJAARA..... 28
olanzapine for im inj 10 mg..... 38
olanzapine orally disintegrating tab 10 mg..... 38
olanzapine orally disintegrating tab 15 mg..... 38
olanzapine orally disintegrating tab 20 mg..... 38
olanzapine orally disintegrating tab 5 mg..... 38
olanzapine tab 10 mg..... 38
olanzapine tab 15 mg..... 38
olanzapine tab 2.5 mg..... 38
olanzapine tab 20 mg..... 38
olanzapine tab 5 mg..... 38
olanzapine tab 7.5 mg..... 38
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg..... 60
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg..... 60
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg..... 60
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg..... 60
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg..... 60
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg..... 59
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg..... 59
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg..... 60
olmesartan medoxomil tab 20 mg..... 59
olmesartan medoxomil tab 40 mg..... 59
olmesartan medoxomil tab 5 mg..... 59
omega-3-acid ethyl esters cap 1 gm..... 60
omeprazole cap delayed release 10 mg..... 72
omeprazole cap delayed release 20 mg..... 72
omeprazole cap delayed release 40 mg..... 72
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)..... 48
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)..... 48
OMNIPOD 5 LIBRE INTRO KIT..... 48
OMNIPOD 5 LIBRE PODS..... 48
OMNITROPE..... 75
OMNITROPE..... 75

OMNITROPE....76
ondansetron hcl tab 4 mg....19
ondansetron hcl tab 8 mg....19
ondansetron orally disintegrating tab 4 mg....19
ondansetron orally disintegrating tab 8 mg....19
ONUREG....28
ONUREG....28
OPIPZA....38
OPIPZA....38
OPIPZA....38
OPVEE....4
oralone dental paste - triamcinolone acetonide dental paste0.1%....66
ORENITRAM....99
ORENITRAM....99
ORENITRAM....99
ORENITRAM....99
ORENITRAM....99
ORENITRAM TITRATION KIT MONTH 1....99
ORENITRAM TITRATION KIT MONTH 2....99
ORENITRAM TITRATION KIT MONTH 3....99
ORGOVYX....28
orquidea - norethindrone tab 0.35 mg....81
ORSERDU....28
ORSERDU....28
oseltamivir phosphate cap 30 mg (base equiv)....43
oseltamivir phosphate cap 45 mg (base equiv)....43
oseltamivir phosphate cap 75 mg (base equiv)....43
oseltamivir phosphate for susp 6 mg/ml (base equiv)....43
OTEZLA....68
OTEZLA....68
OTEZLA....68
OTEZLA....68
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK....68
OTEZLA XR....68
oxcarbazepine susp 300 mg/5ml (60 mg/ml)....12
oxcarbazepine tab 150 mg....12
oxcarbazepine tab 300 mg....12
oxcarbazepine tab 600 mg....12
oxybutynin chloride solution 5 mg/5ml....74
oxybutynin chloride tab 5 mg....74
oxybutynin chloride tab er 24hr 10 mg....74
oxybutynin chloride tab er 24hr 15 mg....74
oxybutynin chloride tab er 24hr 5 mg....74
oxycodone hcl tab 10 mg....2
oxycodone hcl tab 15 mg....2
oxycodone hcl tab 20 mg....2
oxycodone hcl tab 30 mg....2
oxycodone hcl tab 5 mg....2
oxycodone w/ acetaminophen tab 10-325 mg....3
oxycodone w/ acetaminophen tab 2.5-325 mg....3
oxycodone w/ acetaminophen tab 5-325 mg....3
oxycodone w/ acetaminophen tab 7.5-325 mg....3
OZEMPIC....48
OZEMPIC....49
OZEMPIC....49
OZEMPIC....49
OZEMPIC....49
OZEMPIC....49

P

pacerone - amiodarone hcl tab 100 mg....60
pacerone - amiodarone hcl tab 200 mg....60
paliperidone tab er 24hr 1.5 mg....38
paliperidone tab er 24hr 3 mg....38
paliperidone tab er 24hr 6 mg....38
paliperidone tab er 24hr 9 mg....38
PANRETIN....28
pantoprazole sodium ec tab 20 mg (base equiv)....72
pantoprazole sodium ec tab 40 mg (base equiv)....72
paricalcitol cap 1 mcg....94
paricalcitol cap 2 mcg....94
paricalcitol cap 4 mcg....94
paroxetine hcl oral susp 10 mg/5ml (base equiv)....18
paroxetine hcl tab 10 mg....18
paroxetine hcl tab 20 mg....18
paroxetine hcl tab 30 mg....18
paroxetine hcl tab 40 mg....18
PAXLOVID....43
PAXLOVID....43
PAXLOVID....43
pazopanib hcl tab 200 mg (base equiv)....28
PAZOPANIB HYDROCHLORIDE....28
PEDIARIX....90
PEDVAXHIB....90

