



2025

## Formulary

### (List of Covered Drugs)

Peak Advantage Summit (PPO)

Peak Advantage Vista (PPO)

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

25118, Version Number 17

This formulary was updated on 10/01/2025.

For more recent information or other questions, please contact Member Services at 1-866-270-3877 (TTY users should call 711), 24 hours a day, 7 days a week except for Thanksgiving and Christmas day, or visit [www.medicare.peakhealth.org](http://www.medicare.peakhealth.org).

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**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 Peak Health Insurance Corporation. When it refers to “plan” or “our plan,” it means Peak Health Insurance.

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## What is the Peak Health Insurance 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 Peak Health Insurance 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. Peak Health Insurance will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Peak Health Insurance network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the formulary change?

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

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness

reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

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

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

The enclosed formulary is current as of 10/01/2025 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. If non-maintenance changes are made to the formulary during the plan year, we will communicate these changes by mailing a Notice of Formulary Change and within the monthly explanation of benefits (EOB).

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

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

### **Medical Condition**

The formulary begins on page 11. 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, ANTIARRHYTHMICS. If you know what your drug is used for, look for the category name in the list that begins on 11. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 95. 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?**

Peak Health Insurance 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 us before you fill your prescriptions. If you don't get approval, we 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 ezetimibe. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. 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 restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Peak Health Insurance formulary?” on page 6 for information about how to request an exception.

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

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

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

- You can ask Member Services 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 Peak Health Insurance’s Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, 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 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, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

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

### **Level of Care Changes**

Peak Health Insurance's level of care transition process accounts for unplanned changes for members. In some instances, these changes may result in the prescribed drug regimen(s) not being available on our formulary. These instances usually occur when a member moves from one treatment setting to another. This could include members who:

- Enter long-term care (LTC) facilities with a discharge list of medications from the hospital with very short-term planning taken into account (e.g., less than 8 hours).
- Are discharged from a hospital to a home with very short-term planning taken into account.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to go back to their Part D plan formulary.
- Give up hospice status to revert to standard Medicare Part A and Part B benefits.
- End an LTC facility stay and return to their home.
- Are discharged from psychiatric hospitals with drug regimens that are highly tailored to them.

These changes often result in members and/or prescribers using our plan's exceptions and/or appeals processes. For these types of changes, we will make coverage determinations and re-determinations as quickly as the member's health requires.

Peak Health Insurance ensures proper medication continuance for members upon discharge from an LTC facility or other facilities to ensure an effective transition of care. This may include:

- A refill upon entrance to, or discharge from, an LTC facility. The current standard of care promotes caregivers receiving outpatient Part D prescriptions before discharge from a Part A stay. Members, through no fault of their own, may not have access to the balance of their prescription.
- Our plan allows the member to access a refill upon entrance to, or discharge from, an LTC facility.

To process these transition refills, the pharmacy may need to call us (phone numbers are on the back cover of this booklet). We can help the pharmacy process an override.

### **For more information**

For more detailed information about your Peak Health Insurance 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>.



## Peak Health Insurance Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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.

### Formulary Drug Tiers

The drug tier table provides the tier description (e.g., preferred generic) and corresponding member cost-share for prescription drugs corresponding to each drug tier at an in-network pharmacy. These co-payments apply during the initial coverage phase. For additional information on your plan, please refer to the Evidence of Coverage, or contact Member Services. Our contact information, along with the date our plan last updated the formulary, appears on the front and back cover pages.

### Peak Health Insurance Formulary Drug Tiers and Cost-Sharing Amounts for 2025:

| Tier                            | 30-Day Supply             |                          |                     | 90-Day Supply             |                          |                     |
|---------------------------------|---------------------------|--------------------------|---------------------|---------------------------|--------------------------|---------------------|
|                                 | Preferred Retail Pharmacy | Standard Retail Pharmacy | Mail-Order Pharmacy | Preferred Retail Pharmacy | Standard Retail Pharmacy | Mail-Order Pharmacy |
| Tier 1 - Preferred Generic      | \$0                       | \$15                     | \$0                 | \$0                       | \$45                     | \$0                 |
| Tier 2 - Generic                | \$4                       | \$20                     | \$4                 | \$12                      | \$60                     | \$12                |
| Tier 3 - Preferred Brand        | \$42                      | \$47                     | \$42                | \$126                     | \$141                    | \$126               |
| Tier 4 - Non-Preferred Brand    | \$95                      | \$100                    | \$95                | \$285                     | \$300                    | \$285               |
| Tier 5 – Specialty <sup>a</sup> | 33% coinsurance           | 33% coinsurance          | Not offered         | Not offered               | Not offered              | Not offered         |
| Insulins                        | \$35                      | \$35                     | \$35                | \$105                     | \$105                    | \$105               |

**a:** Tier 5 Specialty drugs are limited to a 30-day supply per fill.

**Note:** Drugs are provided in a Long-Term Care Facility (LTC) for up to a 31-day supply.

## List of Abbreviations:

- **Prior Authorization (PA):** The Plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from The Plan before you fill your prescriptions. If you don't get approval, The Plan may not cover the drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA\_BvD):** This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from The Plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, The Plan may not cover this drug.
- **Prior Authorization Restriction for New Starts Only (PA\_NSO):** If this drug is new to you, you (or your physician) are required to get prior authorization from The Plan before you fill your prescription for this drug. Without prior approval, The Plan may not cover this drug.
- **Step Therapy (ST):** In some cases, The Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, The Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, The Plan will then cover Drug B.
- **Step Therapy for New Starts Only (ST\_NSO):** If this drug is new to you, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **Quantity Limits (QL):** For certain drugs, The Plan limits the amount of the drug that The Plan will cover. This could include a: per fill, daily, monthly, or yearly limitation.
- **Insulins (INS):** Insulin products at a maximum \$35 per month.
- **Vaccine (VAC):** Medicare Part D Vaccines covered at \$0.
- **Non-Extended Day Supply (NDS):** You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via mail order at a reduced cost share. Drugs noted with "NDS" are limited to a 1-month supply for both Retail and Mail Order.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>          |           |                     |
| <b>AMPHETAMINES</b>   |           |                     |
| <i>amphetamine/dextroamphetamine 10mg er cap</i>              | 1         | QL=30 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 10mg tab</i>                 | 1         | QL=60 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 12.5mg tab</i>               | 1         | QL=60 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 15mg er cap</i>              | 1         | QL=30 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 15mg tab</i>                 | 1         | QL=60 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 20mg er cap</i>              | 1         | QL=30 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 20mg tab</i>                 | 1         | QL=90 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 25mg er cap</i>              | 1         | QL=30 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 30mg er cap</i>              | 1         | QL=30 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 30mg tab</i>                 | 1         | QL=60 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 5mg er cap</i>               | 1         | QL=30 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 5mg tab</i>                  | 1         | QL=60 EA/30 Days    |
| <i>amphetamine/dextroamphetamine 7.5mg tab</i>                | 1         | QL=60 EA/30 Days    |
| <i>dextroamphetamine sulfate 10mg tab</i>                     | 1         |                     |
| <i>dextroamphetamine sulfate 5mg tab</i>                      | 1         |                     |
| <i>lisdexamfetamine dimesylate 10mg cap</i>                   | 2         |                     |
| <i>lisdexamfetamine dimesylate 20mg cap</i>                   | 2         |                     |
| <i>lisdexamfetamine dimesylate 30mg cap</i>                   | 2         |                     |
| <i>lisdexamfetamine dimesylate 40mg cap</i>                   | 2         |                     |
| <i>lisdexamfetamine dimesylate 50mg cap</i>                   | 2         |                     |
| <i>lisdexamfetamine dimesylate 60mg cap</i>                   | 2         |                     |
| <i>lisdexamfetamine dimesylate 70mg cap</i>                   | 2         |                     |
| <b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b> |           |                     |
| <i>atomoxetine 100mg cap</i>                                  | 1         | QL=60 EA/30 Days    |
| <i>atomoxetine 10mg cap</i>                                   | 1         | QL=60 EA/30 Days    |
| <i>atomoxetine 18mg cap</i>                                   | 1         | QL=60 EA/30 Days    |
| <i>atomoxetine 25mg cap</i>                                   | 1         | QL=60 EA/30 Days    |
| <i>atomoxetine 40mg cap</i>                                   | 1         | QL=60 EA/30 Days    |
| <i>atomoxetine 60mg cap</i>                                   | 1         | QL=60 EA/30 Days    |
| <i>atomoxetine 80mg cap</i>                                   | 1         | QL=60 EA/30 Days    |
| <i>clonidine 0.1mg er tab</i>                                 | 1         |                     |
| <i>guanfacine 1mg er tab</i>                                  | 1         |                     |
| <i>guanfacine 2mg er tab</i>                                  | 1         |                     |
| <i>guanfacine 3mg er tab</i>                                  | 1         |                     |
| <i>guanfacine 4mg er tab</i>                                  | 1         |                     |
| <b>STIMULANTS - MISC.</b>                                     |           |                     |
| <i>armodafinil 150mg tab</i>                                  | 1         | PA QL=30 EA/30 Days |
| <i>armodafinil 200mg tab</i>                                  | 1         | PA QL=30 EA/30 Days |
| <i>armodafinil 250mg tab</i>                                  | 1         | PA QL=30 EA/30 Days |
| <i>armodafinil 50mg tab</i>                                   | 1         | PA QL=30 EA/30 Days |
| <i>dexmethylphenidate 10mg tab</i>                            | 1         | QL=60 EA/30 Days    |
| <i>dexmethylphenidate 2.5mg tab</i>                           | 1         | QL=60 EA/30 Days    |
| <i>dexmethylphenidate 5mg tab</i>                             | 1         | QL=60 EA/30 Days    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

| DRUG NAME                                  | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| <i>methylphenidate 10mg er tab</i>         | 1         | QL=90 EA/30 Days         |
| <i>methylphenidate 10mg tab</i>            | 1         | QL=90 EA/30 Days         |
| <i>methylphenidate 18mg er osmotic tab</i> | 2         | QL=30 EA/30 Days         |
| METHYLPHENIDATE 18MG ER TAB                | 2         | QL=30 EA/30 Days         |
| <i>methylphenidate 1mg/ml oral soln</i>    | 2         | QL=1800 ML/30 Days       |
| <i>methylphenidate 20mg er tab</i>         | 1         | QL=90 EA/30 Days         |
| <i>methylphenidate 20mg tab</i>            | 1         | QL=90 EA/30 Days         |
| <i>methylphenidate 27mg er osmotic tab</i> | 2         | QL=30 EA/30 Days         |
| <i>methylphenidate 27mg er tab</i>         | 2         | QL=30 EA/30 Days         |
| <i>methylphenidate 2mg/ml oral soln</i>    | 2         | QL=900 ML/30 Days        |
| <i>methylphenidate 36mg er osmotic tab</i> | 2         | QL=30 EA/30 Days         |
| <i>methylphenidate 36mg er tab</i>         | 2         | QL=30 EA/30 Days         |
| <i>methylphenidate 54mg er osmotic tab</i> | 2         | QL=30 EA/30 Days         |
| <i>methylphenidate 54mg er tab</i>         | 2         | QL=30 EA/30 Days         |
| <i>methylphenidate 5mg tab</i>             | 1         | QL=90 EA/30 Days         |
| <i>modafinil 100mg tab</i>                 | 1         | PA QL=60 EA/30 Days      |
| <i>modafinil 200mg tab</i>                 | 1         | PA QL=60 EA/30 Days      |
| <b>AMINOGLYCOSIDES</b>                     |           |                          |
| <b>AMINOGLYCOSIDES</b>                     |           |                          |
| <i>amikacin 250mg/ml inj</i>               | 2         |                          |
| ARIKAYCE 590MG/8.4ML INH SUSP              | 5         | NDS PA QL=252 ML/30 Days |
| GENTAMICIN 0.8MG/ML INJ                    | 2         |                          |
| GENTAMICIN 1.2MG/ML INJ                    | 2         |                          |
| GENTAMICIN 1.6MG/ML INJ                    | 2         |                          |
| GENTAMICIN 1MG/ML INJ                      | 2         |                          |
| <i>gentamicin 40mg/ml inj</i>              | 2         |                          |
| <i>neomycin sulfate 500mg tab</i>          | 1         |                          |
| STREPTOMYCIN 1GM INJ                       | 2         |                          |
| TOBRAMYCIN 10MG/ML INJ                     | 2         |                          |
| <i>tobramycin 300mg/5ml inh soln</i>       | 1         | PA QL=300 ML/30 Days     |
| <i>tobramycin 80mg/2ml inj</i>             | 2         |                          |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>      |           |                          |
| <b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>   |           |                          |
| <i>leflunomide 10mg tab</i>                | 1         |                          |
| <i>leflunomide 20mg tab</i>                | 1         |                          |
| OLUMIANT 1MG TAB                           | 5         | NDS PA QL=30 EA/30 Days  |
| OLUMIANT 2MG TAB                           | 5         | NDS PA QL=30 EA/30 Days  |
| OLUMIANT 4MG TAB                           | 5         | NDS PA QL=30 EA/30 Days  |
| RINVOQ 15MG ER TAB                         | 5         | NDS PA QL=30 EA/30 Days  |
| RINVOQ 1MG/ML ORAL SOLN                    | 5         | NDS PA QL=360 ML/30 Days |
| RINVOQ 30MG ER TAB                         | 5         | NDS PA QL=30 EA/30 Days  |
| RINVOQ 45MG ER TAB                         | 5         | NDS PA QL=30 EA/30 Days  |
| XELJANZ 10MG TAB                           | 5         | NDS PA QL=60 EA/30 Days  |
| XELJANZ 1MG/ML ORAL SOLN                   | 5         | NDS PA QL=300 ML/30 Days |
| XELJANZ 5MG TAB                            | 5         | NDS PA QL=60 EA/30 Days  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS       |
|---|-----------|---------------------------|
| XELJANZ XR 11MG TAB                                   | 5         | NDS PA QL=30 EA/30 Days   |
| XELJANZ XR 22MG TAB                                   | 5         | NDS PA QL=30 EA/30 Days   |
| <b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>         |           |                           |
| ADALIMUMAB-AATY 100MG/ML (0.2ML) SYRINGE              | 5         | NDS PA QL=1 EA/28 Days    |
| ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE              | 5         | NDS PA QL=3 EA/28 Days    |
| ADALIMUMAB-AATY 100MG/ML AUTO-INJECTOR (0.4ML)        | 5         | NDS PA QL=3 EA/28 Days    |
| ADALIMUMAB-AATY 100MG/ML AUTO-INJECTOR (0.8ML)        | 5         | NDS PA QL=2 EA/28 Days    |
| ADALIMUMAB-AATY 80MG/0.8ML AUTO-INJECTOR PACK (3)     | 5         | PA QL=3 EA/180 Days       |
| CIMZIA 200MG INJ                                      | 5         | NDS PA QL=2 EA/28 Days    |
| CIMZIA 200MG/ML SYRINGE                               | 5         | NDS PA QL=2 EA/28 Days    |
| ENBREL 25MG/0.5ML INJ                                 | 5         | NDS PA QL=8 ML/28 Days    |
| ENBREL 25MG/0.5ML SYRINGE                             | 5         | NDS PA QL=8 ML/28 Days    |
| ENBREL 50MG/ML AUTO-INJECTOR                          | 5         | NDS PA QL=8 ML/28 Days    |
| ENBREL 50MG/ML CARTRIDGE                              | 5         | NDS PA QL=8 ML/28 Days    |
| ENBREL 50MG/ML SYRINGE                                | 5         | NDS PA QL=8 ML/28 Days    |
| HADLIMA 40MG/0.4ML AUTO-INJECTOR                      | 5         | NDS PA QL=2.40 ML/28 Days |
| HADLIMA 40MG/0.4ML SYRINGE                            | 5         | NDS PA QL=2.40 ML/28 Days |
| HADLIMA 40MG/0.8ML AUTO-INJECTOR                      | 5         | NDS PA QL=4.80 ML/28 Days |
| HADLIMA 40MG/0.8ML SYRINGE                            | 5         | NDS PA QL=4.80 ML/28 Days |
| SIMLANDI 20MG/0.2ML SYRINGE                           | 5         | NDS PA QL=2 EA/28 Days    |
| SIMLANDI 40MG/0.4ML AUTO-INJECTOR                     | 5         | NDS PA QL=6 EA/28 Days    |
| SIMLANDI 40MG/0.4ML SYRINGE                           | 5         | NDS PA QL=6 EA/28 Days    |
| SIMLANDI 80MG/0.8ML AUTO-INJECTOR                     | 5         | NDS PA QL=2 EA/28 Days    |
| SIMLANDI 80MG/0.8ML SYRINGE                           | 5         | NDS PA QL=2 EA/28 Days    |
| <b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>              |           |                           |
| ACTEMRA 162MG/0.9ML AUTO-INJECTOR                     | 5         | NDS PA QL=3.60 ML/28 Days |
| ACTEMRA 162MG/0.9ML SYRINGE                           | 5         | NDS PA QL=3.60 ML/28 Days |
| KEVZARA 150MG/1.14ML AUTO-INJECTOR                    | 5         | NDS PA QL=2.28 ML/28 Days |
| KEVZARA 150MG/1.14ML SYRINGE                          | 5         | NDS PA QL=2.28 ML/28 Days |
| KEVZARA 200MG/1.14ML AUTO-INJECTOR                    | 5         | NDS PA QL=2.28 ML/28 Days |
| KEVZARA 200MG/1.14ML SYRINGE                          | 5         | NDS PA QL=2.28 ML/28 Days |
| TYENNE 162MG/0.9ML AUTO-INJECTOR                      | 5         | NDS PA QL=3.60 ML/28 Days |
| TYENNE 162MG/0.9ML SYRINGE                            | 5         | NDS PA QL=3.60 ML/28 Days |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b> |           |                           |
| <i>celecoxib 100mg cap</i>                            | 1         |                           |
| <i>celecoxib 200mg cap</i>                            | 1         |                           |
| <i>celecoxib 400mg cap</i>                            | 1         |                           |
| <i>celecoxib 50mg cap</i>                             | 1         |                           |
| <i>diclofenac potassium 50mg tab</i>                  | 1         |                           |
| <i>diclofenac sodium 1.5% topical soln</i>            | 2         | QL=300 ML/30 Days         |
| <i>diclofenac sodium 100mg er tab</i>                 | 1         |                           |
| <i>diclofenac sodium 25mg dr tab</i>                  | 1         |                           |