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm....72
peg 3350-kcl-sod bicarb-nacl for soln 420 gm....72
PEGASYS....90
PEGASYS....90
PEMAZYRE....28
PEMAZYRE....28
PEMAZYRE....28
PENBRAYA....90
penicillamine tab 250 mg....74
penicillin g potassium for inj 20000000 unit....9
penicillin g potassium for inj 5000000 unit....9
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE....9
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE....9
penicillin v potassium for soln 125 mg/5ml....9
penicillin v potassium for soln 250 mg/5ml....9
penicillin v potassium tab 250 mg....9
penicillin v potassium tab 500 mg....9
PENMENVY....90
PENTACEL....90
pentamidine isethionate for inj soln 300 mg....32
pentamidine isethionate for nebulization soln 300 mg....32
pentoxifylline tab er 400 mg....60
perampanel susp 0.5 mg/ml....12
perampanel tab 10 mg....12
perampanel tab 12 mg....12
perampanel tab 2 mg....12
perampanel tab 4 mg....12
perampanel tab 6 mg....12
perampanel tab 8 mg....12
perindopril erbumine tab 2 mg....60
perindopril erbumine tab 4 mg....60
perindopril erbumine tab 8 mg....60
periogard - chlorhexidine gluconate soln 0.12%....66
permethrin cream 5%....68
perphenazine tab 16 mg....19
perphenazine tab 2 mg....19
perphenazine tab 4 mg....19
perphenazine tab 8 mg....19
pfizerpen - penicillin g potassium for inj 20000000 unit....9
pfizerpen - penicillin g potassium for inj 5000000 unit....9
phenelzine sulfate tab 15 mg....18
phenobarbital elixir 20 mg/5ml....12
phenobarbital tab 100 mg....12
phenobarbital tab 15 mg....12
phenobarbital tab 16.2 mg....12
phenobarbital tab 30 mg....12
phenobarbital tab 32.4 mg....12
phenobarbital tab 60 mg....12
phenobarbital tab 64.8 mg....12
phenobarbital tab 97.2 mg....12
phenoxybenzamine hcl cap 10 mg....60
phenytek - phenytoin sodium extended cap 200 mg....12
phenytek - phenytoin sodium extended cap 300 mg....12
phenytoin chew tab 50 mg....12
phenytoin infatabs - phenytoin chew tab 50 mg....12
phenytoin sodium extended cap 100 mg....12
phenytoin sodium extended cap 200 mg....12
phenytoin sodium extended cap 300 mg....12
phenytoin susp 125 mg/5ml....12
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....82
PIFELTRO....43
pilocarpine hcl ophth soln 1%....95
pilocarpine hcl ophth soln 2%....95
pilocarpine hcl ophth soln 4%....95
pilocarpine hcl tab 5 mg....66
pilocarpine hcl tab 7.5 mg....66
pimozide tab 1 mg....38
pimozide tab 2 mg....38
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....82
pindolol tab 10 mg....60
pindolol tab 5 mg....60
pioglitazone hcl-glimepiride tab 30-2 mg....49
pioglitazone hcl-glimepiride tab 30-4 mg....49
pioglitazone hcl-metformin hcl tab 15-500 mg....49
pioglitazone hcl-metformin hcl tab 15-850 mg....49
pioglitazone hcl tab 15 mg (base equiv)....49

pioglitazone hcl tab 30 mg (base equiv) 49
pioglitazone hcl tab 45 mg (base equiv) 49
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 9
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 9
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 9
piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml 9
piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml 9
piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml 9
PIQRAY 200MG DAILY DOSE 29
PIQRAY 250MG DAILY DOSE 29
PIQRAY 300MG DAILY DOSE 29
pirfenidone cap 267 mg 99
pirfenidone tab 267 mg 99
pirfenidone tab 801 mg 99
piroxicam cap 10 mg 3
piroxicam cap 20 mg 3
podofilox soln 0.5% 68
polycin - bacitracin-polymyxin b ophth oint 95
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 95
pomalidomide cap 1 mg 29
pomalidomide cap 2 mg 29
pomalidomide cap 3 mg 29
pomalidomide cap 4 mg 29
POMALYST 29
POMALYST 29
POMALYST 29
POMALYST 29
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 82
posaconazole tab delayed release 100 mg 21
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 70
potassium chloride cap er 10 meq 70
potassium chloride cap er 8 meq 70
potassium chloride inj 2 meq/ml 70
potassium chloride microencapsulated crys er tab 10 meq 70
potassium chloride microencapsulated crys er tab 15 meq 70
potassium chloride microencapsulated crys er tab 20 meq 70
potassium chloride oral soln 10% (20 meq/15ml) 70
potassium chloride oral soln 20% (40 meq/15ml) 70
potassium chloride tab er 10 meq 70
potassium chloride tab er 20 meq (1500 mg) 70
potassium chloride tab er 8 meq (600 mg) 70
potassium citrate tab er 10 meq (1080 mg) 70
potassium citrate tab er 15 meq (1620 mg) 70
potassium citrate tab er 5 meq (540 mg) 70
pramipexole dihydrochloride tab 0.125 mg 33
pramipexole dihydrochloride tab 0.25 mg 33
pramipexole dihydrochloride tab 0.5 mg 33
pramipexole dihydrochloride tab 0.75 mg 33
pramipexole dihydrochloride tab 1.5 mg 33
pramipexole dihydrochloride tab 1 mg 33
prasugrel hcl tab 10 mg (base equiv) 51
prasugrel hcl tab 5 mg (base equiv) 51
pravastatin sodium tab 10 mg 60
pravastatin sodium tab 20 mg 60
pravastatin sodium tab 40 mg 60
pravastatin sodium tab 80 mg 60
praziquantel tab 600 mg 32
prazosin hcl cap 1 mg 60
prazosin hcl cap 2 mg 60
prazosin hcl cap 5 mg 60
prednisolone acetate ophth susp 1% 95
prednisolone sodium phosphate ophth soln 1% 95
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) 75
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 75
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) 75
prednisolone soln 15 mg/5ml 75
prednisone oral soln 5 mg/5ml 75
prednisone tab 10 mg 75
prednisone tab 1 mg 75
prednisone tab 2.5 mg 75
prednisone tab 20 mg 75
prednisone tab 50 mg 75