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| <b>DRUG NAME</b>                          | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>diclofenac sodium 50mg dr tab</i>      | 1                |                            |
| <i>diclofenac sodium 75mg dr tab</i>      | 1                |                            |
| <i>diflunisal 500mg tab</i>               | 1                |                            |
| <i>etodolac 200mg cap</i>                 | 1                |                            |
| <i>etodolac 300mg cap</i>                 | 1                |                            |
| <i>etodolac 400mg tab</i>                 | 1                |                            |
| <i>etodolac 500mg tab</i>                 | 1                |                            |
| <b>FLURBIPROFEN 100MG TAB</b>             | 1                |                            |
| <i>ibu 600mg tab</i>                      | 1                |                            |
| <i>ibu 800mg tab</i>                      | 1                |                            |
| <i>ibuprofen 400mg tab</i>                | 1                |                            |
| <i>ibuprofen 600mg tab</i>                | 1                |                            |
| <i>ibuprofen 800mg tab</i>                | 1                |                            |
| <i>indomethacin 25mg cap</i>              | 1                |                            |
| <i>indomethacin 50mg cap</i>              | 1                |                            |
| <i>indomethacin 75mg er cap</i>           | 1                |                            |
| <i>ketorolac tromethamine 10mg tab</i>    | 1                | QL=20 EA/5 Days            |
| <i>meloxicam 15mg tab</i>                 | 1                |                            |
| <i>meloxicam 7.5mg tab</i>                | 1                |                            |
| <i>nabumetone 500mg tab</i>               | 1                |                            |
| <i>nabumetone 750mg tab</i>               | 1                |                            |
| <i>naproxen 250mg tab</i>                 | 1                |                            |
| <i>naproxen 375mg dr tab</i>              | 2                |                            |
| <i>naproxen 375mg tab</i>                 | 1                |                            |
| <i>naproxen 500mg tab</i>                 | 1                |                            |
| <i>naproxen sodium 275mg tab</i>          | 2                |                            |
| <i>naproxen sodium 550mg tab</i>          | 2                |                            |
| <i>oxaprozin 600mg tab</i>                | 2                |                            |
| <i>piroxicam 10mg cap</i>                 | 1                |                            |
| <i>piroxicam 20mg cap</i>                 | 1                |                            |
| <i>sulindac 150mg tab</i>                 | 1                |                            |
| <i>sulindac 200mg tab</i>                 | 1                |                            |
| <b>SELECTIVE COSTIMULATION MODULATORS</b> |                  |                            |
| <b>ORENCIA 125MG/ML AUTO-INJECTOR</b>     | 5                | NDS PA QL=4 ML/28 Days     |
| <b>ORENCIA 125MG/ML SYRINGE</b>           | 5                | NDS PA QL=4 ML/28 Days     |
| <b>ORENCIA 50MG/0.4ML SYRINGE</b>         | 5                | NDS PA QL=1.60 ML/28 Days  |
| <b>ORENCIA 87.5MG/0.7ML SYRINGE</b>       | 5                | NDS PA QL=2.80 ML/28 Days  |
| <b>ANALGESICS - OPIOID</b>                |                  |                            |
| <b>OPIOID AGONISTS</b>                    |                  |                            |
| <i>fentanyl 100mcg/hr patch</i>           | 2                | QL=10 EA/30 Days           |
| <i>fentanyl 12mcg/hr patch</i>            | 2                | QL=10 EA/30 Days           |
| <i>fentanyl 25mcg/hr patch</i>            | 2                | QL=10 EA/30 Days           |
| <i>fentanyl 50mcg/hr patch</i>            | 2                | QL=10 EA/30 Days           |
| <i>fentanyl 75mcg/hr patch</i>            | 2                | QL=10 EA/30 Days           |
| <i>hydromorphone 2mg tab</i>              | 1                | QL=450 EA/30 Days          |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>hydromorphone 4mg tab</i>  | 1         | QL=240 EA/30 Days   |
| <i>hydromorphone 8mg tab</i>  | 1         | QL=120 EA/30 Days   |
| <i>methadone 10mg tab</i>   | 1         | QL=360 EA/30 Days   |
| METHADONE 1MG/ML ORAL SOLN  | 1         | QL=3600 ML/30 Days  |
| METHADONE 2MG/ML ORAL SOLN  | 1         | QL=1800 ML/30 Days  |
| <i>methadone 5mg tab</i>  | 1         | QL=360 EA/30 Days   |
| <i>morphine sulfate 100mg er tab</i>                                    | 1         | QL=120 EA/30 Days   |
| <i>morphine sulfate 15mg er tab</i>                                     | 1         | QL=120 EA/30 Days   |
| <i>morphine sulfate 15mg tab</i>  | 1         | QL=180 EA/30 Days   |
| <i>morphine sulfate 200mg er tab</i>                                    | 1         | QL=120 EA/30 Days   |
| <i>morphine sulfate 20mg/ml oral soln</i>                               | 1         | QL=180 ML/30 Days   |
| MORPHINE SULFATE 2MG/ML ORAL SOLN                                       | 1         | QL=1800 ML/30 Days  |
| <i>morphine sulfate 30mg er tab</i>                                     | 1         | QL=120 EA/30 Days   |
| <i>morphine sulfate 30mg tab</i>  | 1         | QL=180 EA/30 Days   |
| MORPHINE SULFATE 4MG/ML ORAL SOLN                                       | 1         | QL=900 ML/30 Days   |
| <i>morphine sulfate 60mg er tab</i>                                     | 1         | QL=120 EA/30 Days   |
| <i>oxycodone 10mg tab</i>   | 1         | QL=180 EA/30 Days   |
| <i>oxycodone 15mg tab</i>   | 1         | QL=180 EA/30 Days   |
| <i>oxycodone 1mg/ml oral soln</i>                                       | 2         | QL=5400 ML/30 Days  |
| <i>oxycodone 20mg tab</i>   | 1         | QL=180 EA/30 Days   |
| <i>oxycodone 30mg tab</i>   | 1         | QL=180 EA/30 Days   |
| <i>oxycodone 5mg tab</i>  | 1         | QL=360 EA/30 Days   |
| OXYCONTIN 10MG ER TAB   | 3         | QL=60 EA/30 Days    |
| OXYCONTIN 15MG ER TAB   | 3         | QL=60 EA/30 Days    |
| OXYCONTIN 20MG ER TAB   | 3         | QL=60 EA/30 Days    |
| OXYCONTIN 30MG ER TAB   | 3         | QL=60 EA/30 Days    |
| OXYCONTIN 40MG ER TAB   | 3         | QL=60 EA/30 Days    |
| OXYCONTIN 60MG ER TAB   | 3         | QL=60 EA/30 Days    |
| OXYCONTIN 80MG ER TAB   | 3         | QL=60 EA/30 Days    |
| <i>tramadol 100mg er tab</i>  | 2         | QL=30 EA/30 Days    |
| <i>tramadol 200mg er tab</i>  | 2         | QL=30 EA/30 Days    |
| <i>tramadol 300mg er tab</i>  | 2         | QL=30 EA/30 Days    |
| <i>tramadol 50mg tab</i>  | 1         | QL=240 EA/30 Days   |
| <b>OPIOID COMBINATIONS</b>  |           |                     |
| <i>codeine phosphate/acetaminophen 15-300mg tab</i>                     | 1         | QL=390 EA/30 Days   |
| CODEINE PHOSPHATE/ACETAMINOPHEN<br>2.4-24MG/ML ORAL SOLN                | 1         | QL=4980 ML/30 Days  |
| <i>codeine phosphate/acetaminophen 30-300mg tab</i>                     | 1         | QL=390 EA/30 Days   |
| <i>codeine phosphate/acetaminophen 60-300mg tab</i>                     | 1         | QL=390 EA/30 Days   |
| <i>endocet 10-325mg tab</i>   | 1         | QL=360 EA/30 Days   |
| <i>endocet 2.5-325mg tab</i>  | 1         | QL=360 EA/30 Days   |
| <i>endocet 5-325mg tab</i>  | 1         | QL=360 EA/30 Days   |
| <i>endocet 7.5-325mg tab</i>  | 1         | QL=360 EA/30 Days   |
| <i>hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml<br/>oral soln</i> | 1         | QL=5400 ML/30 Days  |

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| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i>  | 1                | QL=360 EA/30 Days          |
| <i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i>   | 1                | QL=360 EA/30 Days          |
| <i>hydrocodone bitartrate/acetaminophen 7.5-325mg tab</i> | 1                | QL=360 EA/30 Days          |
| <i>hydrocodone bitartrate/ibuprofen 7.5-200mg tab</i>     | 2                | QL=480 EA/30 Days          |
| <i>oxycodone/acetaminophen 10-325mg tab</i>               | 1                | QL=360 EA/30 Days          |
| <i>oxycodone/acetaminophen 2.5-325mg tab</i>              | 1                | QL=360 EA/30 Days          |
| <i>oxycodone/acetaminophen 5-325mg tab</i>                | 1                | QL=360 EA/30 Days          |
| <i>oxycodone/acetaminophen 7.5-325mg tab</i>              | 1                | QL=360 EA/30 Days          |
| <i>tramadol/acetaminophen 37.5-325mg tab</i>              | 1                | QL=360 EA/30 Days          |
| <b>OPIOID PARTIAL AGONISTS</b>                            |                  |                            |
| <i>buprenorphine 10mcg/hr weekly patch</i>                | 2                | QL=4 EA/28 Days            |
| <i>buprenorphine 15mcg/hr weekly patch</i>                | 2                | QL=4 EA/28 Days            |
| <i>buprenorphine 20mcg/hr weekly patch</i>                | 2                | QL=4 EA/28 Days            |
| <i>buprenorphine 2mg sl tab</i>                           | 1                | QL=90 EA/30 Days           |
| <i>buprenorphine 5mcg/hr weekly patch</i>                 | 2                | QL=4 EA/28 Days            |
| <i>buprenorphine 7.5mcg/hr weekly patch</i>               | 2                | QL=4 EA/28 Days            |
| <i>buprenorphine 8mg sl tab</i>                           | 1                | QL=90 EA/30 Days           |
| <i>buprenorphine/naloxone 12-3mg sl film</i>              | 1                | QL=60 EA/30 Days           |
| <i>buprenorphine/naloxone 2-0.5mg sl film</i>             | 1                | QL=90 EA/30 Days           |
| <i>buprenorphine/naloxone 2-0.5mg sl tab</i>              | 1                | QL=90 EA/30 Days           |
| <i>buprenorphine/naloxone 4-1mg sl film</i>               | 1                | QL=90 EA/30 Days           |
| <i>buprenorphine/naloxone 8-2mg sl film</i>               | 1                | QL=90 EA/30 Days           |
| <i>buprenorphine/naloxone 8-2mg sl tab</i>                | 1                | QL=90 EA/30 Days           |
| <b>ANDROGENS-ANABOLIC</b>                                 |                  |                            |
| <b>ANDROGENS</b>  |                  |                            |
| <i>danazol 100mg cap</i>                                  | 2                |                            |
| <i>danazol 200mg cap</i>                                  | 2                |                            |
| <i>danazol 50mg cap</i>                                   | 2                |                            |
| <i>depo-testosterone 100mg/ml inj</i>                     | 1                |                            |
| <i>depo-testosterone 200mg/ml inj</i>                     | 1                |                            |
| <i>testosterone 1% (12.5mg/act) gel pump</i>              | 2                | PA QL=300 GM/30 Days       |
| <i>testosterone 1% (25mg) gel packet</i>                  | 2                | PA QL=300 GM/30 Days       |
| <i>testosterone 1% (50mg) gel packet</i>                  | 2                | PA QL=300 GM/30 Days       |
| TESTOSTERONE 1.62% (1.25GM) GEL PACKET                    | 2                | PA QL=75 GM/30 Days        |
| <i>testosterone 1.62% (2.5gm) gel packet</i>              | 2                | PA QL=150 GM/30 Days       |
| <i>testosterone 1.62% (20.25mg/act) gel pump</i>          | 2                | PA QL=150 GM/30 Days       |
| <i>testosterone 30mg/act topical soln</i>                 | 2                | PA QL=180 ML/30 Days       |
| <i>testosterone cypionate 100mg/ml inj</i>                | 1                |                            |
| <i>testosterone cypionate 200mg/ml (1ml) inj</i>          | 1                |                            |
| <i>testosterone cypionate 200mg/ml inj</i>                | 1                |                            |
| TESTOSTERONE ENANTHATE 200MG/ML INJ                       | 2                |                            |
| <b>ANORECTAL AND RELATED PRODUCTS</b>                     |                  |                            |
| <b>INTRARECTAL STEROIDS</b>                               |                  |                            |
| <i>budesonide 2mg/act rectal foam</i>                     | 2                | PA                         |
| <i>hydrocortisone 1.67mg/ml enema</i>                     | 2                |                            |

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| DRUG NAME                                  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b>RECTAL STEROIDS</b>                     |           |                     |
| <i>hydrocortisone 2.5% cream</i>           | 1         | QL=60 GM/30 Days    |
| <i>procto-med 2.5% cream</i>               | 1         | QL=60 GM/30 Days    |
| <i>proctosol 2.5% cream</i>                | 1         | QL=60 GM/30 Days    |
| <i>proctozone hc 2.5% cream</i>            | 1         | QL=60 GM/30 Days    |
| <b>VASODILATING AGENTS</b>                 |           |                     |
| <i>nitroglycerin 0.4% rectal ointment</i>  | 2         | QL=30 GM/30 Days    |
| <b>ANTHELMINTICS</b>                       |           |                     |
| <b>ANTHELMINTICS</b>                       |           |                     |
| <i>albendazole 200mg tab</i>               | 2         |                     |
| <i>ivermectin 3mg tab</i>                  | 2         | PA QL=15 EA/90 Days |
| <i>praziquantel 600mg tab</i>              | 2         |                     |
| <b>ANTIANGINAL AGENTS</b>                  |           |                     |
| <b>NITRATES</b>                            |           |                     |
| <i>isosorbide dinitrate 10mg tab</i>       | 1         |                     |
| <i>isosorbide dinitrate 20mg tab</i>       | 1         |                     |
| <i>isosorbide dinitrate 30mg tab</i>       | 1         |                     |
| <i>isosorbide dinitrate 5mg tab</i>        | 1         |                     |
| ISOSORBIDE MONONITRATE 10MG TAB            | 1         |                     |
| <i>isosorbide mononitrate 120mg er tab</i> | 1         |                     |
| ISOSORBIDE MONONITRATE 20MG TAB            | 1         |                     |
| <i>isosorbide mononitrate 30mg er tab</i>  | 1         |                     |
| <i>isosorbide mononitrate 60mg er tab</i>  | 1         |                     |
| NITRO-BID 2% OINTMENT                      | 2         |                     |
| <i>nitroglycerin 0.1mg/hr patch</i>        | 1         |                     |
| <i>nitroglycerin 0.2mg/hr patch</i>        | 1         |                     |
| <i>nitroglycerin 0.3mg sl tab</i>          | 1         |                     |
| <i>nitroglycerin 0.4mg sl tab</i>          | 1         |                     |
| <i>nitroglycerin 0.4mg/hr patch</i>        | 1         |                     |
| <i>nitroglycerin 0.6mg sl tab</i>          | 1         |                     |
| <i>nitroglycerin 0.6mg/hr patch</i>        | 1         |                     |
| <b>ANTIAXIETY AGENTS</b>                   |           |                     |
| <b>ANTIAXIETY AGENTS - MISC.</b>           |           |                     |
| <i>bupirone 10mg tab</i>                   | 1         |                     |
| <i>bupirone 15mg tab</i>                   | 1         |                     |
| <i>bupirone 30mg tab</i>                   | 1         |                     |
| <i>bupirone 5mg tab</i>                    | 1         |                     |
| <i>bupirone 7.5mg tab</i>                  | 1         |                     |
| <i>hydroxyzine 10mg tab</i>                | 1         |                     |
| <i>hydroxyzine 25mg tab</i>                | 1         |                     |
| <i>hydroxyzine 2mg/ml oral soln</i>        | 1         |                     |
| <i>hydroxyzine 50mg tab</i>                | 1         |                     |
| HYDROXYZINE PAMOATE 100MG CAP              | 1         |                     |
| <i>hydroxyzine pamoate 25mg cap</i>        | 1         |                     |
| <i>hydroxyzine pamoate 50mg cap</i>        | 1         |                     |

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| <b>DRUG NAME</b>                          | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <b>BENZODIAZEPINES</b>                    |                  |                            |
| <i>alprazolam 0.25mg tab</i>              | 1                | QL=120 EA/30 Days          |
| <i>alprazolam 0.5mg tab</i>               | 1                | QL=120 EA/30 Days          |
| <i>alprazolam 1mg tab</i>                 | 1                | QL=120 EA/30 Days          |
| <i>alprazolam 2mg tab</i>                 | 1                | QL=150 EA/30 Days          |
| <i>chlordiazepoxide 10mg cap</i>          | 1                | QL=120 EA/30 Days          |
| <i>chlordiazepoxide 25mg cap</i>          | 1                | QL=120 EA/30 Days          |
| <i>chlordiazepoxide 5mg cap</i>           | 1                | QL=120 EA/30 Days          |
| <i>clorazepate dipotassium 15mg tab</i>   | 2                | QL=180 EA/30 Days          |
| <i>clorazepate dipotassium 3.75mg tab</i> | 2                | QL=180 EA/30 Days          |
| <i>clorazepate dipotassium 7.5mg tab</i>  | 2                | QL=180 EA/30 Days          |
| <i>diazepam 10mg tab</i>                  | 1                | QL=120 EA/30 Days          |
| <i>diazepam 1mg/ml oral soln</i>          | 1                | QL=1200 ML/30 Days         |
| <i>diazepam 2mg tab</i>                   | 1                | QL=120 EA/30 Days          |
| <i>diazepam 5mg tab</i>                   | 1                | QL=120 EA/30 Days          |
| <i>diazepam 5mg/ml oral soln</i>          | 1                | QL=240 ML/30 Days          |
| <i>lorazepam 0.5mg tab</i>                | 1                | QL=150 EA/30 Days          |
| <i>lorazepam 1mg tab</i>                  | 1                | QL=150 EA/30 Days          |
| <i>lorazepam 2mg tab</i>                  | 1                | QL=150 EA/30 Days          |
| <i>lorazepam 2mg/ml oral soln</i>         | 1                | QL=150 ML/30 Days          |
| <b>ANTIARRHYTHMICS</b>                    |                  |                            |
| <b>ANTIARRHYTHMICS TYPE I-A</b>           |                  |                            |
| <i>disopyramide 100mg cap</i>             | 1                |                            |
| <i>disopyramide 150mg cap</i>             | 1                |                            |
| QUINIDINE SULFATE 200MG TAB               | 2                |                            |
| QUINIDINE SULFATE 300MG TAB               | 2                |                            |
| <b>ANTIARRHYTHMICS TYPE I-B</b>           |                  |                            |
| <i>mexiletine 150mg cap</i>               | 2                |                            |
| <i>mexiletine 200mg cap</i>               | 2                |                            |
| <i>mexiletine 250mg cap</i>               | 2                |                            |
| <b>ANTIARRHYTHMICS TYPE I-C</b>           |                  |                            |
| <i>flecainide acetate 100mg tab</i>       | 1                |                            |
| <i>flecainide acetate 150mg tab</i>       | 1                |                            |
| <i>flecainide acetate 50mg tab</i>        | 1                |                            |
| <i>propafenone 150mg tab</i>              | 1                |                            |
| <i>propafenone 225mg er cap</i>           | 2                |                            |
| <i>propafenone 225mg tab</i>              | 1                |                            |
| <i>propafenone 300mg tab</i>              | 1                |                            |
| <i>propafenone 325mg er cap</i>           | 2                |                            |
| <i>propafenone 425mg er cap</i>           | 2                |                            |
| <b>ANTIARRHYTHMICS TYPE III</b>           |                  |                            |
| <i>amiodarone 100mg tab</i>               | 1                |                            |
| <i>amiodarone 200mg tab</i>               | 1                |                            |
| <i>amiodarone 400mg tab</i>               | 1                |                            |
| <i>dofetilide 0.125mg cap</i>             | 2                |                            |

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| DRUG NAME                                  | DRUG TIER | REQUIREMENTS/LIMITS       |
|--|-----------|---------------------------|
| <i>dofetilide 0.25mg cap</i>               | 2         |                           |
| <i>dofetilide 0.5mg cap</i>                | 2         |                           |
| MULTAQ 400MG TAB                           | 3         |                           |
| <i>pacerone 100mg tab</i>                  | 1         |                           |
| <i>pacerone 200mg tab</i>                  | 1         |                           |
| <i>pacerone 400mg tab</i>                  | 1         |                           |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS    |           |                           |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES      |           |                           |
| DUPIXENT 200MG/1.14ML AUTO-INJECTOR        | 5         | NDS PA QL=4.56 ML/28 Days |
| DUPIXENT 200MG/1.14ML SYRINGE              | 5         | NDS PA QL=4.56 ML/28 Days |
| DUPIXENT 300MG/2ML AUTO-INJECTOR           | 5         | NDS PA QL=8 ML/28 Days    |
| DUPIXENT 300MG/2ML SYRINGE                 | 5         | NDS PA QL=8 ML/28 Days    |
| FASENRA 10MG/0.5ML SYRINGE                 | 5         | PA QL=.50 ML/28 Days      |
| FASENRA 30MG/ML AUTO-INJECTOR              | 5         | PA QL=1 ML/28 Days        |
| FASENRA 30MG/ML SYRINGE                    | 5         | PA QL=1 ML/28 Days        |
| NUCALA 100MG INJ                           | 5         | NDS PA QL=3 EA/28 Days    |
| NUCALA 100MG/ML AUTO-INJECTOR              | 5         | NDS PA QL=3 ML/28 Days    |
| NUCALA 100MG/ML SYRINGE                    | 5         | NDS PA QL=3 ML/28 Days    |
| NUCALA 40MG/0.4ML SYRINGE                  | 5         | NDS PA QL=.40 ML/28 Days  |
| XOLAIR 150MG INJ                           | 5         | NDS PA QL=2 EA/28 Days    |
| XOLAIR 150MG/ML AUTO-INJECTOR              | 5         | NDS PA QL=2 ML/28 Days    |
| XOLAIR 150MG/ML SYRINGE                    | 5         | NDS PA QL=2 ML/28 Days    |
| XOLAIR 300MG/2ML AUTO-INJECTOR             | 5         | NDS PA QL=8 ML/28 Days    |
| XOLAIR 300MG/2ML SYRINGE                   | 5         | NDS PA QL=8 ML/28 Days    |
| XOLAIR 75MG/0.5ML AUTO-INJECTOR            | 5         | NDS PA QL=1 ML/28 Days    |
| XOLAIR 75MG/0.5ML SYRINGE                  | 5         | NDS PA QL=1 ML/28 Days    |
| BRONCHODILATORS - ANTICHOLINERGICS         |           |                           |
| ATROVENT 17MCG HFA INHALER                 | 3         | QL=25.80 GM/30 Days       |
| INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER | 3         | QL=30 EA/30 Days          |
| <i>ipratropium bromide 0.02% inh soln</i>  | 1         | PA_BvD                    |
| LEUKOTRIENE MODULATORS                     |           |                           |
| <i>montelukast 10mg tab</i>                | 1         |                           |
| <i>montelukast 4mg chew tab</i>            | 1         |                           |
| <i>montelukast 5mg chew tab</i>            | 1         |                           |
| <i>zafirlukast 10mg tab</i>                | 2         | QL=60 EA/30 Days          |
| <i>zafirlukast 20mg tab</i>                | 2         | QL=60 EA/30 Days          |
| STEROID INHALANTS                          |           |                           |
| ALVESCO 160MCG INHALER                     | 3         | QL=12.20 GM/30 Days       |
| ALVESCO 80MCG INHALER                      | 3         | QL=12.20 GM/30 Days       |
| ARNUITY 100MCG POWDER INHALER              | 3         | QL=30 EA/30 Days          |
| ARNUITY 200MCG POWDER INHALER              | 3         | QL=30 EA/30 Days          |
| ARNUITY 50MCG POWDER INHALER               | 3         | QL=30 EA/30 Days          |
| ASMANEX 100MCG HFA INHALER                 | 3         | QL=13 GM/30 Days          |
| ASMANEX 110MCG (30ACT) TWISTHALER          | 3         | QL=1 EA/30 Days           |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| ASMANEX 200MCG HFA INHALER  | 3         | QL=13 GM/30 Days         |
| ASMANEX 220MCG (120ACT) TWISTHALER                                    | 3         | QL=1 EA/30 Days          |
| ASMANEX 220MCG (30ACT) TWISTHALER                                     | 3         | QL=1 EA/30 Days          |
| ASMANEX 220MCG (60ACT) TWISTHALER                                     | 3         | QL=1 EA/30 Days          |
| ASMANEX 50MCG HFA INHALER   | 3         | QL=13 GM/30 Days         |
| <i>budesonide 0.25mg/2ml inh susp</i>                                 | 2         | PA_BvD QL=120 ML/30 Days |
| <i>budesonide 0.5mg/2ml inh susp</i>                                  | 2         | PA_BvD QL=120 ML/30 Days |
| <i>budesonide 1mg/2ml inh susp</i>                                    | 2         | PA_BvD QL=120 ML/30 Days |
| FLUTICASONE PROPIONATE 110MCG INHALER                                 | 4         | QL=24 GM/30 Days         |
| FLUTICASONE PROPIONATE 220MCG INHALER                                 | 4         | QL=24 GM/30 Days         |
| FLUTICASONE PROPIONATE 44MCG INHALER                                  | 4         | QL=21.20 GM/30 Days      |
| QVAR 40MCG REDIHALER  | 3         | QL=21.20 GM/30 Days      |
| QVAR 80MCG REDIHALER  | 3         | QL=21.20 GM/30 Days      |
| <b>SYMPATHOMIMETICS</b>   |           |                          |
| ADVAIR 115-21MCG HFA INHALER  | 3         | QL=12 GM/30 Days         |
| ADVAIR 230-21MCG HFA INHALER  | 3         | QL=12 GM/30 Days         |
| ADVAIR 45-21MCG/ACT HFA INHALER                                       | 3         | QL=12 GM/30 Days         |
| <i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>                      | 1         | PA_BvD                   |
| <i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>                         | 1         |                          |
| <i>albuterol 0.83mg/ml (0.083%) inh soln</i>                          | 1         | PA_BvD                   |
| <i>albuterol 1.25mg/3ml neb soln</i>                                  | 1         | PA_BvD                   |
| <i>albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)</i>          | 1         | QL=13.40 GM/30 Days      |
| <i>albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)</i>             | 1         | QL=17 GM/30 Days         |
| <i>albuterol 2mg tab</i>  | 2         |                          |
| <i>albuterol 4mg tab</i>  | 2         |                          |
| <i>albuterol 5mg/ml (0.05%) inh soln</i>                              | 1         | PA_BvD                   |
| ANORO ELLIPTA 62.5-25MCG POWDER INHALER                               | 3         | QL=60 EA/30 Days         |
| <i>arformoterol tartrate 15mcg/2ml neb soln</i>                       | 2         | PA_BvD QL=120 ML/30 Days |
| BREO ELLIPTA 100-25MCG POWDER INHALER                                 | 3         | QL=60 EA/30 Days         |
| BREO ELLIPTA 200-25MCG POWDER INHALER                                 | 3         | QL=60 EA/30 Days         |
| BREO ELLIPTA 50-25MCG POWDER INHALER                                  | 3         | QL=60 EA/30 Days         |
| <i>breyana 160-4.5mcg/act inhaler</i>                                 | 3         | QL=10.30 GM/30 Days      |
| <i>breyana 80-4.5mcg/act inhaler</i>                                  | 3         | QL=10.30 GM/30 Days      |
| BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER                           | 3         | QL=10.70 GM/30 Days      |
| <i>budesonide/formoterol fumarate 160-45mcg inhaler</i>               | 2         | QL=10.20 GM/30 Days      |
| <i>budesonide/formoterol fumarate 80-45mcg inhaler</i>                | 2         | QL=10.20 GM/30 Days      |
| COMBIVENT 20-100MCG/ACT INHALER                                       | 3         | QL=8 GM/30 Days          |
| DULERA 100-5MCG INHALER   | 3         | QL=13 GM/30 Days         |
| DULERA 200-5MCG INHALER   | 3         | QL=13 GM/30 Days         |
| DULERA 50-5MCG INHALER  | 3         | QL=13 GM/30 Days         |
| <i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>                 | 1         | QL=2 EA/15 Days          |
| <i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>                  | 1         | QL=2 EA/15 Days          |
| <i>fluticasone propionate/salmeterol 100-50mcg/act powder inhaler</i> | 1         | QL=60 EA/30 Days         |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>fluticasone propionate/salmeterol 250-50mcg/act powder inhaler</i> | 1         | QL=60 EA/30 Days    |
| <i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i> | 1         | QL=60 EA/30 Days    |
| <i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>                   | 1         | PA_BvD              |
| <i>levalbuterol 0.31mg/3ml neb soln</i>                               | 2         | PA_BvD              |
| <i>levalbuterol 0.63mg/3ml inh soln</i>                               | 2         | PA_BvD              |
| <i>levalbuterol 1.25mg/3ml neb soln</i>                               | 2         | PA_BvD              |
| LEVALBUTEROL 45MCG/ACT INHALER  | 4         | ST QL=30 GM/30 Days |
| STIOLTO 2.5-2.5MCG/ACT INHALER  | 3         | QL=4 GM/30 Days     |
| STRIVERDI 2.5MCG/ACT INHALER  | 3         | QL=4 GM/30 Days     |
| <i>terbutaline sulfate 2.5mg tab</i>                                  | 2         |                     |
| <i>terbutaline sulfate 5mg tab</i>                                    | 2         |                     |
| TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER                         | 3         | QL=60 EA/30 Days    |
| TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER                         | 3         | QL=60 EA/30 Days    |
| VENTOLIN 108MCG HFA INHALER   | 3         | QL=36 GM/30 Days    |
| <i>wixela 100-50mcg powder inhaler</i>                                | 1         | QL=60 EA/30 Days    |
| <i>wixela 250-50mcg powder inhaler</i>                                | 1         | QL=60 EA/30 Days    |
| <i>wixela 500-50mcg powder inhaler</i>                                | 1         | QL=60 EA/30 Days    |
| XOPENEX 45MCG INHALER   | 4         | ST QL=30 GM/30 Days |
| <b>ANTICOAGULANTS</b>   |           |                     |
| <b>ANTICOAGULANTS - MISC.</b>   |           |                     |
| <i>dabigatran etexilate 110mg cap</i>                                 | 2         | QL=60 EA/30 Days    |
| <i>dabigatran etexilate 150mg cap</i>                                 | 2         | QL=60 EA/30 Days    |
| <i>dabigatran etexilate 75mg cap</i>                                  | 2         | QL=60 EA/30 Days    |
| ELIQUIS 2.5MG TAB   | 3         | QL=60 EA/30 Days    |
| ELIQUIS 5MG 30-DAY STARTER PACK (74)                                  | 3         | QL=74 EA/30 Days    |
| ELIQUIS 5MG TAB   | 3         | QL=74 EA/30 Days    |
| <i>rivaroxaban 2.5mg tab</i>  | 2         | QL=60 EA/30 Days    |
| XARELTO 10MG TAB  | 3         | QL=30 EA/30 Days    |
| XARELTO 15MG TAB  | 3         | QL=60 EA/30 Days    |
| XARELTO 1MG/ML ORAL SUSP  | 3         | QL=620 ML/30 Days   |
| XARELTO 2.5MG TAB   | 3         | QL=60 EA/30 Days    |
| XARELTO 20MG TAB  | 3         | QL=30 EA/30 Days    |
| XARELTO TAB STARTER PACK (51)   | 3         | QL=51 EA/30 Days    |
| <b>COUMARIN ANTICOAGULANTS</b>  |           |                     |
| <i>jantoven 10mg tab</i>  | 1         |                     |
| <i>jantoven 1mg tab</i>   | 1         |                     |
| <i>jantoven 2.5mg tab</i>   | 1         |                     |
| <i>jantoven 2mg tab</i>   | 1         |                     |
| <i>jantoven 3mg tab</i>   | 1         |                     |
| <i>jantoven 4mg tab</i>   | 1         |                     |
| <i>jantoven 5mg tab</i>   | 1         |                     |