prednisone tab 5 mg..... 75
prednisone tab therapy pack 10 mg (21)..... 75
prednisone tab therapy pack 10 mg (48)..... 75
prednisone tab therapy pack 5 mg (21)..... 75
prednisone tab therapy pack 5 mg (48)..... 75
pregabalin cap 100 mg..... 13
pregabalin cap 150 mg..... 13
pregabalin cap 200 mg..... 13
pregabalin cap 225 mg..... 13
pregabalin cap 25 mg..... 12
pregabalin cap 300 mg..... 13
pregabalin cap 50 mg..... 12
pregabalin cap 75 mg..... 12
pregabalin soln 20 mg/ml..... 13
PREMARIN..... 82
PRETOMANID..... 22
prevalite - cholestyramine light powder 4 gm/ dose..... 60
prevalite - cholestyramine light powder packets 4 gm..... 60
PREVYMIS..... 43
PREVYMIS..... 43
PREZCOBIX..... 43
PREZCOBIX..... 43
PREZISTA..... 43
PREZISTA..... 43
PREZISTA..... 44
primaquine phosphate tab 26.3 mg (15 mg base)..... 32
PRIMIDONE..... 13
primidone tab 250 mg..... 13
primidone tab 50 mg..... 13
PRIORIX..... 90
probenecid tab 500 mg..... 21
prochlorperazine maleate tab 10 mg (base equivalent)..... 19
prochlorperazine maleate tab 5 mg (base equivalent)..... 19
prochlorperazine suppos 25 mg..... 19
proctocort - hydrocortisone perianal cream 1%..... 94
procto-med hc - hydrocortisone perianal cream 2.5%..... 94
proctosol hc - hydrocortisone perianal cream 2.5%..... 94
proctozone-hc - hydrocortisone perianal cream 2.5%..... 94
progesterone cap 100 mg..... 82
progesterone cap 200 mg..... 82
PROGRAF..... 90
PROGRAF..... 90
promethazine hcl oral soln 6.25 mg/5ml..... 19
promethazine hcl tab 12.5 mg..... 19
promethazine hcl tab 25 mg..... 19
promethazine hcl tab 50 mg..... 19
propafenone hcl cap er 12hr 225 mg..... 60
propafenone hcl cap er 12hr 325 mg..... 60
propafenone hcl cap er 12hr 425 mg..... 60
propafenone hcl tab 150 mg..... 60
propafenone hcl tab 225 mg..... 60
propafenone hcl tab 300 mg..... 60
propranolol hcl cap er 24hr 120 mg..... 60
propranolol hcl cap er 24hr 160 mg..... 60
propranolol hcl cap er 24hr 60 mg..... 60
propranolol hcl cap er 24hr 80 mg..... 60
propranolol hcl oral soln 20 mg/5ml..... 60
propranolol hcl oral soln 40 mg/5ml..... 60
propranolol hcl tab 10 mg..... 60
propranolol hcl tab 20 mg..... 61
propranolol hcl tab 40 mg..... 61
propranolol hcl tab 60 mg..... 61
propranolol hcl tab 80 mg..... 61
propylthiouracil tab 50 mg..... 86
PROQUAD..... 90
protriptyline hcl tab 10 mg..... 18
protriptyline hcl tab 5 mg..... 18
PULMOZYME..... 99
pyrazinamide tab 500 mg..... 22
pyridostigmine bromide tab 60 mg..... 22
pyrimethamine tab 25 mg..... 32
PYRUKYND..... 73
PYRUKYND..... 73
PYRUKYND..... 73
PYRUKYND TAPER PACK..... 73
PYRUKYND TAPER PACK..... 73
PYRUKYND TAPER PACK..... 73
PYZCHIVA..... 91
PYZCHIVA..... 91
PYZCHIVA..... 91
PYZCHIVA..... 91

Q

QINLOCK..... 29
QUADRACEL..... 91
QUADRACEL..... 91
QUETIAPINE FUMARATE..... 38
quetiapine fumarate tab 100 mg..... 39
quetiapine fumarate tab 200 mg..... 39
quetiapine fumarate tab 25 mg..... 39
quetiapine fumarate tab 300 mg..... 39
quetiapine fumarate tab 400 mg..... 39

quetiapine fumarate tab 50 mg.....39
quetiapine fumarate tab er 24hr 150 mg.....39
quetiapine fumarate tab er 24hr 200 mg.....39
quetiapine fumarate tab er 24hr 300 mg.....39
quetiapine fumarate tab er 24hr 400 mg.....39
quetiapine fumarate tab er 24hr 50 mg.....39
quinapril hcl tab 10 mg.....61
quinapril hcl tab 20 mg.....61
quinapril hcl tab 40 mg.....61
quinapril hcl tab 5 mg.....61
quinapril-hydrochlorothiazide tab 10-12.5 mg.....61
quinapril-hydrochlorothiazide tab 20-12.5 mg.....61
quinapril-hydrochlorothiazide tab 20-25 mg.....61
QUINIDINE SULFATE.....61
QUINIDINE SULFATE.....61
quinine sulfate cap 324 mg.....32

R

RABAVERT.....91
rabeprazole sodium ec tab 20 mg.....72
RALDESY.....18
raloxifene hcl tab 60 mg.....82
ramelteon tab 8 mg.....101
ramipril cap 1.25 mg.....61
ramipril cap 10 mg.....61
ramipril cap 2.5 mg.....61
ramipril cap 5 mg.....61
ranolazine tab er 12hr 1000 mg.....61
ranolazine tab er 12hr 500 mg.....61
rasagiline mesylate tab 0.5 mg (base equiv).....33
rasagiline mesylate tab 1 mg (base equiv).....33
RASONQUE.....29
RASONQUE.....29
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....82
RECOMBIVAX HB.....91
RECOMBIVAX HB.....91
RECOMBIVAX HB.....91
RECOMBIVAX HB.....91
RECOMBIVAX HB.....91
RELENZA DISKHALER.....44
repaglinide tab 0.5 mg.....49
repaglinide tab 1 mg.....49
repaglinide tab 2 mg.....49
REPATHA.....61
REPATHA SURECLICK.....61
RETACRIT.....51
RETACRIT.....51
RETACRIT.....51
RETACRIT.....51
RETACRIT.....51
RETACRIT.....51
RETEVMO.....29
RETEVMO.....29
RETEVMO.....29
RETEVMO.....29
REVCOVI.....73
REVUFORJ.....29
REVUFORJ.....29
REVUFORJ.....29
REXTOVY.....4
REXULTI.....39
REXULTI.....39
REXULTI.....39
REXULTI.....39
REXULTI.....39
REXULTI.....39
REYATAZ.....44
REZDIFFRA.....73
REZDIFFRA.....73
REZDIFFRA.....73
REZLIDHIA.....29
REZUROCK.....91
ribavirin cap 200 mg.....44
ribavirin tab 200 mg.....44
RIDAURA.....91
rifabutin cap 150 mg.....22
rifampin cap 150 mg.....22
rifampin cap 300 mg.....22
rifampin for inj 600 mg.....22
rifapentine tab 150 mg.....22
rilpivirine hcl tab 25 mg (base equivalent).....44
riluzole tab 50 mg.....65
RINVOQ.....91
RINVOQ.....91
RINVOQ.....91
RINVOQ LQ.....91
risedronate sodium tab 150 mg.....94
risedronate sodium tab 30 mg.....94
risedronate sodium tab 35 mg.....94
risedronate sodium tab 5 mg.....94
risedronate sodium tab delayed release 35 mg.....94