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| DRUG NAME                                      | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| <i>jantoven 6mg tab</i>                        | 1         |                          |
| <i>jantoven 7.5mg tab</i>                      | 1         |                          |
| <i>warfarin sodium 10mg tab</i>                | 1         |                          |
| <i>warfarin sodium 1mg tab</i>                 | 1         |                          |
| <i>warfarin sodium 2.5mg tab</i>               | 1         |                          |
| <i>warfarin sodium 2mg tab</i>                 | 1         |                          |
| <i>warfarin sodium 3mg tab</i>                 | 1         |                          |
| <i>warfarin sodium 4mg tab</i>                 | 1         |                          |
| <i>warfarin sodium 5mg tab</i>                 | 1         |                          |
| <i>warfarin sodium 6mg tab</i>                 | 1         |                          |
| <i>warfarin sodium 7.5mg tab</i>               | 1         |                          |
| HEPARINS AND HEPARINOID-LIKE AGENTS            |           |                          |
| <i>enoxaparin sodium 100mg/1ml syringe</i>     | 2         |                          |
| <i>enoxaparin sodium 120mg/0.8ml syringe</i>   | 2         |                          |
| <i>enoxaparin sodium 150mg/1ml syringe</i>     | 2         |                          |
| <i>enoxaparin sodium 30mg/0.3ml syringe</i>    | 2         |                          |
| <i>enoxaparin sodium 40mg/0.4ml syringe</i>    | 2         |                          |
| <i>enoxaparin sodium 60mg/0.6ml syringe</i>    | 2         |                          |
| <i>enoxaparin sodium 80mg/0.8ml syringe</i>    | 2         |                          |
| <i>fondaparinux sodium 10mg/0.8ml syringe</i>  | 2         |                          |
| <i>fondaparinux sodium 2.5mg/0.5ml syringe</i> | 2         |                          |
| <i>fondaparinux sodium 5mg/0.4ml syringe</i>   | 2         |                          |
| <i>fondaparinux sodium 7.5mg/0.6ml syringe</i> | 2         |                          |
| <i>heparin sodium porcine 10000unit/ml inj</i> | 2         |                          |
| <i>heparin sodium porcine 1000unit/ml inj</i>  | 2         |                          |
| <i>heparin sodium porcine 20000unit/ml inj</i> | 2         |                          |
| <i>heparin sodium porcine 5000unit/ml inj</i>  | 2         |                          |
| ANTICONVULSANTS                                |           |                          |
| ANTICONVULSANTS - BENZODIAZEPINES              |           |                          |
| <i>clobazam 10mg tab</i>                       | 1         | QL=60 EA/30 Days         |
| <i>clobazam 2.5mg/ml oral susp</i>             | 2         | QL=480 ML/30 Days        |
| <i>clobazam 20mg tab</i>                       | 1         | QL=60 EA/30 Days         |
| <i>clonazepam 0.125mg odt</i>                  | 2         | QL=90 EA/30 Days         |
| <i>clonazepam 0.25mg odt</i>                   | 2         | QL=90 EA/30 Days         |
| <i>clonazepam 0.5mg odt</i>                    | 2         | QL=90 EA/30 Days         |
| <i>clonazepam 0.5mg tab</i>                    | 1         | QL=90 EA/30 Days         |
| <i>clonazepam 1mg odt</i>                      | 2         | QL=90 EA/30 Days         |
| <i>clonazepam 1mg tab</i>                      | 1         | QL=90 EA/30 Days         |
| <i>clonazepam 2mg odt</i>                      | 2         | QL=300 EA/30 Days        |
| <i>clonazepam 2mg tab</i>                      | 1         | QL=300 EA/30 Days        |
| <i>diazepam 10mg/2ml rectal gel</i>            | 2         | QL=10 EA/30 Days         |
| DIAZEPAM 2.5MG/0.5ML RECTAL GEL                | 3         | QL=10 EA/30 Days         |
| <i>diazepam 20mg/4ml rectal gel</i>            | 2         | QL=10 EA/30 Days         |
| NAYZILAM 5MG/0.1ML NASAL SPRAY                 | 4         | QL=10 EA/30 Days         |
| SYMPAZAN 10MG ORAL FILM                        | 4         | PA_ NSO QL=60 EA/30 Days |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS          |
|--|-----------|------------------------------|
| SYMPAZAN 20MG ORAL FILM                          | 4         | PA_NSO QL=60 EA/30 Days      |
| SYMPAZAN 5MG ORAL FILM                           | 4         | PA_NSO QL=60 EA/30 Days      |
| VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK  | 4         | QL=10 EA/30 Days             |
| VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK | 4         | QL=10 EA/30 Days             |
| VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK  | 4         | QL=10 EA/30 Days             |
| VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK    | 4         | QL=10 EA/30 Days             |
| <b>ANTICONVULSANTS - MISC.</b>                   |           |                              |
| BRIVIACT 100MG TAB                               | 4         | PA_NSO QL=60 EA/30 Days      |
| BRIVIACT 10MG TAB                                | 4         | PA_NSO QL=60 EA/30 Days      |
| BRIVIACT 10MG/ML ORAL SOLN                       | 4         | PA_NSO QL=600 ML/30 Days     |
| BRIVIACT 25MG TAB                                | 4         | PA_NSO QL=60 EA/30 Days      |
| BRIVIACT 50MG TAB                                | 4         | PA_NSO QL=60 EA/30 Days      |
| BRIVIACT 75MG TAB                                | 4         | PA_NSO QL=60 EA/30 Days      |
| <i>carbamazepine 100mg chew tab</i>              | 1         |                              |
| <i>carbamazepine 100mg er cap</i>                | 2         |                              |
| <i>carbamazepine 100mg er tab</i>                | 2         |                              |
| <i>carbamazepine 200mg er cap</i>                | 2         |                              |
| <i>carbamazepine 200mg er tab</i>                | 2         |                              |
| <i>carbamazepine 200mg tab</i>                   | 1         |                              |
| <i>carbamazepine 20mg/ml oral susp</i>           | 1         |                              |
| <i>carbamazepine 300mg er cap</i>                | 2         |                              |
| <i>carbamazepine 400mg er tab</i>                | 2         |                              |
| DIACOMIT 250MG CAP                               | 5         | NDS PA_NSO QL=360 EA/30 Days |
| DIACOMIT 250MG POWDER FOR ORAL SUSP              | 5         | NDS PA_NSO QL=360 EA/30 Days |
| DIACOMIT 500MG CAP                               | 5         | NDS PA_NSO QL=180 EA/30 Days |
| DIACOMIT 500MG POWDER FOR ORAL SUSP              | 5         | NDS PA_NSO QL=180 EA/30 Days |
| EPIDIOLEX 100MG/ML ORAL SOLN                     | 5         | NDS PA_NSO QL=600 ML/30 Days |
| <i>epitol 200mg tab</i>                          | 1         |                              |
| EPRONTIA 25MG/ML ORAL SOLN                       | 4         | PA_NSO QL=480 ML/30 Days     |
| <i>eslicarbazepine acetate 200mg tab</i>         | 2         | PA_NSO QL=30 EA/30 Days      |
| <i>eslicarbazepine acetate 400mg tab</i>         | 2         | PA_NSO QL=30 EA/30 Days      |
| <i>eslicarbazepine acetate 600mg tab</i>         | 2         | PA_NSO QL=60 EA/30 Days      |
| <i>eslicarbazepine acetate 800mg tab</i>         | 2         | PA_NSO QL=60 EA/30 Days      |
| FINTEPLA 2.2MG/ML ORAL SOLN                      | 5         | NDS PA_NSO QL=360 ML/30 Days |
| FYCOMPA 0.5MG/ML ORAL SUSP                       | 4         | PA_NSO QL=720 ML/30 Days     |
| <i>gabapentin 100mg cap</i>                      | 1         | QL=180 EA/30 Days            |
| <i>gabapentin 300mg cap</i>                      | 1         | QL=360 EA/30 Days            |
| <i>gabapentin 400mg cap</i>                      | 1         | QL=270 EA/30 Days            |
| <i>gabapentin 50mg/ml oral soln</i>              | 2         | QL=2160 ML/30 Days           |
| <i>gabapentin 600mg tab (Neurontin equiv)</i>    | 1         | QL=180 EA/30 Days            |
| <i>gabapentin 800mg tab</i>                      | 1         | QL=90 EA/30 Days             |

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| <b>DRUG NAME</b>                        | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>lacosamide 100mg tab</i>             | 1                | QL=60 EA/30 Days           |
| <i>lacosamide 10mg/ml oral soln</i>     | 1                | QL=1200 ML/30 Days         |
| <i>lacosamide 150mg tab</i>             | 1                | QL=60 EA/30 Days           |
| <i>lacosamide 200mg tab</i>             | 1                | QL=60 EA/30 Days           |
| <i>lacosamide 50mg tab</i>              | 1                | QL=120 EA/30 Days          |
| <i>lamotrigine 100mg tab</i>            | 1                |                            |
| <i>lamotrigine 150mg tab</i>            | 1                |                            |
| <i>lamotrigine 200mg tab</i>            | 1                |                            |
| <i>lamotrigine 25mg chew tab</i>        | 1                |                            |
| <i>lamotrigine 25mg tab</i>             | 1                |                            |
| <i>lamotrigine 5mg chew tab</i>         | 1                |                            |
| <i>levetiracetam 1000mg tab</i>         | 1                |                            |
| <i>levetiracetam 100mg/ml oral soln</i> | 1                |                            |
| <i>levetiracetam 250mg tab</i>          | 1                |                            |
| <i>levetiracetam 500mg er tab</i>       | 1                |                            |
| <i>levetiracetam 500mg tab</i>          | 1                |                            |
| <i>levetiracetam 750mg er tab</i>       | 1                |                            |
| <i>levetiracetam 750mg tab</i>          | 1                |                            |
| <i>oxcarbazepine 150mg tab</i>          | 1                |                            |
| <i>oxcarbazepine 300mg tab</i>          | 1                |                            |
| <i>oxcarbazepine 600mg tab</i>          | 1                |                            |
| <i>oxcarbazepine 60mg/ml oral susp</i>  | 2                |                            |
| <i>perampanel 10mg tab</i>              | 2                | PA_NSO QL=30 EA/30 Days    |
| <i>perampanel 12mg tab</i>              | 2                | PA_NSO QL=30 EA/30 Days    |
| <i>perampanel 2mg tab</i>               | 2                | PA_NSO QL=30 EA/30 Days    |
| <i>perampanel 4mg tab</i>               | 2                | PA_NSO QL=30 EA/30 Days    |
| <i>perampanel 6mg tab</i>               | 2                | PA_NSO QL=30 EA/30 Days    |
| <i>perampanel 8mg tab</i>               | 2                | PA_NSO QL=30 EA/30 Days    |
| <i>phenobarbital 100mg tab</i>          | 1                | QL=120 EA/30 Days          |
| <i>phenobarbital 15mg tab</i>           | 1                | QL=120 EA/30 Days          |
| <i>phenobarbital 16.2mg tab</i>         | 1                | QL=120 EA/30 Days          |
| <i>phenobarbital 30mg tab</i>           | 1                | QL=120 EA/30 Days          |
| <i>phenobarbital 32.4mg tab</i>         | 1                | QL=120 EA/30 Days          |
| <i>phenobarbital 4mg/ml oral soln</i>   | 1                | QL=1500 ML/30 Days         |
| <i>phenobarbital 60mg tab</i>           | 1                | QL=120 EA/30 Days          |
| <i>phenobarbital 64.8mg tab</i>         | 1                | QL=120 EA/30 Days          |
| <i>phenobarbital 97.2mg tab</i>         | 1                | QL=120 EA/30 Days          |
| <i>phenytoin 25mg/ml oral susp</i>      | 1                |                            |
| <i>phenytoin 50mg chew tab</i>          | 2                |                            |
| <i>phenytoin sodium 100mg er cap</i>    | 1                |                            |
| <i>pregabalin 100mg cap</i>             | 1                | QL=120 EA/30 Days          |
| <i>pregabalin 150mg cap</i>             | 1                | QL=120 EA/30 Days          |
| <i>pregabalin 200mg cap</i>             | 1                | QL=90 EA/30 Days           |
| <i>pregabalin 20mg/ml oral soln</i>     | 2                | QL=900 ML/30 Days          |
| <i>pregabalin 225mg cap</i>             | 1                | QL=60 EA/30 Days           |

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| <b>DRUG NAME</b>                           | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>    |
|--|------------------|-------------------------------|
| <i>pregabalin 25mg cap</i>                 | 1                | QL=120 EA/30 Days             |
| <i>pregabalin 300mg cap</i>                | 1                | QL=60 EA/30 Days              |
| <i>pregabalin 50mg cap</i>                 | 1                | QL=120 EA/30 Days             |
| <i>pregabalin 75mg cap</i>                 | 1                | QL=120 EA/30 Days             |
| <i>primidone 250mg tab</i>                 | 1                |                               |
| <i>primidone 50mg tab</i>                  | 1                |                               |
| <i>roweepra 500mg tab</i>                  | 1                |                               |
| <i>rufinamide 200mg tab</i>                | 2                | PA_NSO QL=480 EA/30 Days      |
| <i>rufinamide 400mg tab</i>                | 2                | PA_NSO QL=240 EA/30 Days      |
| <i>rufinamide 40mg/ml oral susp</i>        | 2                | PA_NSO QL=2760 ML/30 Days     |
| SPRITAM 250MG TAB FOR ORAL SUSP            | 4                | PA_NSO QL=360 EA/30 Days      |
| SPRITAM 500MG TAB FOR ORAL SUSP            | 4                | PA_NSO QL=180 EA/30 Days      |
| <i>subvenite 100mg tab</i>                 | 1                |                               |
| <i>subvenite 150mg tab</i>                 | 1                |                               |
| <i>subvenite 200mg tab</i>                 | 1                |                               |
| <i>subvenite 25mg tab</i>                  | 1                |                               |
| <i>topiramate 100mg tab</i>                | 1                |                               |
| <i>topiramate 15mg cap</i>                 | 1                |                               |
| <i>topiramate 200mg tab</i>                | 1                |                               |
| <i>topiramate 25mg cap</i>                 | 1                |                               |
| <i>topiramate 25mg tab</i>                 | 1                |                               |
| <i>topiramate 50mg tab</i>                 | 1                |                               |
| ZONISADE 100MG/5ML ORAL SUSP               | 4                | PA_NSO QL=900 ML/30 Days      |
| <i>zonisamide 100mg cap</i>                | 1                |                               |
| <i>zonisamide 25mg cap</i>                 | 1                |                               |
| <i>zonisamide 50mg cap</i>                 | 1                |                               |
| ZTALMY 50MG/ML ORAL SUSP                   | 5                | NDS PA_NSO QL=1100 ML/30 Days |
| <b>CARBAMATES</b>                          |                  |                               |
| <i>felbamate 120mg/ml oral susp</i>        | 2                |                               |
| <i>felbamate 400mg tab</i>                 | 2                |                               |
| <i>felbamate 600mg tab</i>                 | 2                |                               |
| XCOPRI 100MG TAB                           | 4                | PA_NSO QL=30 EA/30 Days       |
| XCOPRI 150MG TAB                           | 4                | PA_NSO QL=60 EA/30 Days       |
| XCOPRI 200MG TAB                           | 4                | PA_NSO QL=60 EA/30 Days       |
| XCOPRI 25MG TAB                            | 4                | PA_NSO QL=30 EA/30 Days       |
| XCOPRI 50MG TAB                            | 4                | PA_NSO QL=30 EA/30 Days       |
| XCOPRI TAB 100/150MG MAINTENANCE PACK (56) | 4                | PA_NSO QL=56 EA/28 Days       |
| XCOPRI TAB 12.5/25MG TITRATION PACK (28)   | 4                | PA_NSO QL=28 EA/28 Days       |
| XCOPRI TAB 150/200MG PACK (56)             | 4                | PA_NSO QL=56 EA/28 Days       |
| XCOPRI TAB 150/200MG TITRATION PACK (28)   | 4                | PA_NSO QL=28 EA/28 Days       |
| XCOPRI TAB 50/100MG TITRATION PACK (28)    | 4                | PA_NSO QL=28 EA/28 Days       |
| <b>GABA MODULATORS</b>                     |                  |                               |
| <i>tiagabine 12mg tab</i>                  | 2                |                               |
| <i>tiagabine 16mg tab</i>                  | 2                |                               |
| <i>tiagabine 2mg tab</i>                   | 2                |                               |

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| DRUG NAME                                    | DRUG TIER | REQUIREMENTS/LIMITS         |
|--|-----------|-----------------------------|
| <i>tiagabine 4mg tab</i>                     | 2         |                             |
| <i>vigabatrin 500mg powder for oral soln</i> | 1         | PA_NSO QL=180 EA/30 Days    |
| <i>vigabatrin 500mg tab</i>                  | 1         | PA_NSO QL=180 EA/30 Days    |
| <i>vigadrone 500mg powder for oral soln</i>  | 1         | PA_NSO QL=180 EA/30 Days    |
| <i>vigadrone 500mg tab</i>                   | 1         | PA_NSO QL=180 EA/30 Days    |
| VIGAFYDE 100MG/ML ORAL SOLN                  | 4         | PA_NSO QL=720 ML/30 Days    |
| <i>vigpoder 500mg powder for oral soln</i>   | 1         | PA_NSO QL=180 EA/30 Days    |
| <b>SUCCINIMIDES</b>                          |           |                             |
| <i>ethosuximide 250mg cap</i>                | 2         |                             |
| <i>ethosuximide 50mg/ml oral soln</i>        | 1         |                             |
| <i>methsuximide 300mg cap</i>                | 2         |                             |
| <b>VALPROIC ACID</b>                         |           |                             |
| <i>divalproex sodium 125mg dr cap</i>        | 1         |                             |
| <i>divalproex sodium 125mg dr tab</i>        | 1         |                             |
| <i>divalproex sodium 250mg dr tab</i>        | 1         |                             |
| <i>divalproex sodium 250mg er tab</i>        | 1         |                             |
| <i>divalproex sodium 500mg dr tab</i>        | 1         |                             |
| <i>divalproex sodium 500mg er tab</i>        | 1         |                             |
| <i>valproic acid 250mg cap</i>               | 1         |                             |
| <i>valproic acid 50mg/ml oral soln</i>       | 1         |                             |
| <b>ANTIDEPRESSANTS</b>                       |           |                             |
| <b>ANTIDEPRESSANTS - MISC.</b>               |           |                             |
| AUVELITY 105-45MG ER TAB                     | 4         | PA_NSO QL=60 EA/30 Days     |
| <i>bupropion 100mg sr (12hr) tab</i>         | 1         |                             |
| <i>bupropion 100mg tab</i>                   | 1         |                             |
| <i>bupropion 150mg sr (12 hr) tab</i>        | 1         |                             |
| <i>bupropion 200mg sr (12hr) tab</i>         | 1         |                             |
| <i>bupropion 75mg tab</i>                    | 1         |                             |
| <i>bupropion xl 150mg (24 hr) tab</i>        | 1         |                             |
| <i>bupropion xl 300mg (24hr) tab</i>         | 1         |                             |
| <i>mirtazapine 15mg odt</i>                  | 1         |                             |
| <i>mirtazapine 15mg tab</i>                  | 1         |                             |
| <i>mirtazapine 30mg odt</i>                  | 1         |                             |
| <i>mirtazapine 30mg tab</i>                  | 1         |                             |
| <i>mirtazapine 45mg odt</i>                  | 1         |                             |
| <i>mirtazapine 45mg tab</i>                  | 1         |                             |
| <i>mirtazapine 7.5mg tab</i>                 | 1         |                             |
| ZURZUVAE 20MG CAP                            | 5         | NDS PA_NSO QL=28 EA/14 Days |
| ZURZUVAE 25MG CAP                            | 5         | NDS PA_NSO QL=28 EA/14 Days |
| ZURZUVAE 30MG CAP                            | 5         | NDS PA_NSO QL=14 EA/14 Days |
| <b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>  |           |                             |
| EMSAM 12MG/24HR PATCH                        | 4         | PA_NSO QL=30 EA/30 Days     |
| EMSAM 6MG/24HR PATCH                         | 4         | PA_NSO QL=30 EA/30 Days     |
| EMSAM 9MG/24HR PATCH                         | 4         | PA_NSO QL=30 EA/30 Days     |
| MARPLAN 10MG TAB                             | 3         |                             |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS       |
|--|-----------|---------------------------|
| PHENELZINE 15MG TAB                                    | 1         |                           |
| <i>tranylcypromine 10mg tab</i>                        | 2         |                           |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b> |           |                           |
| <i>citalopram 10mg tab</i>                             | 1         |                           |
| <i>citalopram 20mg tab</i>                             | 1         |                           |
| <i>citalopram 2mg/ml oral soln</i>                     | 1         | QL=600 ML/30 Days         |
| <i>citalopram 40mg tab</i>                             | 1         |                           |
| <i>escitalopram 10mg tab</i>                           | 1         |                           |
| <i>escitalopram 1mg/ml oral soln</i>                   | 2         | QL=600 ML/30 Days         |
| <i>escitalopram 20mg tab</i>                           | 1         |                           |
| <i>escitalopram 5mg tab</i>                            | 1         |                           |
| <i>fluoxetine 10mg cap</i>                             | 1         |                           |
| <i>fluoxetine 20mg cap</i>                             | 1         |                           |
| <i>fluoxetine 40mg cap</i>                             | 1         |                           |
| <i>fluoxetine 4mg/ml oral soln</i>                     | 1         | QL=600 ML/30 Days         |
| <i>fluoxetine 60mg tab</i>                             | 1         |                           |
| <i>fluvoxamine maleate 100mg tab</i>                   | 1         |                           |
| <i>fluvoxamine maleate 25mg tab</i>                    | 1         |                           |
| <i>fluvoxamine maleate 50mg tab</i>                    | 1         |                           |
| <i>paroxetine 10mg tab</i>                             | 1         |                           |
| PAROXETINE 10MG/ML SUSP                                | 2         | QL=900 ML/30 Days         |
| <i>paroxetine 12.5mg er tab</i>                        | 2         |                           |
| <i>paroxetine 20mg tab</i>                             | 1         |                           |
| <i>paroxetine 25mg er tab</i>                          | 2         |                           |
| <i>paroxetine 30mg tab</i>                             | 1         |                           |
| <i>paroxetine 37.5mg er tab</i>                        | 2         |                           |
| <i>paroxetine 40mg tab</i>                             | 1         |                           |
| <i>sertraline 100mg tab</i>                            | 1         |                           |
| <i>sertraline 20mg/ml oral soln</i>                    | 1         | QL=300 ML/30 Days         |
| <i>sertraline 25mg tab</i>                             | 1         |                           |
| <i>sertraline 50mg tab</i>                             | 1         |                           |
| <b>SEROTONIN MODULATORS</b>                            |           |                           |
| NEFAZODONE 100MG TAB                                   | 2         |                           |
| NEFAZODONE 150MG TAB                                   | 2         |                           |
| NEFAZODONE 200MG TAB                                   | 2         |                           |
| NEFAZODONE 250MG TAB                                   | 2         |                           |
| NEFAZODONE 50MG TAB                                    | 2         |                           |
| RALDESY 10MG/ML ORAL SOLN                              | 4         | PA_NSO QL=1200 ML/30 Days |
| <i>trazodone 100mg tab</i>                             | 1         |                           |
| <i>trazodone 150mg tab</i>                             | 1         |                           |
| <i>trazodone 50mg tab</i>                              | 1         |                           |
| TRINTELLIX 10MG TAB                                    | 3         | ST_NSO QL=30 EA/30 Days   |
| TRINTELLIX 20MG TAB                                    | 3         | ST_NSO QL=30 EA/30 Days   |
| TRINTELLIX 5MG TAB                                     | 3         | ST_NSO QL=30 EA/30 Days   |
| <i>vilazodone 10mg tab</i>                             | 2         | PA_NSO QL=30 EA/30 Days   |

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| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>vilazodone 20mg tab</i>                                  | 2                | PA_NSO QL=30 EA/30 Days    |
| <i>vilazodone 40mg tab</i>                                  | 2                | PA_NSO QL=30 EA/30 Days    |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b> |                  |                            |
| <i>desvenlafaxine succinate 100mg er tab</i>                | 1                |                            |
| <i>desvenlafaxine succinate 25mg er tab</i>                 | 1                |                            |
| <i>desvenlafaxine succinate 50mg er tab</i>                 | 1                |                            |
| DRIZALMA 20MG DR SPRINKLE CAP                               | 4                | PA_NSO QL=60 EA/30 Days    |
| DRIZALMA 30MG DR SPRINKLE CAP                               | 4                | PA_NSO QL=60 EA/30 Days    |
| DRIZALMA 40MG DR SPRINKLE CAP                               | 4                | PA_NSO QL=60 EA/30 Days    |
| DRIZALMA 60MG DR SPRINKLE CAP                               | 4                | PA_NSO QL=60 EA/30 Days    |
| <i>duloxetine 20mg dr cap</i>                               | 1                |                            |
| <i>duloxetine 30mg dr cap</i>                               | 1                |                            |
| <i>duloxetine 60mg dr cap</i>                               | 1                |                            |
| FETZIMA 120MG ER CAP  | 4                | PA_NSO QL=30 EA/30 Days    |
| FETZIMA 20MG ER CAP   | 4                | PA_NSO QL=30 EA/30 Days    |
| FETZIMA 40MG ER CAP   | 4                | PA_NSO QL=30 EA/30 Days    |
| FETZIMA 80MG ER CAP   | 4                | PA_NSO QL=30 EA/30 Days    |
| FETZIMA ER CAP TITRATION PACK (28)                          | 4                | PA_NSO QL=30 EA/30 Days    |
| <i>venlafaxine 100mg tab</i>                                | 1                |                            |
| <i>venlafaxine 150mg er cap</i>                             | 1                |                            |
| <i>venlafaxine 25mg tab</i>                                 | 1                |                            |
| <i>venlafaxine 37.5mg er cap</i>                            | 1                |                            |
| <i>venlafaxine 37.5mg tab</i>                               | 1                |                            |
| <i>venlafaxine 50mg tab</i>                                 | 1                |                            |
| <i>venlafaxine 75mg er cap</i>                              | 1                |                            |
| <i>venlafaxine 75mg tab</i>                                 | 1                |                            |
| <b>TRICYCLIC AGENTS</b>                                     |                  |                            |
| <i>amitriptyline 100mg tab</i>                              | 1                |                            |
| <i>amitriptyline 10mg tab</i>                               | 1                |                            |
| <i>amitriptyline 150mg tab</i>                              | 1                |                            |
| <i>amitriptyline 25mg tab</i>                               | 1                |                            |
| <i>amitriptyline 50mg tab</i>                               | 1                |                            |
| <i>amitriptyline 75mg tab</i>                               | 1                |                            |
| <i>amoxapine 100mg tab</i>                                  | 1                |                            |
| <i>amoxapine 150mg tab</i>                                  | 1                |                            |
| <i>amoxapine 25mg tab</i>                                   | 1                |                            |
| <i>amoxapine 50mg tab</i>                                   | 1                |                            |
| <i>clomipramine 25mg cap</i>                                | 2                |                            |
| <i>clomipramine 50mg cap</i>                                | 2                |                            |
| <i>clomipramine 75mg cap</i>                                | 2                |                            |
| <i>desipramine 100mg tab</i>                                | 2                |                            |
| <i>desipramine 10mg tab</i>                                 | 2                |                            |
| <i>desipramine 150mg tab</i>                                | 2                |                            |
| <i>desipramine 25mg tab</i>                                 | 2                |                            |
| <i>desipramine 50mg tab</i>                                 | 2                |                            |

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| DRUG NAME                                 | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>desipramine 75mg tab</i>               | 2         |                     |
| <i>doxepin 100mg cap</i>                  | 1         |                     |
| <i>doxepin 10mg cap</i>                   | 1         |                     |
| <i>doxepin 10mg/ml oral soln</i>          | 1         |                     |
| <i>doxepin 150mg cap</i>                  | 1         |                     |
| <i>doxepin 25mg cap</i>                   | 1         |                     |
| <i>doxepin 50mg cap</i>                   | 1         |                     |
| <i>doxepin 75mg cap</i>                   | 1         |                     |
| <i>imipramine 10mg tab</i>                | 1         |                     |
| <i>imipramine 25mg tab</i>                | 1         |                     |
| <i>imipramine 50mg tab</i>                | 1         |                     |
| <i>nortriptyline 10mg cap</i>             | 1         |                     |
| <i>nortriptyline 25mg cap</i>             | 1         |                     |
| <i>nortriptyline 2mg/ml oral soln</i>     | 2         |                     |
| <i>nortriptyline 50mg cap</i>             | 1         |                     |
| <i>nortriptyline 75mg cap</i>             | 1         |                     |
| <i>protriptyline 10mg tab</i>             | 2         |                     |
| <i>protriptyline 5mg tab</i>              | 2         |                     |
| <i>trimipramine 100mg cap</i>             | 2         |                     |
| <i>trimipramine 25mg cap</i>              | 2         |                     |
| <i>trimipramine 50mg cap</i>              | 2         |                     |
| <b>ANTIDIABETICS</b>                      |           |                     |
| <b>ANTIDIABETIC COMBINATIONS</b>          |           |                     |
| <i>glipizide/metformin 2.5-250mg tab</i>  | 1         |                     |
| <i>glipizide/metformin 2.5-500mg tab</i>  | 1         |                     |
| <i>glipizide/metformin 5-500mg tab</i>    | 1         |                     |
| <i>glyburide/metformin 1.25-250mg tab</i> | 1         |                     |
| <i>glyburide/metformin 2.5-500mg tab</i>  | 1         |                     |
| <i>glyburide/metformin 5-500mg tab</i>    | 1         |                     |
| GLYXAMBI 10-5MG TAB                       | 3         | QL=30 EA/30 Days    |
| GLYXAMBI 25-5MG TAB                       | 3         | QL=30 EA/30 Days    |
| JANUMET 50-1000MG TAB                     | 3         | QL=60 EA/30 Days    |
| JANUMET 50-500MG TAB                      | 3         | QL=60 EA/30 Days    |
| JANUMET XR 100-1000MG TAB                 | 3         | QL=30 EA/30 Days    |
| JANUMET XR 50-1000MG TAB                  | 3         | QL=60 EA/30 Days    |
| JANUMET XR 50-500MG TAB                   | 3         | QL=60 EA/30 Days    |
| JENTADUETO 2.5-1000MG TAB                 | 3         | QL=60 EA/30 Days    |
| JENTADUETO 2.5-500MG TAB                  | 3         | QL=60 EA/30 Days    |
| JENTADUETO XR 2.5-1000MG TAB              | 3         | QL=60 EA/30 Days    |
| JENTADUETO XR 5-1000MG TAB                | 3         | QL=30 EA/30 Days    |
| SYNJARDY 12.5-1000MG TAB                  | 3         | QL=60 EA/30 Days    |
| SYNJARDY 12.5-500MG TAB                   | 3         | QL=60 EA/30 Days    |
| SYNJARDY 5-1000MG TAB                     | 3         | QL=60 EA/30 Days    |
| SYNJARDY 5-500MG TAB                      | 3         | QL=60 EA/30 Days    |
| SYNJARDY XR 10-1000MG TAB                 | 3         | QL=30 EA/30 Days    |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS  |
|--|-----------|----------------------|
| SYNJARDY XR 12.5-1000MG TAB                      | 3         | QL=60 EA/30 Days     |
| SYNJARDY XR 25-1000MG TAB                        | 3         | QL=30 EA/30 Days     |
| SYNJARDY XR 5-1000MG TAB                         | 3         | QL=60 EA/30 Days     |
| TRIJARDY XR 10-5-1000MG TAB                      | 3         | QL=30 EA/30 Days     |
| TRIJARDY XR 12.5-2.5-1000MG TAB                  | 3         | QL=60 EA/30 Days     |
| TRIJARDY XR 25-5-1000MG TAB                      | 3         | QL=30 EA/30 Days     |
| TRIJARDY XR 5-2.5-1000MG TAB                     | 3         | QL=60 EA/30 Days     |
| XIGDUO XR 10-1000MG TAB                          | 3         | QL=30 EA/30 Days     |
| XIGDUO XR 10-500MG TAB                           | 3         | QL=30 EA/30 Days     |
| XIGDUO XR 2.5-1000MG TAB                         | 3         | QL=60 EA/30 Days     |
| XIGDUO XR 5-1000MG TAB                           | 3         | QL=60 EA/30 Days     |
| XIGDUO XR 5-500MG TAB                            | 3         | QL=30 EA/30 Days     |
| <b>DIABETIC OTHER</b>                            |           |                      |
| <i>acarbose 100mg tab</i>                        | 1         |                      |
| <i>acarbose 25mg tab</i>                         | 1         |                      |
| <i>acarbose 50mg tab</i>                         | 1         |                      |
| BAQSIMI 3MG/DOSE NASAL POWDER                    | 3         | QL=2 EA/7 Days       |
| <i>diazoxide 50mg/ml oral susp</i>               | 2         |                      |
| GVOKE 0.5MG/0.1ML AUTO-INJECTOR                  | 3         | QL=.20 ML/7 Days     |
| GVOKE 1MG/0.2ML AUTO-INJECTOR                    | 3         | QL=.40 ML/7 Days     |
| GVOKE 1MG/0.2ML INJ                              | 3         | QL=.40 ML/7 Days     |
| GVOKE 1MG/0.2ML SYRINGE                          | 3         | QL=.40 ML/7 Days     |
| <i>metformin 1000mg tab</i>                      | 1         |                      |
| <i>metformin 500mg er tab</i>                    | 1         |                      |
| <i>metformin 500mg tab</i>                       | 1         |                      |
| <i>metformin 750mg er tab</i>                    | 1         |                      |
| <i>metformin 850mg tab</i>                       | 1         |                      |
| <i>mifepristone 300mg tab</i>                    | 1         | PA QL=120 EA/30 Days |
| <i>nateglinide 120mg tab</i>                     | 1         |                      |
| <i>nateglinide 60mg tab</i>                      | 1         |                      |
| <i>pioglitazone 15mg tab</i>                     | 1         |                      |
| <i>pioglitazone 30mg tab</i>                     | 1         |                      |
| <i>pioglitazone 45mg tab</i>                     | 1         |                      |
| <i>repaglinide 0.5mg tab</i>                     | 1         |                      |
| <i>repaglinide 1mg tab</i>                       | 1         |                      |
| <i>repaglinide 2mg tab</i>                       | 1         |                      |
| <b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b> |           |                      |
| JANUVIA 100MG TAB                                | 3         | QL=30 EA/30 Days     |
| JANUVIA 25MG TAB                                 | 3         | QL=30 EA/30 Days     |
| JANUVIA 50MG TAB                                 | 3         | QL=30 EA/30 Days     |
| TRADJENTA 5MG TAB                                | 3         | QL=30 EA/30 Days     |
| <b>INCRETIN MIMETIC AGENTS</b>                   |           |                      |
| <i>liraglutide 18mg/3ml pen inj</i>              | 2         | PA QL=9 ML/30 Days   |
| MOUNJARO 10MG/0.5ML AUTO-INJECTOR                | 3         | PA QL=2 ML/28 Days   |
| MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR              | 3         | PA QL=2 ML/28 Days   |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| MOUNJARO 15MG/0.5ML AUTO-INJECTOR                         | 3         | PA QL=2 ML/28 Days  |
| MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR                        | 3         | PA QL=2 ML/28 Days  |
| MOUNJARO 5MG/0.5ML AUTO-INJECTOR                          | 3         | PA QL=2 ML/28 Days  |
| MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR                        | 3         | PA QL=2 ML/28 Days  |
| OZEMPIC 2.68MG/ML PEN INJ                                 | 3         | PA QL=3 ML/28 Days  |
| OZEMPIC 2MG/3ML PEN INJ                                   | 3         | PA QL=3 ML/28 Days  |
| OZEMPIC 4MG/3ML PEN INJ                                   | 3         | PA QL=3 ML/28 Days  |
| RYBELSUS 14MG TAB   | 3         | PA QL=30 EA/30 Days |
| RYBELSUS 3MG TAB  | 3         | PA QL=30 EA/30 Days |
| RYBELSUS 7MG TAB  | 3         | PA QL=30 EA/30 Days |
| TRULICITY 0.75MG/0.5ML AUTO-INJECTOR                      | 3         | PA QL=2 ML/28 Days  |
| TRULICITY 1.5MG/0.5ML AUTO-INJECTOR                       | 3         | PA QL=2 ML/28 Days  |
| TRULICITY 3MG/0.5ML AUTO-INJECTOR                         | 3         | PA QL=2 ML/28 Days  |
| TRULICITY 4.5MG/0.5ML AUTO-INJECTOR                       | 3         | PA QL=2 ML/28 Days  |
| <b>INSULIN</b>  |           |                     |
| HUMALOG 100UNIT/ML CARTRIDGE                              | 3         | INS                 |
| HUMALOG 100UNIT/ML KWIKPEN                                | 3         | INS                 |
| HUMALOG 200UNIT/ML KWIKPEN                                | 3         | INS                 |
| HUMALOG JUNIOR 100UNIT/ML PEN INJ                         | 3         | INS                 |
| HUMALOG MIX (50/50) 100UNIT/ML PEN INJ                    | 3         | INS                 |
| HUMALOG MIX (75/25) 100UNIT/ML INJ                        | 3         | INS                 |
| HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN                    | 3         | INS                 |
| HUMULIN (70/30) 100UNIT/ML INJ                            | 3         | INS                 |
| HUMULIN (70/30) 100UNIT/ML PEN INJ                        | 3         | INS                 |
| HUMULIN N 100UNIT/ML INJ                                  | 3         | INS                 |
| HUMULIN N 100UNIT/ML PEN INJ                              | 3         | INS                 |
| HUMULIN R 100UNIT/ML INJ                                  | 3         | INS                 |
| HUMULIN R 500UNIT/ML INJ                                  | 3         | INS PA BvD          |
| HUMULIN R 500UNIT/ML PEN INJ                              | 3         | INS                 |
| INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)               | 3         | INS                 |
| INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)                 | 3         | INS                 |
| INSULIN LISPRO 100UNIT/ML INJ                             | 3         | INS PA BvD          |
| LANTUS 100UNIT/ML INJ                                     | 3         | INS                 |
| LANTUS 100UNIT/ML PEN INJ                                 | 3         | INS                 |
| TOUJEO 300UNIT/ML PEN INJ (1.5ML)                         | 3         | INS                 |
| TOUJEO MAX 300UNIT/ML PEN INJ (3ML)                       | 3         | INS                 |
| TRESIBA 100UNIT/ML INJ                                    | 3         | INS                 |
| TRESIBA 100UNIT/ML PEN INJ                                | 3         | INS                 |
| TRESIBA 200UNIT/ML PEN INJ                                | 3         | INS                 |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b> |           |                     |
| FARXIGA 10MG TAB  | 3         | QL=30 EA/30 Days    |
| FARXIGA 5MG TAB   | 3         | QL=30 EA/30 Days    |
| JARDIANCE 10MG TAB  | 3         | QL=30 EA/30 Days    |
| JARDIANCE 25MG TAB  | 3         | QL=30 EA/30 Days    |
| <b>SULFONYLUREAS</b>                                      |           |                     |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| <i>glimepiride 1mg tab</i>                            | 1         |                         |
| <i>glimepiride 2mg tab</i>                            | 1         |                         |
| <i>glimepiride 4mg tab</i>                            | 1         |                         |
| <i>glipizide 10mg er tab</i>                          | 1         |                         |
| <i>glipizide 10mg tab</i>                             | 1         |                         |
| <i>glipizide 2.5mg er tab</i>                         | 1         |                         |
| <i>glipizide 5mg er tab</i>                           | 1         |                         |
| <i>glipizide 5mg tab</i>                              | 1         |                         |
| <i>glyburide 1.25mg tab</i>                           | 1         |                         |
| GLYBURIDE 1.5MG TAB                                   | 1         |                         |
| <i>glyburide 2.5mg tab</i>                            | 1         |                         |
| GLYBURIDE 3MG TAB                                     | 1         |                         |
| <i>glyburide 5mg tab</i>                              | 1         |                         |
| GLYBURIDE 6MG TAB                                     | 1         |                         |
| <b>ANTIDIARRHEALS</b>                                 |           |                         |
| <b>ANTIDIARRHEAL AGENTS - MISC.</b>                   |           |                         |
| <i>alosetron 0.5mg tab</i>                            | 2         | QL=60 EA/30 Days        |
| <i>alosetron 1mg tab</i>                              | 2         | QL=60 EA/30 Days        |
| <i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i> | 1         |                         |
| <i>loperamide 2mg cap</i>                             | 1         |                         |
| XERMELO 250MG TAB                                     | 5         | NDS PA QL=84 EA/28 Days |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>             |           |                         |
| <b>OPIOID ANTAGONISTS</b>                             |           |                         |
| KLOXXADO 8MG/0.1ML NASAL SPRAY                        | 3         |                         |
| NALOXONE 0.4MG/ML CARTRIDGE                           | 2         |                         |
| <i>naloxone 0.4mg/ml inj</i>                          | 1         |                         |
| <i>naloxone 0.4mg/ml syringe</i>                      | 1         |                         |
| <i>naloxone 1mg/ml syringe</i>                        | 1         |                         |
| <i>naltrexone 50mg tab</i>                            | 1         |                         |
| OPVEE 2.7MG/0.1ML NASAL SPRAY                         | 3         |                         |
| VIVITROL 380MG INJ                                    | 5         | NDS                     |
| ZIMHI 5MG/0.5ML SYRINGE                               | 3         |                         |
| <b>ANTIEMETICS</b>                                    |           |                         |
| <b>5-HT3 RECEPTOR ANTAGONISTS</b>                     |           |                         |
| <i>granisetron 1mg tab</i>                            | 1         | PA_BvD QL=60 EA/30 Days |
| <i>ondansetron 0.8mg/ml oral soln</i>                 | 1         | PA_BvD                  |
| <i>ondansetron 4mg odt</i>                            | 1         | PA_BvD                  |
| <i>ondansetron 4mg tab</i>                            | 1         | PA_BvD                  |
| <i>ondansetron 8mg odt</i>                            | 1         | PA_BvD                  |
| <i>ondansetron 8mg tab</i>                            | 1         | PA_BvD                  |
| <b>ANTIEMETICS - ANTICHOLINERGIC</b>                  |           |                         |
| <i>meclizine 12.5mg tab</i>                           | 1         |                         |
| <i>meclizine 25mg tab</i>                             | 1         |                         |
| <i>scopolamine 1mg/72hr patch</i>                     | 2         | QL=10 EA/30 Days        |
| <b>ANTIEMETICS - MISCELLANEOUS</b>                    |           |                         |