risperidone microspheres for im extended rel susp 12.5 mg..... 39
risperidone microspheres for im extended rel susp 25 mg.....39
risperidone microspheres for im extended rel susp 37.5 mg..... 39
risperidone microspheres for im extended rel susp 50 mg.....39
RISPERIDONE ODT..... 39
risperidone orally disintegrating tab 0.5 mg.....39
risperidone orally disintegrating tab 1 mg.....40
risperidone orally disintegrating tab 2 mg.....40
risperidone orally disintegrating tab 3 mg.....40
risperidone orally disintegrating tab 4 mg.....40
risperidone soln 1 mg/ml..... 40
risperidone tab 0.25 mg.....40
risperidone tab 0.5 mg..... 40
risperidone tab 1 mg..... 40
risperidone tab 2 mg..... 40
risperidone tab 3 mg..... 40
risperidone tab 4 mg..... 40
ritonavir tab 100 mg..... 44
rivaroxaban tab 2.5 mg.....51
rivastigmine tartrate cap 1.5 mg (base equivalent).....15
rivastigmine tartrate cap 3 mg (base equivalent).....15
rivastigmine tartrate cap 4.5 mg (base equivalent).....15
rivastigmine tartrate cap 6 mg (base equivalent).....15
rivastigmine td patch 24hr 13.3 mg/24hr..... 15
rivastigmine td patch 24hr 4.6 mg/24hr.....15
rivastigmine td patch 24hr 9.5 mg/24hr.....15
rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....21
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....21
rizatriptan benzoate tab 10 mg (base equivalent).....21
rizatriptan benzoate tab 5 mg (base equivalent).....21
roflumilast tab 250 mcg.....99
roflumilast tab 500 mcg.....99
ROMVIMZA.....29
ROMVIMZA.....29
ROMVIMZA.....29
ropinirole hydrochloride tab 0.25 mg.....33
ropinirole hydrochloride tab 0.5 mg.....33
ropinirole hydrochloride tab 1 mg..... 33
ropinirole hydrochloride tab 2 mg..... 33
ropinirole hydrochloride tab 3 mg..... 33
ropinirole hydrochloride tab 4 mg..... 33
ropinirole hydrochloride tab 5 mg..... 33
rosuvastatin calcium tab 10 mg..... 61
rosuvastatin calcium tab 20 mg..... 61
rosuvastatin calcium tab 40 mg..... 61
rosuvastatin calcium tab 5 mg..... 61
ROTARIX.....91
ROTATEQ.....91
roweepra - levetiracetam tab 500 mg.....13
ROZLYTREK.....29
ROZLYTREK.....29
ROZLYTREK.....29
RUBRACA.....29
RUBRACA.....29
RUBRACA.....29
rufinamide susp 40 mg/ml..... 13
rufinamide tab 200 mg..... 13
rufinamide tab 400 mg..... 13
RUKOBIA..... 44
RYBELSUS..... 49
RYBELSUS..... 49
RYBELSUS..... 49
RYDAPT..... 29

S

sacubitril-valsartan tab 24-26 mg..... 61
sacubitril-valsartan tab 49-51 mg..... 61
sacubitril-valsartan tab 97-103 mg..... 61
SANTYL.....68
sapropterin dihydrochloride powder packet 100 mg.....73
SCEMBLIX..... 29
SCEMBLIX..... 29
SCEMBLIX..... 29
scopolamine td patch 72hr 1 mg/3days..... 19
SECUADO.....40
SECUADO.....40
SECUADO.....40
selegiline hcl cap 5 mg..... 33
selegiline hcl tab 5 mg..... 33
selenium sulfide lotion 2.5%.....68
SEREVENT DISKUS.....99
sertraline hcl oral concentrate for solution 20 mg/ml.....18
sertraline hcl tab 100 mg..... 18
sertraline hcl tab 25 mg..... 18

sertraline hcl tab 50 mg..... 18
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... 82
sevelamer carbonate tab 800 mg.....70
sharobel - norethindrone tab 0.35 mg.....82
SHINGRIX.....91
SHINGRIX.....91
SIGNIFOR.....86
SIGNIFOR.....86
SIGNIFOR.....86
sildenafil citrate tab 20 mg.....99
silver sulfadiazine cream 1%.....68
SIMLANDI.....91
SIMLANDI.....91
SIMLANDI 1-PEN KIT.....91
SIMLANDI 1-PEN KIT.....91
SIMLANDI 2-PEN KIT.....91
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... 82
simvastatin tab 10 mg.....61
simvastatin tab 20 mg.....61
simvastatin tab 40 mg.....61
simvastatin tab 5 mg.....61
simvastatin tab 80 mg.....61
sirolimus oral soln 1 mg/ml.....91
sirolimus tab 0.5 mg.....91
sirolimus tab 1 mg..... 92
sirolimus tab 2 mg..... 92
SIRTURO.....22
SIRTURO.....22
sitagliptin phosphate-metformin hcl tab 50-1000 mg.....49
sitagliptin phosphate-metformin hcl tab 50-500 mg.....49
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg..... 49
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg.....49
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg.....49
sitagliptin phosphate tab 100 mg (base equiv)..... 49
sitagliptin phosphate tab 25 mg (base equiv)..... 49
sitagliptin phosphate tab 50 mg (base equiv)..... 49
SKYLA.....74
SKYRIZI.....92
SKYRIZI.....92
SKYRIZI.....92
SKYRIZI.....92
SKYRIZI.....92
SKYRIZI PEN.....92
sodium chloride iv soln 0.45%..... 70
sodium chloride iv soln 0.9%..... 70
sodium oxybate oral solution 500 mg/ml.....101
sodium phenylbutyrate oral powder 3 gm/teaspoonful.....73
sodium phenylbutyrate tab 500 mg.....73
sodium polystyrene sulfonate powder.....70
sodium polystyrene sulfonate susp 15 gm/60ml.....71
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....72
solifenacin succinate tab 10 mg.....74
solifenacin succinate tab 5 mg.....74
SOLIQUA 100/33.....49
SOLTAMOX.....30
SOMAVERT..... 86
SOMAVERT..... 86
SOMAVERT..... 86
SOMAVERT..... 86
SOMAVERT..... 86
sorafenib tosylate tab 200 mg (base equivalent).....30
sotalol hcl (afib/afl) tab 120 mg.....61
sotalol hcl (afib/afl) tab 160 mg.....61
sotalol hcl (afib/afl) tab 80 mg.....61
sotalol hcl tab 120 mg.....62
sotalol hcl tab 160 mg.....62
sotalol hcl tab 240 mg.....62
sotalol hcl tab 80 mg.....61
SPIRIVA RESPIMAT.....99
SPIRIVA RESPIMAT.....99
spironolactone & hydrochlorothiazide tab 25-25 mg.....62
spironolactone tab 100 mg..... 62
spironolactone tab 25 mg..... 62
spironolactone tab 50 mg..... 62
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....82
SPRITAM..... 13
SPRITAM..... 13
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml.....71
sps - sodium polystyrene sulfonate susp 15 gm/60ml.....71
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....82
ssd - silver sulfadiazine cream 1%..... 68
STIOLTO RESPIMAT..... 99
STIVARGA.....30
STREPTOMYCIN SULFATE..... 9