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| <b>DRUG NAME</b>                                  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>aprepitant 125mg cap</i>                       | 2                | PA_BvD QL=3 EA/2 Days      |
| <i>aprepitant 125mg/80mg cap therapy pack (3)</i> | 2                | PA_BvD QL=6 EA/4 Days      |
| <i>aprepitant 40mg cap</i>                        | 2                | PA_BvD QL=3 EA/2 Days      |
| <i>aprepitant 80mg cap</i>                        | 2                | PA_BvD QL=6 EA/4 Days      |
| <i>dronabinol 10mg cap</i>                        | 2                | PA QL=60 EA/30 Days        |
| <i>dronabinol 2.5mg cap</i>                       | 2                | PA QL=60 EA/30 Days        |
| <i>dronabinol 5mg cap</i>                         | 2                | PA QL=60 EA/30 Days        |
| <b>ANTIFUNGALS</b>                                |                  |                            |
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>   |                  |                            |
| <i>casprofungin acetate 50mg inj</i>              | 2                |                            |
| <i>casprofungin acetate 70mg inj</i>              | 2                |                            |
| <i>micafungin sodium 100mg inj</i>                | 2                |                            |
| <i>micafungin sodium 50mg inj</i>                 | 2                |                            |
| <b>ANTIFUNGALS</b>                                |                  |                            |
| ABELCET 5MG/ML INJ                                | 4                | PA_BvD                     |
| AMPHOTERICIN B 50MG INJ                           | 2                | PA_BvD                     |
| <i>flucytosine 250mg cap</i>                      | 2                |                            |
| <i>flucytosine 500mg cap</i>                      | 2                |                            |
| <i>griseofulvin 125mg tab</i>                     | 2                |                            |
| <i>griseofulvin 250mg tab</i>                     | 2                |                            |
| <i>griseofulvin 25mg/ml oral susp</i>             | 2                |                            |
| <i>griseofulvin 500mg tab</i>                     | 2                |                            |
| <i>nystatin 500000unit tab</i>                    | 1                |                            |
| <i>terbinafine 250mg tab</i>                      | 1                |                            |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS</b>              |                  |                            |
| <i>fluconazole 100mg tab</i>                      | 1                |                            |
| <i>fluconazole 10mg/ml oral susp</i>              | 1                |                            |
| <i>fluconazole 150mg tab</i>                      | 1                |                            |
| <i>fluconazole 200mg tab</i>                      | 1                |                            |
| <i>fluconazole 200mg/100ml inj</i>                | 2                |                            |
| <i>fluconazole 400mg/200ml inj</i>                | 2                |                            |
| <i>fluconazole 40mg/ml oral susp</i>              | 1                |                            |
| <i>fluconazole 50mg tab</i>                       | 1                |                            |
| <i>itraconazole 100mg cap</i>                     | 2                | QL=120 EA/30 Days          |
| <i>ketoconazole 200mg tab</i>                     | 1                |                            |
| <i>posaconazole 100mg dr tab</i>                  | 2                | PA QL=96 EA/30 Days        |
| <i>posaconazole 40mg/ml oral susp</i>             | 2                | PA QL=630 ML/30 Days       |
| <i>voriconazole 200mg inj</i>                     | 2                | PA                         |
| <i>voriconazole 200mg tab</i>                     | 2                | PA QL=120 EA/30 Days       |
| <i>voriconazole 40mg/ml oral susp</i>             | 2                | PA QL=400 ML/30 Days       |
| <i>voriconazole 50mg tab</i>                      | 2                | PA QL=480 EA/30 Days       |
| <b>ANTIHYPERLIPIDEMICS</b>                        |                  |                            |
| <b>ANTIHYPERLIPIDEMICS - MISC.</b>                |                  |                            |
| <i>ezetimibe 10mg tab</i>                         | 1                | QL=30 EA/30 Days           |
| <i>icosapent ethyl 1000mg cap</i>                 | 2                | QL=120 EA/30 Days          |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS   |
|---|-----------|-----------------------|
| <i>icosapent ethyl 500mg cap</i>                                  | 2         | QL=120 EA/30 Days     |
| NEXLETOL 180MG TAB  | 3         | PA QL=30 EA/30 Days   |
| NEXLIZET 180-10MG TAB   | 3         | PA QL=30 EA/30 Days   |
| <i>niacin 1000mg er tab</i>                                       | 1         |                       |
| <i>niacin 500mg er tab</i>  | 1         |                       |
| <i>niacin 750mg er tab</i>  | 1         |                       |
| <i>omega-3 acid ethyl esters (usp) 1gm cap</i>                    | 2         |                       |
| REPATHA 140MG/ML AUTO-INJECTOR                                    | 3         | PA QL=2 ML/28 Days    |
| REPATHA 140MG/ML SYRINGE  | 3         | PA QL=2 ML/28 Days    |
| REPATHA 420MG/3.5ML CARTRIDGE                                     | 3         | PA QL=3.50 ML/28 Days |
| BILE ACID SEQUESTRANTS  |           |                       |
| <i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i> | 1         |                       |
| <i>cholestyramine resin 4gm powder for oral susp</i>              | 1         |                       |
| <i>colesevelam 625mg tab</i>                                      | 2         |                       |
| <i>colestipol 1gm tab</i>   | 1         |                       |
| <i>colestipol 5000mg granules for oral susp</i>                   | 2         |                       |
| <i>prevalite 4gm powder for oral susp</i>                         | 1         |                       |
| FIBRIC ACID DERIVATIVES   |           |                       |
| <i>fenofibrate 134mg cap</i>                                      | 1         |                       |
| <i>fenofibrate 145mg tab</i>                                      | 1         |                       |
| <i>fenofibrate 160mg tab</i>                                      | 1         |                       |
| <i>fenofibrate 200mg cap</i>                                      | 1         |                       |
| <i>fenofibrate 48mg tab</i>                                       | 1         |                       |
| <i>fenofibrate 54mg tab</i>                                       | 1         |                       |
| <i>fenofibrate 67mg cap</i>                                       | 1         |                       |
| <i>fenofibric acid 135mg dr cap</i>                               | 1         |                       |
| <i>fenofibric acid 45mg dr cap</i>                                | 1         |                       |
| <i>gemfibrozil 600mg tab</i>                                      | 1         |                       |
| HMG COA REDUCTASE INHIBITORS                                      |           |                       |
| <i>atorvastatin 10mg tab</i>                                      | 1         |                       |
| <i>atorvastatin 20mg tab</i>                                      | 1         |                       |
| <i>atorvastatin 40mg tab</i>                                      | 1         |                       |
| <i>atorvastatin 80mg tab</i>                                      | 1         |                       |
| <i>lovastatin 10mg tab</i>  | 1         |                       |
| <i>lovastatin 20mg tab</i>  | 1         |                       |
| <i>lovastatin 40mg tab</i>  | 1         |                       |
| <i>pravastatin sodium 10mg tab</i>                                | 1         |                       |
| <i>pravastatin sodium 20mg tab</i>                                | 1         |                       |
| <i>pravastatin sodium 40mg tab</i>                                | 1         |                       |
| <i>pravastatin sodium 80mg tab</i>                                | 1         |                       |
| <i>rosuvastatin calcium 10mg tab</i>                              | 1         |                       |
| <i>rosuvastatin calcium 20mg tab</i>                              | 1         |                       |
| <i>rosuvastatin calcium 40mg tab</i>                              | 1         |                       |
| <i>rosuvastatin calcium 5mg tab</i>                               | 1         |                       |

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| <b>DRUG NAME</b>                           | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>simvastatin 10mg tab</i>                | 1                |                            |
| <i>simvastatin 20mg tab</i>                | 1                |                            |
| <i>simvastatin 40mg tab</i>                | 1                |                            |
| <i>simvastatin 5mg tab</i>                 | 1                |                            |
| <i>simvastatin 80mg tab</i>                | 1                |                            |
| <b>ANTIHYPERTENSIVES</b>                   |                  |                            |
| <b>ACE INHIBITORS</b>                      |                  |                            |
| <i>benazepril 10mg tab</i>                 | 1                |                            |
| <i>benazepril 20mg tab</i>                 | 1                |                            |
| <i>benazepril 40mg tab</i>                 | 1                |                            |
| <i>benazepril 5mg tab</i>                  | 1                |                            |
| <i>captopril 100mg tab</i>                 | 2                |                            |
| <i>captopril 12.5mg tab</i>                | 2                |                            |
| <i>captopril 25mg tab</i>                  | 2                |                            |
| <i>captopril 50mg tab</i>                  | 2                |                            |
| <i>enalapril maleate 10mg tab</i>          | 1                |                            |
| <i>enalapril maleate 2.5mg tab</i>         | 1                |                            |
| <i>enalapril maleate 20mg tab</i>          | 1                |                            |
| <i>enalapril maleate 5mg tab</i>           | 1                |                            |
| <i>fosinopril sodium 10mg tab</i>          | 1                |                            |
| <i>fosinopril sodium 20mg tab</i>          | 1                |                            |
| <i>fosinopril sodium 40mg tab</i>          | 1                |                            |
| <i>lisinopril 10mg tab</i>                 | 1                |                            |
| <i>lisinopril 2.5mg tab</i>                | 1                |                            |
| <i>lisinopril 20mg tab</i>                 | 1                |                            |
| <i>lisinopril 30mg tab</i>                 | 1                |                            |
| <i>lisinopril 40mg tab</i>                 | 1                |                            |
| <i>lisinopril 5mg tab</i>                  | 1                |                            |
| <i>moexipril 15mg tab</i>                  | 1                |                            |
| <i>moexipril 7.5mg tab</i>                 | 1                |                            |
| <b>PERINDOPRIL ERBUMINE 2MG TAB</b>        | 1                |                            |
| <i>perindopril erbumine 4mg tab</i>        | 1                |                            |
| <b>PERINDOPRIL ERBUMINE 8MG TAB</b>        | 1                |                            |
| <i>quinapril 10mg tab</i>                  | 1                |                            |
| <i>quinapril 20mg tab</i>                  | 1                |                            |
| <i>quinapril 40mg tab</i>                  | 1                |                            |
| <i>quinapril 5mg tab</i>                   | 1                |                            |
| <i>ramipril 1.25mg cap</i>                 | 1                |                            |
| <i>ramipril 10mg cap</i>                   | 1                |                            |
| <i>ramipril 2.5mg cap</i>                  | 1                |                            |
| <i>ramipril 5mg cap</i>                    | 1                |                            |
| <i>trandolapril 1mg tab</i>                | 1                |                            |
| <i>trandolapril 2mg tab</i>                | 1                |                            |
| <i>trandolapril 4mg tab</i>                | 1                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b> |                  |                            |