STRIBILD..... 44
SUBVENITE..... 13
subvenite - lamotrigine tab 100 mg..... 13
subvenite - lamotrigine tab 150 mg..... 13
subvenite - lamotrigine tab 200 mg..... 13
subvenite - lamotrigine tab 25 mg..... 13
sucralfate tab 1 gm..... 72
sulfacetamide sodium lotion 10% (acne)..... 68
sulfacetamide sodium ophth soln 10%..... 95
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%..... 95
sulfadiazine tab 500 mg..... 9
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml..... 9
sulfamethoxazole-trimethoprim tab 400-80 mg..... 9
sulfamethoxazole-trimethoprim tab 800-160 mg..... 9
sulfasalazine tab 500 mg..... 94
sulfasalazine tab delayed release 500 mg..... 94
sulindac tab 150 mg..... 3
sulindac tab 200 mg..... 3
sumatriptan nasal spray 20 mg/act..... 22
sumatriptan nasal spray 5 mg/act..... 22
sumatriptan succinate inj 6 mg/0.5ml..... 22
sumatriptan succinate solution auto-injector 6 mg/0.5ml..... 22
sumatriptan succinate tab 100 mg..... 22
sumatriptan succinate tab 25 mg..... 22
sumatriptan succinate tab 50 mg..... 22
sunitinib malate cap 12.5 mg (base equivalent)..... 30
sunitinib malate cap 25 mg (base equivalent)..... 30
sunitinib malate cap 37.5 mg (base equivalent)..... 30
sunitinib malate cap 50 mg (base equivalent)..... 30
SUNLENCA..... 44
SUNLENCA..... 44
SUNLENCA..... 44
SUTAB..... 72
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg..... 82
SYMPAZAN..... 13
SYMPAZAN..... 13
SYMPAZAN..... 13
SYMTUZA..... 44
SYNJARDY..... 49
SYNJARDY..... 49
SYNJARDY..... 49
SYNJARDY..... 49
SYNJARDY XR..... 49
SYNJARDY XR..... 49
SYNJARDY XR..... 49
SYNJARDY XR..... 49
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85
SYNTHROID..... 85

T

TABLOID..... 30
TABRECTA..... 30
TABRECTA..... 30
tacrolimus cap 0.5 mg..... 92
tacrolimus cap 1 mg..... 92
tacrolimus cap 5 mg..... 92
tacrolimus oint 0.03%..... 68
tacrolimus oint 0.1%..... 69
tadalafil tab 2.5 mg..... 74
tadalafil tab 20 mg (pah)..... 99
tadalafil tab 5 mg..... 74
TAFINLAR..... 30
TAFINLAR..... 30
TAFINLAR..... 30
TAGRISSO..... 30
TAGRISSO..... 30
TALZENNA..... 30
TALZENNA..... 30
TALZENNA..... 30
TALZENNA..... 30
TALZENNA..... 30
TALZENNA..... 30
tamoxifen citrate tab 10 mg (base equivalent)..... 30
tamoxifen citrate tab 20 mg (base equivalent)..... 30
tamsulosin hcl cap 0.4 mg..... 74
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)..... 82
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg..... 82
TARPEYO..... 75
tasimelteon capsule 20 mg..... 101

tazarotene cream 0.1%.....69
TAZICEF.....9
tazicef - ceftazidime for inj 1 gm.....9
tazicef - ceftazidime for iv soln 1 gm.....9
tazicef - ceftazidime for iv soln 2 gm.....9
telmisartan-amlodipine tab 40-10 mg.....62
telmisartan-amlodipine tab 40-5 mg.....62
telmisartan-amlodipine tab 80-10 mg.....62
telmisartan-amlodipine tab 80-5 mg.....62
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....62
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....62
telmisartan-hydrochlorothiazide tab 80-25 mg.....62
telmisartan tab 20 mg.....62
telmisartan tab 40 mg.....62
telmisartan tab 80 mg.....62
TENIVAC.....92
tenofovir disoproxil fumarate tab 300 mg.....44
TEPMETKO.....30
terazosin hcl cap 10 mg (base equivalent).....62
terazosin hcl cap 1 mg (base equivalent).....62
terazosin hcl cap 2 mg (base equivalent).....62
terazosin hcl cap 5 mg (base equivalent).....62
terbinafine hcl tab 250 mg.....21
terconazole vaginal cream 0.4%.....21
terconazole vaginal cream 0.8%.....21
terconazole vaginal suppos 80 mg.....21
TERIPARATIDE.....94
TESTOSTERONE ENANTHATE.....82
testosterone td gel 12.5 mg/act (1%).....82
testosterone td gel 20.25 mg/1.25gm (1.62%).....82
testosterone td gel 20.25 mg/act (1.62%).....82
testosterone td gel 25 mg/2.5gm (1%).....82
testosterone td gel 40.5 mg/2.5gm (1.62%).....82
testosterone td gel 50 mg/5gm (1%).....82
tetrabenazine tab 12.5 mg.....65
tetrabenazine tab 25 mg.....65
tetracycline hcl cap 250 mg.....9
tetracycline hcl cap 500 mg.....9
THALOMID.....30
THALOMID.....30
theophylline tab er 12hr 300 mg.....100
theophylline tab er 12hr 450 mg.....100
theophylline tab er 24hr 400 mg.....100
theophylline tab er 24hr 600 mg.....100
thioridazine hcl tab 100 mg.....40
thioridazine hcl tab 10 mg.....40
thioridazine hcl tab 25 mg.....40
thioridazine hcl tab 50 mg.....40
thiothixene cap 10 mg.....40
thiothixene cap 1 mg.....40
thiothixene cap 2 mg.....40
thiothixene cap 5 mg.....40
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg.....62
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg.....62
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg.....62
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg.....62
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg.....62
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg.....62
tiagabine hcl tab 12 mg.....13
tiagabine hcl tab 16 mg.....13
tiagabine hcl tab 2 mg.....13
tiagabine hcl tab 4 mg.....13
TIBSOVO.....30
ticagrelor tab 60 mg.....51
ticagrelor tab 90 mg.....51
TICOVAC.....92
TICOVAC.....92
tigecycline for iv soln 50 mg.....9
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....82
timolol maleate ophth gel forming soln 0.25%.....96
timolol maleate ophth gel forming soln 0.5%.....96
timolol maleate ophth soln 0.25%.....96
timolol maleate ophth soln 0.5%.....96
timolol maleate tab 10 mg.....62
timolol maleate tab 20 mg.....62
timolol maleate tab 5 mg.....62
tinidazole tab 250 mg.....9
tinidazole tab 500 mg.....9
TIVICAY.....44
TIVICAY PD.....44
tizanidine hcl tab 2 mg (base equivalent).....41
tizanidine hcl tab 4 mg (base equivalent).....41

TOBI PODHALER....100
tobramycin-dexamethasone ophth susp 0.3-0.1%....96
tobramycin nebu soln 300 mg/5ml....100
tobramycin ophth soln 0.3%....96
TOBRAMYCIN SULFATE....9
tobramycin sulfate for inj 1.2 gm....9
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)....10
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)....10
tolterodine tartrate cap er 24hr 2 mg....74
tolterodine tartrate cap er 24hr 4 mg....74
tolterodine tartrate tab 1 mg....74
tolterodine tartrate tab 2 mg....74
tolvaptan tab 15 mg....71
tolvaptan tab 30 mg....71
topiramate oral soln 25 mg/ml....13
topiramate sprinkle cap 15 mg....13
topiramate sprinkle cap 25 mg....13
topiramate tab 100 mg....13
topiramate tab 200 mg....13
topiramate tab 25 mg....13
topiramate tab 50 mg....13
toremifene citrate tab 60 mg (base equivalent)....30
torpenz - everolimus tab 10 mg....30
torpenz - everolimus tab 2.5 mg....30
torpenz - everolimus tab 5 mg....30
torpenz - everolimus tab 7.5 mg....30
torsemide tab 100 mg....62
torsemide tab 10 mg....62
torsemide tab 20 mg....62
torsemide tab 5 mg....62
TOUJEO MAX SOLOSTAR....50
TOUJEO SOLOSTAR....50
TRADJENTA....50
tramadol-acetaminophen tab 37.5-325 mg....3
tramadol hcl tab 50 mg....3
tramadol hcl tab er 24hr 100 mg....3
tramadol hcl tab er 24hr 200 mg....3
tramadol hcl tab er 24hr 300 mg....3
trandolapril tab 1 mg....63
trandolapril tab 2 mg....63
trandolapril tab 4 mg....63
trandolapril-verapamil hcl tab er 1-240 mg....63
trandolapril-verapamil hcl tab er 2-180 mg....63
trandolapril-verapamil hcl tab er 2-240 mg....63
trandolapril-verapamil hcl tab er 4-240 mg....63
tranexamic acid tab 650 mg....51
tranylcypromine sulfate tab 10 mg....18
TRAVASOL....71
travoprost ophth soln 0.004% (benzalkonium free) (bak free)....96
trazodone hcl tab 100 mg....18
trazodone hcl tab 150 mg....18
trazodone hcl tab 300 mg....18
trazodone hcl tab 50 mg....18
TRELEGY ELLIPTA....100
TRELEGY ELLIPTA....100
TREMFYA....92
TREMFYA....92
TREMFYA....92
TREMFYA....92
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS....92
TREMFYA PEN....92
tretinoin cap 10 mg....30
tretinoin cream 0.025%....69
tretinoin cream 0.05%....69
tretinoin cream 0.1%....69
tretinoin gel 0.01%....69
tretinoin gel 0.025%....69
triamcinolone acetonide cream 0.025%....69
triamcinolone acetonide cream 0.1%....69
triamcinolone acetonide cream 0.5%....69
triamcinolone acetonide dental paste 0.1%....66
triamcinolone acetonide lotion 0.025%....69
triamcinolone acetonide lotion 0.1%....69
triamcinolone acetonide oint 0.025%....69
triamcinolone acetonide oint 0.1%....69
triamcinolone acetonide oint 0.5%....69
triamterene & hydrochlorothiazide cap 37.5-25 mg....63
triamterene & hydrochlorothiazide tab 37.5-25 mg....63
triamterene & hydrochlorothiazide tab 75-50 mg....63
tridacaine iii - lidocaine patch 5%....3
tridacaine ii - lidocaine patch 5%....3
triderm - triamcinolone acetonide cream 0.5%....69
trientine hcl cap 250 mg....71
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....82
trifluoperazine hcl tab 10 mg (base equivalent)....40

trifluoperazine hcl tab 1 mg (base equivalent)....40
trifluoperazine hcl tab 2 mg (base equivalent)....40
trifluoperazine hcl tab 5 mg (base equivalent)....40
TRIFLURIDINE....96
TRIKAFTA....100
TRIKAFTA....100
TRIKAFTA....100
TRIKAFTA....100
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg....82
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....82
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....82
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....82
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....83
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....83
trimethoprim tab 100 mg....10
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....83
trimipramine maleate cap 100 mg....18
trimipramine maleate cap 25 mg....18
trimipramine maleate cap 50 mg....18
TRINTELLIX....18
TRINTELLIX....18
TRINTELLIX....18
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....83
TRIUMEQ....44
TRIUMEQ PD....44
trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....83
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....83
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....83
TROPHAMINE....71
TRULICITY....50
TRULICITY....50
TRULICITY....50
TRULICITY....50
TRUMENBA....92
TRUQAP....30
TRUQAP....30
TRUQAP....30
TUKYSA....30
TUKYSA....31
TURALIO....31
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg....83
TWINRIX....92
TYENNE....92
TYENNE....92
TYPHIM VI....92