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| <b>DRUG NAME</b>                          | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>candesartan cilexetil 16mg tab</i>     | 1                |                            |
| <i>candesartan cilexetil 32mg tab</i>     | 1                |                            |
| <i>candesartan cilexetil 4mg tab</i>      | 1                |                            |
| <i>candesartan cilexetil 8mg tab</i>      | 1                |                            |
| <i>irbesartan 150mg tab</i>               | 1                |                            |
| <i>irbesartan 300mg tab</i>               | 1                |                            |
| <i>irbesartan 75mg tab</i>                | 1                |                            |
| <i>losartan potassium 100mg tab</i>       | 1                |                            |
| <i>losartan potassium 25mg tab</i>        | 1                |                            |
| <i>losartan potassium 50mg tab</i>        | 1                |                            |
| <i>olmesartan medoxomil 20mg tab</i>      | 1                |                            |
| <i>olmesartan medoxomil 40mg tab</i>      | 1                |                            |
| <i>olmesartan medoxomil 5mg tab</i>       | 1                |                            |
| <i>telmisartan 20mg tab</i>               | 1                |                            |
| <i>telmisartan 40mg tab</i>               | 1                |                            |
| <i>telmisartan 80mg tab</i>               | 1                |                            |
| <i>valsartan 160mg tab</i>                | 1                |                            |
| <i>valsartan 320mg tab</i>                | 1                |                            |
| <i>valsartan 40mg tab</i>                 | 1                |                            |
| <i>valsartan 80mg tab</i>                 | 1                |                            |
| <b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>   |                  |                            |
| <i>clonidine 0.1mg tab</i>                | 1                |                            |
| <i>clonidine 0.1mg/24hr weekly patch</i>  | 2                | QL=4 EA/28 Days            |
| <i>clonidine 0.2mg tab</i>                | 1                |                            |
| <i>clonidine 0.2mg/24hr weekly patch</i>  | 2                | QL=4 EA/28 Days            |
| <i>clonidine 0.3mg tab</i>                | 1                |                            |
| <i>clonidine 0.3mg/24hr weekly patch</i>  | 2                | QL=4 EA/28 Days            |
| <i>doxazosin 1mg tab</i>                  | 1                |                            |
| <i>doxazosin 2mg tab</i>                  | 1                |                            |
| <i>doxazosin 4mg tab</i>                  | 1                |                            |
| <i>doxazosin 8mg tab</i>                  | 1                |                            |
| <i>guanfacine 1mg tab</i>                 | 1                |                            |
| <i>guanfacine 2mg tab</i>                 | 1                |                            |
| <i>prazosin 1mg cap</i>                   | 1                |                            |
| <i>prazosin 2mg cap</i>                   | 1                |                            |
| <i>prazosin 5mg cap</i>                   | 1                |                            |
| <i>terazosin 10mg cap</i>                 | 1                |                            |
| <i>terazosin 1mg cap</i>                  | 1                |                            |
| <i>terazosin 2mg cap</i>                  | 1                |                            |
| <i>terazosin 5mg cap</i>                  | 1                |                            |
| <b>ANTIHYPERTENSIVE COMBINATIONS</b>      |                  |                            |
| <i>amlodipine/benazepril 10-20mg cap</i>  | 1                |                            |
| <i>amlodipine/benazepril 10-40mg cap</i>  | 1                |                            |
| <i>amlodipine/benazepril 2.5-10mg cap</i> | 1                |                            |
| <i>amlodipine/benazepril 5-10mg cap</i>   | 1                |                            |

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| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>amlodipine/benazepril 5-20mg cap</i>                       | 1                |                            |
| <i>amlodipine/benazepril 5-40mg cap</i>                       | 1                |                            |
| <i>amlodipine/olmesartan medoxomil 10-20mg tab</i>            | 2                |                            |
| <i>amlodipine/olmesartan medoxomil 10-40mg tab</i>            | 2                |                            |
| <i>amlodipine/olmesartan medoxomil 5-20mg tab</i>             | 2                |                            |
| <i>amlodipine/olmesartan medoxomil 5-40mg tab</i>             | 2                |                            |
| <i>amlodipine/valsartan 10-160mg tab</i>                      | 2                |                            |
| <i>amlodipine/valsartan 10-320mg tab</i>                      | 2                |                            |
| <i>amlodipine/valsartan 5-160mg tab</i>                       | 2                |                            |
| <i>amlodipine/valsartan 5-320mg tab</i>                       | 2                |                            |
| <i>atenolol/chlorthalidone 100-25mg tab</i>                   | 1                |                            |
| <i>atenolol/chlorthalidone 50-25mg tab</i>                    | 1                |                            |
| <i>benazepril/hydrochlorothiazide 10-12.5mg tab</i>           | 1                |                            |
| <i>benazepril/hydrochlorothiazide 20-12.5mg tab</i>           | 1                |                            |
| <i>benazepril/hydrochlorothiazide 20-25mg tab</i>             | 1                |                            |
| <i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>            | 1                |                            |
| <i>bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab</i>  | 1                |                            |
| <i>bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab</i> | 1                |                            |
| <i>bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab</i>   | 1                |                            |
| <i>enalapril maleate/hydrochlorothiazide 10-25mg tab</i>      | 1                |                            |
| <i>enalapril maleate/hydrochlorothiazide 5-12.5mg tab</i>     | 1                |                            |
| <i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i>    | 1                |                            |
| <i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i>    | 1                |                            |
| <i>hydrochlorothiazide/irbesartan 12.5-150mg tab</i>          | 1                |                            |
| <i>hydrochlorothiazide/irbesartan 12.5-300mg tab</i>          | 1                |                            |
| <i>hydrochlorothiazide/lisinopril 12.5-10mg tab</i>           | 1                |                            |
| <i>hydrochlorothiazide/lisinopril 12.5-20mg tab</i>           | 1                |                            |
| <i>hydrochlorothiazide/lisinopril 25-20mg tab</i>             | 1                |                            |
| <i>hydrochlorothiazide/losartan potassium 12.5-100mg tab</i>  | 1                |                            |
| <i>hydrochlorothiazide/losartan potassium 12.5-50mg tab</i>   | 1                |                            |
| <i>hydrochlorothiazide/losartan potassium 25-100mg tab</i>    | 1                |                            |
| <i>hydrochlorothiazide/metoprolol tartrate 25-100mg tab</i>   | 2                |                            |
| <i>hydrochlorothiazide/metoprolol tartrate 25-50mg tab</i>    | 2                |                            |
| <i>hydrochlorothiazide/metoprolol tartrate 50-100mg tab</i>   | 2                |                            |
| <i>hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab</i> | 1                |                            |
| <i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i> | 1                |                            |
| <i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i>   | 1                |                            |
| <i>hydrochlorothiazide/valsartan 12.5-160mg tab</i>           | 1                |                            |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>hydrochlorothiazide/valsartan 12.5-320mg tab</i> | 1         |                     |
| <i>hydrochlorothiazide/valsartan 12.5-80mg tab</i>  | 1         |                     |
| <i>hydrochlorothiazide/valsartan 25-160mg tab</i>   | 1         |                     |
| <i>hydrochlorothiazide/valsartan 25-320mg tab</i>   | 1         |                     |
| <b>ANTIHYPERTENSIVES - MISC.</b>                    |           |                     |
| <i>aliskiren 150mg tab</i>                          | 2         |                     |
| <i>aliskiren 300mg tab</i>                          | 2         |                     |
| <i>eplerenone 25mg tab</i>                          | 1         |                     |
| <i>eplerenone 50mg tab</i>                          | 1         |                     |
| <i>metyrosine 250mg cap</i>                         | 5         | NDS PA              |
| <b>VASODILATORS</b>                                 |           |                     |
| <i>hydralazine 100mg tab</i>                        | 1         |                     |
| <i>hydralazine 10mg tab</i>                         | 1         |                     |
| <i>hydralazine 25mg tab</i>                         | 1         |                     |
| <i>hydralazine 50mg tab</i>                         | 1         |                     |
| <i>minoxidil 10mg tab</i>                           | 1         |                     |
| <i>minoxidil 2.5mg tab</i>                          | 1         |                     |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                |           |                     |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                |           |                     |
| <i>azithromycin 20mg/ml oral susp</i>               | 1         |                     |
| <i>azithromycin 250mg pack (6)</i>                  | 1         |                     |
| <i>azithromycin 250mg tab</i>                       | 1         |                     |
| <i>azithromycin 40mg/ml oral susp</i>               | 1         |                     |
| <i>azithromycin 500mg inj</i>                       | 2         |                     |
| <i>azithromycin 500mg tab</i>                       | 1         |                     |
| <i>azithromycin 500mg tab pack (3)</i>              | 1         |                     |
| <i>azithromycin 600mg tab</i>                       | 1         |                     |
| <i>aztreonam 1gm inj</i>                            | 2         |                     |
| <i>aztreonam 2gm inj</i>                            | 2         |                     |
| <i>cefepime 1000mg inj</i>                          | 2         |                     |
| <i>cefepime 2000mg inj</i>                          | 2         |                     |
| <i>clarithromycin 250mg tab</i>                     | 1         |                     |
| CLARITHROMYCIN 25MG/ML ORAL SUSP                    | 2         |                     |
| <i>clarithromycin 500mg tab</i>                     | 1         |                     |
| CLARITHROMYCIN 50MG/ML ORAL SUSP                    | 2         |                     |
| <i>clindamycin 150mg cap</i>                        | 1         |                     |
| <i>clindamycin 300mg cap</i>                        | 1         |                     |
| <i>clindamycin 300mg/2ml inj</i>                    | 2         |                     |
| <i>clindamycin 300mg/50ml inj</i>                   | 2         |                     |
| <i>clindamycin 600mg/4ml inj</i>                    | 2         |                     |
| <i>clindamycin 600mg/50ml inj</i>                   | 2         |                     |
| <i>clindamycin 75mg cap</i>                         | 1         |                     |
| <i>clindamycin 75mg/5ml oral soln</i>               | 2         |                     |
| <i>clindamycin 900mg/50ml inj</i>                   | 2         |                     |
| <i>clindamycin 900mg/6ml inj</i>                    | 2         |                     |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS    |
|---|-----------|------------------------|
| <i>colistin 75mg/ml inj</i>                               | 2         |                        |
| <i>daptomycin 500mg inj</i>                               | 2         |                        |
| DIFICID 200MG TAB   | 3         | PA QL=20 EA/10 Days    |
| DIFICID 40MG/ML ORAL SUSP                                 | 3         | PA QL=136 ML/10 Days   |
| <i>erythromycin 250mg dr tab</i>                          | 2         |                        |
| <i>erythromycin 250mg tab</i>                             | 2         |                        |
| <i>erythromycin 333mg dr tab</i>                          | 2         |                        |
| <i>erythromycin 500mg dr tab</i>                          | 2         |                        |
| <i>erythromycin 500mg tab</i>                             | 2         |                        |
| <i>erythromycin ethylsuccinate 40mg/ml oral susp</i>      | 2         |                        |
| <i>erythromycin ethylsuccinate 80mg/ml oral susp</i>      | 2         |                        |
| <i>linezolid 100mg/5ml oral susp</i>                      | 2         | QL=1800 ML/30 Days     |
| <i>linezolid 600mg tab</i>                                | 2         | QL=60 EA/30 Days       |
| <i>linezolid 600mg/300ml inj</i>                          | 2         |                        |
| <i>metronidazole 250mg tab</i>                            | 1         |                        |
| <i>metronidazole 500mg tab</i>                            | 1         |                        |
| <i>metronidazole 5mg/ml inj</i>                           | 2         |                        |
| <i>pentamidine isethionate 300mg inj</i>                  | 2         |                        |
| <i>pentamidine isethionate 300mg/6ml inh soln</i>         | 2         | PA_BvD QL=1 EA/28 Days |
| TEFLARO 400MG INJ   | 5         | NDS                    |
| TEFLARO 600MG INJ   | 5         | NDS                    |
| <i>tigecycline 50mg inj</i>                               | 5         | NDS                    |
| <i>tinidazole 250mg tab</i>                               | 1         |                        |
| <i>tinidazole 500mg tab</i>                               | 1         |                        |
| <i>trimethoprim 100mg tab</i>                             | 1         |                        |
| <i>vancomycin 100mg/ml inj</i>                            | 2         |                        |
| <i>vancomycin 125mg cap</i>                               | 1         | QL=120 EA/30 Days      |
| <i>vancomycin 1gm inj</i>                                 | 2         |                        |
| <i>vancomycin 250mg cap</i>                               | 1         | QL=120 EA/30 Days      |
| <i>vancomycin 500mg inj</i>                               | 2         |                        |
| <i>vancomycin 750mg inj</i>                               | 2         |                        |
| XIFAXAN 550MG TAB   | 3         | PA QL=60 EA/30 Days    |
| <b>ANTIPROTOZOAL AGENTS</b>                               |           |                        |
| <i>atovaquone 750mg/5ml oral susp</i>                     | 2         |                        |
| <i>nitazoxanide 500mg tab</i>                             | 2         | PA QL=6 EA/3 Days      |
| <b>CARBAPENEMS</b>  |           |                        |
| CILASTATIN/IMIPENEM 250-250MG INJ                         | 2         |                        |
| <i>cilastatin/imipenem 500-500mg inj</i>                  | 2         |                        |
| <i>ertapenem 1gm inj</i>                                  | 2         |                        |
| <i>meropenem 1gm inj</i>                                  | 2         |                        |
| <i>meropenem 500mg inj</i>                                | 2         |                        |
| <b>URINARY ANTI-INFECTIVES</b>                            |           |                        |
| <i>fosfomycin 3gm powder for oral soln</i>                | 2         |                        |
| <i>methenamine hippurate 1gm tab</i>                      | 2         |                        |
| <i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i> | 1         |                        |