U

unithroid - levothyroxine sodium tab 100 mcg....85
unithroid - levothyroxine sodium tab 112 mcg....85
unithroid - levothyroxine sodium tab 125 mcg....85
unithroid - levothyroxine sodium tab 137 mcg....85
unithroid - levothyroxine sodium tab 150 mcg....85
unithroid - levothyroxine sodium tab 175 mcg....85
unithroid - levothyroxine sodium tab 200 mcg....85
unithroid - levothyroxine sodium tab 25 mcg....85
unithroid - levothyroxine sodium tab 300 mcg....85
unithroid - levothyroxine sodium tab 50 mcg....85
unithroid - levothyroxine sodium tab 75 mcg....85
unithroid - levothyroxine sodium tab 88 mcg....85
ursodiol cap 300 mg....72
ursodiol tab 250 mg....72
ursodiol tab 500 mg....72

V

valacyclovir hcl tab 1 gm....44
valacyclovir hcl tab 500 mg....44
VALCHLOR....31
valganciclovir hcl for soln 50 mg/ml (base equiv)....44
valganciclovir hcl tab 450 mg (base equivalent)....44
valproate sodium oral soln 250 mg/5ml (base equiv)....13
valproic acid cap 250 mg....13
valsartan-hydrochlorothiazide tab 160-12.5 mg....63
valsartan-hydrochlorothiazide tab 160-25 mg....63

valsartan-hydrochlorothiazide tab 320-12.5 mg....63
valsartan-hydrochlorothiazide tab 320-25 mg....63
valsartan-hydrochlorothiazide tab 80-12.5 mg....63
valsartan tab 160 mg....63
valsartan tab 320 mg....63
valsartan tab 40 mg....63
valsartan tab 80 mg....63
VALTOCO 10 MG DOSE....13
VALTOCO 15 MG DOSE....13
VALTOCO 20 MG DOSE....14
VALTOCO 5 MG DOSE....14
valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg....83
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg....83
vancomycin hcl cap 125 mg (base equivalent)....10
vancomycin hcl cap 250 mg (base equivalent)....10
vancomycin hcl for iv soln 100 gm (base equivalent)....10
vancomycin hcl for iv soln 10 gm (base equivalent)....10
vancomycin hcl for iv soln 1 gm (base equivalent)....10
vancomycin hcl for iv soln 500 mg (base equivalent)....10
vancomycin hcl for iv soln 5 gm (base equivalent)....10
vancomycin hcl for iv soln 750 mg (base equivalent)....10
VANFLYTA....31
VANFLYTA....31
VAQTA....92
VAQTA....92
VAQTA....92
VAQTA....92
varenicline tartrate tab 0.5 mg (base equiv)....4
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack....4
varenicline tartrate tab 1 mg (base equiv)....4
VARIVAX....92
VASCEPA....63
VASCEPA....63
VAXCHORA....92
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg....83
VELSIPITY....93
VENCLEXTA....31
VENCLEXTA....31
VENCLEXTA....31
VENCLEXTA STARTING PACK....31
venlafaxine hcl cap er 24hr 150 mg (base equivalent)....18
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)....18
venlafaxine hcl cap er 24hr 75 mg (base equivalent)....18
venlafaxine hcl tab 100 mg (base equivalent)....18
venlafaxine hcl tab 25 mg (base equivalent)....18
venlafaxine hcl tab 37.5 mg (base equivalent)....18
venlafaxine hcl tab 50 mg (base equivalent)....18
venlafaxine hcl tab 75 mg (base equivalent)....18
VENTOLIN HFA....100
VEPPANU....31
VEPPANU....31
verapamil hcl cap er 24hr 120 mg....63
verapamil hcl cap er 24hr 180 mg....63
verapamil hcl cap er 24hr 240 mg....63
verapamil hcl cap er 24hr 360 mg....63
verapamil hcl tab 120 mg....63
verapamil hcl tab 40 mg....63
verapamil hcl tab 80 mg....63
verapamil hcl tab er 120 mg....63
verapamil hcl tab er 180 mg....63
verapamil hcl tab er 240 mg....63
VERQUVO....63
VERQUVO....63
VERQUVO....63
VERSACLOZ....40
VERZENIO....31
VERZENIO....31
VERZENIO....31
VERZENIO....31
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg....83
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....83
vigabatrin powd pack 500 mg....14
vigabatrin tab 500 mg....14

vigadrone - vigabatrin powd pack 500 mg....14
vigadrone - vigabatrin tab 500 mg....14
VIGAFYDE....14
vigpoder - vigabatrin powd pack 500 mg....14
vilazodone hcl tab 10 mg....18
vilazodone hcl tab 20 mg....18
vilazodone hcl tab 40 mg....18
VIMKUNYA....93
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....83
VIRACEPT....44
VIRACEPT....44
VIREAD....44
VIREAD....44
VIREAD....44
VIREAD....44
VITRAKVI....31
VITRAKVI....31
VITRAKVI....31
VIVOTIF....93
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....83
VONJO....31
VOQUEZNA DUAL PAK....72
VOQUEZNA TRIPLE PAK....72
VORANIGO....31
VORANIGO....31
voriconazole for inj 200 mg....21
voriconazole for susp 40 mg/ml....21
voriconazole tab 200 mg....21
voriconazole tab 50 mg....21
VOSEVI....44
VOWST....72
VRAYLAR....40
VRAYLAR....40
VRAYLAR....40
VRAYLAR....40
VRAYLAR....41
VRAYLAR....41
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....83
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....83

W

warfarin sodium tab 10 mg....52
warfarin sodium tab 1 mg....51
warfarin sodium tab 2.5 mg....51
warfarin sodium tab 2 mg....51
warfarin sodium tab 3 mg....51
warfarin sodium tab 4 mg....52
warfarin sodium tab 5 mg....52
warfarin sodium tab 6 mg....52
warfarin sodium tab 7.5 mg....52
WEGOVY....63
WEGOVY....63
WEGOVY....63
WEGOVY....63
WEGOVY....64
WEGOVY....64
WEGOVY....64
WEGOVY....64
WEGOVY....64
WELIREG....73
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg....83
WINREVAIR....100
WINREVAIR....100
WINREVAIR....100
WINREVAIR....100
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act....100
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act....100
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act....100
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg....83

X

XALKORI....31
XALKORI....31
XALKORI....31
XALKORI....31
XALKORI....31
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg....83
XARELTO....52
XARELTO....52
XARELTO....52
XARELTO STARTER PACK....52
XATMEP....93
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XCOPRI....14
XDEMVY....96

xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 83
XERMELO 72
XIFAXAN 10
XIFAXAN 72
XIGDUO XR 50
XOLAIR 93
XOLAIR 93
XOLAIR 93
XOLAIR 93
XOLAIR 93
XOLAIR 93
XOLAIR 93
XOSPATA 31
XPOVIO 31
XPOVIO 31
XPOVIO 31
XPOVIO 31
XPOVIO 31
XPOVIO 31
XPOVIO 60 MG TWICE WEEKLY 31
XPOVIO 80 MG TWICE WEEKLY 31
XTANDI 32
XTANDI 32
XTANDI 32
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 83

Y

YESINTEK 93
YESINTEK 93
YESINTEK 93
YESINTEK 93
YF-VAX 93
YONSA 32
yulithira - everolimus tab 10 mg 32
yulithira - everolimus tab 2.5 mg 32
yulithira - everolimus tab 5 mg 32
yulithira - everolimus tab 7.5 mg 32
yuvafem - estradiol vaginal tab 10 mcg 83

Z

zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 83
zafirlukast tab 10 mg 100
zafirlukast tab 20 mg 100
zaleplon cap 10 mg 101
zaleplon cap 5 mg 101
ZARXIO 52
ZARXIO 52
ZEJULA 32
ZEJULA 32
ZEJULA 32
ZELBORAF 32
zenatane - isotretinoin cap 10 mg 69
zenatane - isotretinoin cap 20 mg 69
zenatane - isotretinoin cap 30 mg 69
zenatane - isotretinoin cap 40 mg 69
ZENBEXUS 32
ZENBEXUS 32
ZENPEP 73
ZENPEP 73
ZENPEP 73
ZENPEP 73
ZENPEP 73
ZENPEP 73
ZENPEP 74
ZENPEP 74
zenzedi - dextroamphetamine sulfate tab 10 mg 65
zenzedi - dextroamphetamine sulfate tab 5 mg 65
zidovudine cap 100 mg 44
zidovudine syrup 10 mg/ml 44
zidovudine tab 300 mg 44
ziprasidone hcl cap 20 mg 41
ziprasidone hcl cap 40 mg 41
ziprasidone hcl cap 60 mg 41
ziprasidone hcl cap 80 mg 41
ziprasidone mesylate for inj 20 mg (base equivalent) 41
ZOKINVY 74
ZOKINVY 74
ZOLINZA 32
zolpidem tartrate tab 10 mg 101
zolpidem tartrate tab 5 mg 101
ZONISADE 14
zonisamide cap 100 mg 14
zonisamide cap 25 mg 14
zonisamide cap 50 mg 14
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg 83
ZTALMY 14
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg 83
ZURZUVAE 19
ZURZUVAE 19
ZURZUVAE 19
ZYDELIG 32
ZYDELIG 32
ZYKADIA 32
ZYMFENTRA 1-PEN 93
ZYMFENTRA 2-PEN 93
ZYMFENTRA 2-SYRINGE 93

55 Water Street, New York, New York 10041-8190 | emblemhealth.com

EmblemHealth®

This formulary was updated on / Esta formulario se actualizó el / 该药物名册已于 10/05/2026 .

For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364** (TTY users should call **711)**. From Oct.1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Saturday from 8 a.m. to 8 p.m. or visit **emblemhealth.com/medicare**.

Para obtener información más reciente o para hacer otras preguntas, comuníquese con EmblemHealth Medicare HMO al **877-344-7364** (los usuarios de TTY deben llamar al **711)**. Del 1 de octubre al 31 de marzo, puede llamarnos los siete días de la semana de 8 a.m. a 8 p.m. Del 1 de abril al 30 de septiembre, puede llamarnos de lunes a sábado, de 8 a.m. a 8 p.m., o visite **emblemhealth.com/medicare**.

如需更多最新信息或有其他疑问，请联系安保联邦医疗保险（Medicare，即红蓝卡）HMO，电话：**877-344-7364**（TTY 用户应致电 **711**）。从 10 月 1 日至 3 月 31 日，您可以每周 7 天从 8 a.m. 至 8 p.m. 致电我们。从 4 月 1 日至 9 月 30 日，您可以周一至周六从 8 a.m. 至 8 p.m. 致电我们，或访问 **emblemhealth.com/medicare**。

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC and EmblemHealth Connecticut, LLC provide administrative services to the EmblemHealth companies.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company y Health Insurance Plan of Greater New York (HIP) son empresas de EmblemHealth. EmblemHealth Services Company, LLC y EmblemHealth Connecticut, LLC proporcionan servicios administrativos a las empresas de EmblemHealth.

安保健康保险计划、安保健康保险公司和大纽约健康保险 (HIP) 均为安保健康保险旗下公司。安保健康保险服务公司和 EmblemHealth Connecticut, LLC 向安保健康保险旗下各公司提供管理服务。