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| DRUG NAME                                       | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>nitrofurantoin macrocrystals 100mg cap</i>   | 1         |                     |
| <i>nitrofurantoin macrocrystals 50mg cap</i>    | 1         |                     |
| <b>ANTIMALARIALS</b>                            |           |                     |
| <b>ANTIMALARIAL COMBINATIONS</b>                |           |                     |
| <i>atovaquone/proguanil 250-100mg tab</i>       | 1         |                     |
| <i>atovaquone/proguanil 62.5-25mg tab</i>       | 1         |                     |
| COARTEM 20-120MG TAB                            | 3         |                     |
| <b>ANTIMALARIALS</b>                            |           |                     |
| CHLOROQUINE PHOSPHATE 250MG TAB                 | 2         |                     |
| <i>chloroquine phosphate 500mg tab</i>          | 2         |                     |
| <i>hydroxychloroquine sulfate 100mg tab</i>     | 1         |                     |
| <i>hydroxychloroquine sulfate 200mg tab</i>     | 1         |                     |
| <i>hydroxychloroquine sulfate 300mg tab</i>     | 1         |                     |
| <i>hydroxychloroquine sulfate 400mg tab</i>     | 1         |                     |
| <i>mefloquine 250mg tab</i>                     | 2         |                     |
| PRIMAQUINE PHOSPHATE 26.3MG TAB                 | 2         |                     |
| <i>pyrimethamine 25mg tab</i>                   | 2         | PA QL=90 EA/30 Days |
| <i>quinine sulfate 324mg cap</i>                | 2         | PA                  |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>        |           |                     |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>        |           |                     |
| FIRDAPSE 10MG TAB                               | 5         | NDS PA              |
| <i>pyridostigmine bromide 60mg tab</i>          | 1         |                     |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                 |           |                     |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                 |           |                     |
| <i>dapsone 100mg tab</i>                        | 1         |                     |
| <i>dapsone 25mg tab</i>                         | 1         |                     |
| <i>ethambutol 100mg tab</i>                     | 2         |                     |
| <i>ethambutol 400mg tab</i>                     | 2         |                     |
| <i>isoniazid 100mg tab</i>                      | 1         |                     |
| <i>isoniazid 10mg/ml oral soln</i>              | 2         |                     |
| <i>isoniazid 300mg tab</i>                      | 1         |                     |
| PRIFTIN 150MG TAB                               | 3         |                     |
| <i>pyrazinamide 500mg tab</i>                   | 1         |                     |
| <i>rifabutin 150mg cap</i>                      | 2         |                     |
| <i>rifampin 150mg cap</i>                       | 2         |                     |
| <i>rifampin 300mg cap</i>                       | 2         |                     |
| <i>rifampin 600mg inj</i>                       | 2         |                     |
| SIRTURO 100MG TAB                               | 5         | NDS PA              |
| SIRTURO 20MG TAB                                | 5         | NDS PA              |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b> |           |                     |
| <b>ALKYLATING AGENTS</b>                        |           |                     |
| CYCLOPHOSPHAMIDE 25MG TAB                       | 3         | PA_BvD              |
| CYCLOPHOSPHAMIDE 50MG TAB                       | 3         | PA_BvD              |
| GLEOSTINE 100MG CAP                             | 3         |                     |
| GLEOSTINE 10MG CAP                              | 3         |                     |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS          |
|---|-----------|------------------------------|
| GLEOSTINE 40MG CAP                                  | 3         |                              |
| LEUKERAN 2MG TAB                                    | 5         | NDS                          |
| <b>ANTIMETABOLITES</b>                              |           |                              |
| JYLAMVO 2MG/ML ORAL SOLN                            | 4         | PA_NSO                       |
| <i>mercaptopurine 20mg/ml susp</i>                  | 2         | PA_NSO QL=300 ML/30 Days     |
| <i>mercaptopurine 50mg tab</i>                      | 2         |                              |
| <i>methotrexate 2.5mg tab</i>                       | 1         |                              |
| METHOTREXATE 25MG/ML INJ                            | 1         |                              |
| <i>methotrexate 50mg/2ml inj</i>                    | 1         |                              |
| ONUREG 200MG TAB                                    | 5         | NDS PA_NSO QL=14 EA/28 Days  |
| ONUREG 300MG TAB                                    | 5         | NDS PA_NSO QL=14 EA/28 Days  |
| PURIXAN 2000MG/100ML ORAL SUSP                      | 4         | PA_NSO QL=300 ML/30 Days     |
| TABLOID 40MG TAB                                    | 5         | NDS                          |
| XATMEP 2.5MG/ML ORAL SOLN                           | 4         | PA_NSO                       |
| <b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>     |           |                              |
| FRUZAQLA 1MG CAP                                    | 5         | NDS PA_NSO QL=84 EA/28 Days  |
| FRUZAQLA 5MG CAP                                    | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| INLYTA 1MG TAB                                      | 5         | NDS PA_NSO QL=180 EA/30 Days |
| INLYTA 5MG TAB                                      | 5         | NDS PA_NSO QL=120 EA/30 Days |
| LENVIMA 10MG DAILY DOSE PACK (30)                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| LENVIMA 12MG DAILY DOSE PACK (90)                   | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| LENVIMA 14MG DAILY DOSE PACK (60)                   | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| LENVIMA 18MG DAILY DOSE PACK (90)                   | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| LENVIMA 20MG DAILY DOSE PACK (60)                   | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| LENVIMA 24MG DAILY DOSE PACK (90)                   | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| LENVIMA 4MG DAILY DOSE PACK (30)                    | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| LENVIMA 8MG DAILY DOSE PACK (60)                    | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| <b>ANTINEOPLASTIC - EGFR INHIBITORS</b>             |           |                              |
| <i>erlotinib 100mg tab</i>                          | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>erlotinib 150mg tab</i>                          | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>erlotinib 25mg tab</i>                           | 1         | PA_NSO QL=90 EA/30 Days      |
| <i>gefitinib 250mg tab</i>                          | 1         | PA_NSO QL=60 EA/30 Days      |
| GILOTRIF 20MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| GILOTRIF 30MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| GILOTRIF 40MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| LAZCLUZE 240MG TAB                                  | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| LAZCLUZE 80MG TAB                                   | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| TAGRISSE 40MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| TAGRISSE 80MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| VIZIMPRO 15MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| VIZIMPRO 30MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| VIZIMPRO 45MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b> |           |                              |
| DAURISMO 100MG TAB                                  | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| DAURISMO 25MG TAB                                   | 5         | NDS PA_NSO QL=60 EA/30 Days  |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS          |
|---|-----------|------------------------------|
| ERIVEDGE 150MG CAP                                  | 5         | NDS PA_NSO QL=28 EA/28 Days  |
| ODOMZO 200MG CAP                                    | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b> |           |                              |
| <i>abiraterone acetate 250mg tab</i>                | 1         | QL=120 EA/30 Days            |
| <i>abirtega 250mg tab</i>                           | 1         | QL=120 EA/30 Days            |
| AKEEGA 500-100MG TAB                                | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| AKEEGA 500-50MG TAB                                 | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| <i>anastrozole 1mg tab</i>                          | 1         |                              |
| <i>bicalutamide 50mg tab</i>                        | 1         |                              |
| ELIGARD 22.5MG SYRINGE                              | 4         | QL=1 EA/84 Days              |
| ELIGARD 30MG SYRINGE                                | 4         | QL=1 EA/112 Days             |
| ELIGARD 45MG SYRINGE                                | 4         | QL=1 EA/168 Days             |
| ELIGARD 7.5MG SYRINGE                               | 4         | QL=1 EA/28 Days              |
| ERLEADA 240MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ERLEADA 60MG TAB                                    | 5         | NDS PA_NSO QL=120 EA/30 Days |
| EULEXIN 125MG CAP                                   | 5         | NDS QL=180 EA/30 Days        |
| <i>exemestane 25mg tab</i>                          | 2         | QL=60 EA/30 Days             |
| FIRMAGON 120MG INJ                                  | 3         | PA_NSO QL=4 EA/365 Days      |
| FIRMAGON 80MG INJ                                   | 3         | PA_NSO QL=1 EA/28 Days       |
| <i>letrozole 2.5mg tab</i>                          | 1         |                              |
| LUPRON 11.25MG SYRINGE (3 MONTH)                    | 5         | QL=1 EA/84 Days              |
| LUPRON 3.75MG SYRINGE (1 MONTH)                     | 5         | NDS QL=1 EA/28 Days          |
| LYSODREN 500MG TAB                                  | 3         |                              |
| <i>megestrol acetate 20mg tab</i>                   | 1         | PA_NSO                       |
| <i>megestrol acetate 40mg tab</i>                   | 1         | PA_NSO                       |
| <i>megestrol acetate 40mg/ml oral susp</i>          | 1         | PA                           |
| <i>nilutamide 150mg tab</i>                         | 1         |                              |
| NUBEQA 300MG TAB                                    | 5         | NDS PA_NSO QL=120 EA/30 Days |
| ORGOVYX 120MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/28 Days  |
| ORSERDU 345MG TAB                                   | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ORSERDU 86MG TAB                                    | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| SOLTAMOX 10MG/5ML ORAL SOLN                         | 4         | PA_NSO QL=600 ML/30 Days     |
| <i>tamoxifen 10mg tab</i>                           | 1         |                              |
| <i>tamoxifen 20mg tab</i>                           | 1         |                              |
| <i>toremifene 60mg tab</i>                          | 2         | QL=30 EA/30 Days             |
| TRELSTAR 11.25MG INJ                                | 4         | QL=1 EA/84 Days              |
| TRELSTAR 22.5MG INJ                                 | 4         | QL=1 EA/168 Days             |
| TRELSTAR 3.75MG INJ                                 | 4         | QL=1 EA/28 Days              |
| XTANDI 40MG CAP                                     | 5         | NDS PA_NSO QL=120 EA/30 Days |
| XTANDI 40MG TAB                                     | 5         | NDS PA_NSO QL=120 EA/30 Days |
| XTANDI 80MG TAB                                     | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| <b>ANTINEOPLASTIC COMBINATIONS</b>                  |           |                              |
| AVMAPKI/FAKZYNJA CO-PACK (66)                       | 5         | NDS PA_NSO QL=66 EA/28 Days  |
| INQOVI 35-100MG TAB PACK (5)                        | 5         | NDS PA_NSO QL=5 EA/28 Days   |
| KISQALI/FEMARA 400 CO-PACK (70)                     | 5         | NDS PA_NSO QL=70 EA/28 Days  |

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| DRUG NAME                                | DRUG TIER | REQUIREMENTS/LIMITS          |
|--|-----------|------------------------------|
| KISQALI/FEMARA 600 CO-PACK (91)          | 5         | NDS PA_NSO QL=91 EA/28 Days  |
| LONSURF 6.14-15MG TAB                    | 5         | NDS PA_NSO QL=100 EA/28 Days |
| LONSURF 8.19-20MG TAB                    | 5         | NDS PA_NSO QL=80 EA/28 Days  |
| ANTINEOPLASTIC ENZYME INHIBITORS         |           |                              |
| ALECENSA 150MG CAP                       | 5         | NDS PA_NSO QL=240 EA/30 Days |
| ALUNBRIG 180MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ALUNBRIG 30MG TAB                        | 5         | NDS PA_NSO QL=120 EA/30 Days |
| ALUNBRIG 90MG TAB                        | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ALUNBRIG TAB INITIATION PACK (30)        | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| AUGTYRO 160MG CAP                        | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| AUGTYRO 40MG CAP                         | 5         | NDS PA_NSO QL=240 EA/30 Days |
| BALVERSA 3MG TAB                         | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| BALVERSA 4MG TAB                         | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| BALVERSA 5MG TAB                         | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| BOSULIF 100MG CAP                        | 5         | NDS PA_NSO QL=180 EA/30 Days |
| BOSULIF 100MG TAB                        | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| BOSULIF 400MG TAB                        | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| BOSULIF 500MG TAB                        | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| BOSULIF 50MG CAP                         | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| BRAFTOVI 75MG CAP                        | 5         | NDS PA_NSO QL=180 EA/30 Days |
| BRUKINSA 80MG CAP                        | 5         | NDS PA_NSO QL=120 EA/30 Days |
| CABOMETYX 20MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| CABOMETYX 40MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| CABOMETYX 60MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| CALQUENCE 100MG TAB                      | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| CAPRELSA 100MG TAB                       | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| CAPRELSA 300MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| COMETRIQ CAP 100MG DAILY DOSE PACK (56)  | 5         | NDS PA_NSO QL=56 EA/28 Days  |
| COMETRIQ CAP 140MG DAILY DOSE PACK (112) | 5         | NDS PA_NSO QL=112 EA/28 Days |
| COMETRIQ CAP 60MG DAILY DOSE PACK (84)   | 5         | NDS PA_NSO QL=84 EA/28 Days  |
| COPIKTRA 15MG CAP                        | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| COPIKTRA 25MG CAP                        | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| COTELLIC 20MG TAB                        | 5         | NDS PA_NSO QL=63 EA/28 Days  |
| <i>dasatinib 100mg tab</i>               | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>dasatinib 140mg tab</i>               | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>dasatinib 20mg tab</i>                | 1         | PA_NSO QL=90 EA/30 Days      |
| <i>dasatinib 50mg tab</i>                | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>dasatinib 70mg tab</i>                | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>dasatinib 80mg tab</i>                | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>everolimus 10mg tab</i>               | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>everolimus 2.5mg tab</i>              | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>everolimus 2mg tab for oral susp</i>  | 1         | PA_NSO QL=150 EA/30 Days     |
| <i>everolimus 3mg tab for oral susp</i>  | 1         | PA_NSO QL=90 EA/30 Days      |
| <i>everolimus 5mg tab</i>                | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>everolimus 5mg tab for oral susp</i>  | 1         | PA_NSO QL=60 EA/30 Days      |

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| DRUG NAME                              | DRUG TIER | REQUIREMENTS/LIMITS          |
|--|-----------|------------------------------|
| <i>everolimus 7.5mg tab</i>            | 1         | PA_NSO QL=30 EA/30 Days      |
| FOTIVDA 0.89MG CAP                     | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| FOTIVDA 1.34MG CAP                     | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| GAVRETO 100MG CAP                      | 5         | NDS PA_NSO QL=120 EA/30 Days |
| GOMEKLI 1MG CAP                        | 5         | NDS PA_NSO QL=42 EA/28 Days  |
| GOMEKLI 1MG TAB FOR ORAL SUSP          | 5         | NDS PA_NSO QL=126 EA/28 Days |
| GOMEKLI 2MG CAP                        | 5         | NDS PA_NSO QL=84 EA/28 Days  |
| IBRANCE 100MG CAP                      | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| IBRANCE 100MG TAB                      | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| IBRANCE 125MG CAP                      | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| IBRANCE 125MG TAB                      | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| IBRANCE 75MG CAP                       | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| IBRANCE 75MG TAB                       | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| IBTROZI 200MG CAP                      | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| ICLUSIG 10MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ICLUSIG 15MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ICLUSIG 30MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ICLUSIG 45MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| IDHIFA 100MG TAB                       | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| IDHIFA 50MG TAB                        | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| <i>imatinib 100mg tab</i>              | 1         | QL=90 EA/30 Days             |
| <i>imatinib 400mg tab</i>              | 1         | QL=60 EA/30 Days             |
| IMBRUVICA 140MG CAP                    | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| IMBRUVICA 420MG TAB                    | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| IMBRUVICA 70MG CAP                     | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| IMBRUVICA 70MG/ML ORAL SUSP            | 5         | NDS PA_NSO QL=216 ML/27 Days |
| IMKELDI 80MG/ML ORAL SOLN              | 5         | NDS PA_NSO QL=280 ML/28 Days |
| INREBIC 100MG CAP                      | 5         | NDS PA_NSO QL=120 EA/30 Days |
| ITOVEBI 3MG TAB                        | 5         | NDS PA_NSO QL=56 EA/28 Days  |
| ITOVEBI 9MG TAB                        | 5         | NDS PA_NSO QL=28 EA/28 Days  |
| JAKAFI 10MG TAB                        | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| JAKAFI 15MG TAB                        | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| JAKAFI 20MG TAB                        | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| JAKAFI 25MG TAB                        | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| JAKAFI 5MG TAB                         | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| JAYPIRCA 100MG TAB                     | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| JAYPIRCA 50MG TAB                      | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| KISQALI TAB 200MG DAILY DOSE PACK (21) | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| KISQALI TAB 400MG DAILY DOSE PACK (42) | 5         | NDS PA_NSO QL=42 EA/28 Days  |
| KISQALI TAB 600MG DAILY DOSE PACK (63) | 5         | NDS PA_NSO QL=63 EA/28 Days  |
| KOSELUGO 10MG CAP                      | 5         | NDS PA_NSO QL=240 EA/30 Days |
| KOSELUGO 25MG CAP                      | 5         | NDS PA_NSO QL=120 EA/30 Days |
| KRAZATI 200MG TAB                      | 5         | NDS PA_NSO QL=180 EA/30 Days |
| <i>lapatinib 250mg tab</i>             | 1         | PA_NSO QL=180 EA/30 Days     |
| LORBRENA 100MG TAB                     | 5         | NDS PA_NSO QL=30 EA/30 Days  |

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| DRUG NAME                                      | DRUG TIER | REQUIREMENTS/LIMITS           |
|--|-----------|-------------------------------|
| LORBRENA 25MG TAB                              | 5         | NDS PA_NSO QL=90 EA/30 Days   |
| LUMAKRAS 120MG TAB                             | 5         | NDS PA_NSO QL=240 EA/30 Days  |
| LUMAKRAS 240MG TAB                             | 5         | NDS PA_NSO QL=120 EA/30 Days  |
| LUMAKRAS 320MG TAB                             | 5         | NDS PA_NSO QL=90 EA/30 Days   |
| LYNPARZA 100MG TAB                             | 5         | NDS PA_NSO QL=120 EA/30 Days  |
| LYNPARZA 150MG TAB                             | 5         | NDS PA_NSO QL=120 EA/30 Days  |
| LYTGOBI TAB 12MG DAILEY DOSE PACK (21)         | 5         | NDS PA_NSO QL=84 EA/28 Days   |
| LYTGOBI TAB 16MG DAILEY DOSE PACK (28)         | 5         | NDS PA_NSO QL=112 EA/28 Days  |
| LYTGOBI TAB 20MG DAILEY DOSE PACK (35)         | 5         | NDS PA_NSO QL=140 EA/28 Days  |
| MEKINIST 0.05MG/ML ORAL SOLN                   | 5         | NDS PA_NSO QL=1260 ML/30 Days |
| MEKINIST 0.5MG TAB                             | 5         | NDS PA_NSO QL=90 EA/30 Days   |
| MEKINIST 2MG TAB                               | 5         | NDS PA_NSO QL=30 EA/30 Days   |
| MEKTOVI 15MG TAB                               | 5         | NDS PA_NSO QL=180 EA/30 Days  |
| NERLYNX 40MG TAB                               | 5         | NDS PA_NSO QL=180 EA/30 Days  |
| <i>nilotinib 150mg cap</i>                     | 5         | NDS PA_NSO QL=112 EA/28 Days  |
| <i>nilotinib 200mg cap</i>                     | 5         | NDS PA_NSO QL=112 EA/28 Days  |
| <i>nilotinib 50mg cap</i>                      | 5         | NDS PA_NSO QL=120 EA/30 Days  |
| NINLARO 2.3MG CAP                              | 5         | NDS PA_NSO QL=3 EA/28 Days    |
| NINLARO 3MG CAP                                | 5         | NDS PA_NSO QL=3 EA/28 Days    |
| NINLARO 4MG CAP                                | 5         | NDS PA_NSO QL=3 EA/28 Days    |
| OGSIVEO 100MG TAB 7-DAY PACK (14)              | 5         | NDS PA_NSO QL=56 EA/28 Days   |
| OGSIVEO 150MG TAB 7-DAY PACK (14)              | 5         | NDS PA_NSO QL=56 EA/28 Days   |
| OGSIVEO 50MG TAB                               | 5         | NDS PA_NSO QL=180 EA/30 Days  |
| OJEMDA 100MG TAB                               | 5         | NDS PA_NSO QL=24 EA/28 Days   |
| OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16) | 5         | NDS PA_NSO QL=16 EA/28 Days   |
| OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24) | 5         | NDS PA_NSO QL=24 EA/28 Days   |
| OJEMDA 25MG/ML POWDER FOR ORAL SUSP            | 5         | NDS PA_NSO QL=96 ML/28 Days   |
| OJJAARA 100MG TAB                              | 5         | NDS PA_NSO QL=30 EA/30 Days   |
| OJJAARA 150MG TAB                              | 5         | NDS PA_NSO QL=30 EA/30 Days   |
| OJJAARA 200MG TAB                              | 5         | NDS PA_NSO QL=30 EA/30 Days   |
| <i>pazopanib 200mg tab</i>                     | 1         | PA_NSO QL=120 EA/30 Days      |
| PEMAZYRE 13.5MG TAB                            | 5         | NDS PA_NSO QL=30 EA/30 Days   |
| PEMAZYRE 4.5MG TAB                             | 5         | NDS PA_NSO QL=30 EA/30 Days   |
| PEMAZYRE 9MG TAB                               | 5         | NDS PA_NSO QL=30 EA/30 Days   |
| PIQRAY TAB 200MG DAILY DOSE PACK (28)          | 5         | NDS PA_NSO QL=28 EA/28 Days   |
| PIQRAY TAB 250MG DAILY DOSE PACK (56)          | 5         | NDS PA_NSO QL=56 EA/28 Days   |
| PIQRAY TAB 300MG DAILY DOSE PACK (56)          | 5         | NDS PA_NSO QL=56 EA/28 Days   |
| QINLOCK 50MG TAB                               | 5         | NDS PA_NSO QL=90 EA/30 Days   |
| RETEVMO 120MG TAB                              | 5         | NDS PA_NSO QL=60 EA/30 Days   |
| RETEVMO 160MG TAB                              | 5         | NDS PA_NSO QL=60 EA/30 Days   |
| RETEVMO 40MG TAB                               | 5         | NDS PA_NSO QL=90 EA/30 Days   |
| RETEVMO 80MG TAB                               | 5         | NDS PA_NSO QL=60 EA/30 Days   |
| REZLIDHIA 150MG CAP                            | 5         | NDS PA_NSO QL=60 EA/30 Days   |

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| DRUG NAME                       | DRUG TIER | REQUIREMENTS/LIMITS          |
|---------------------------------|-----------|------------------------------|
| ROMVIMZA 14MG CAP               | 5         | NDS PA_NSO QL=8 EA/28 Days   |
| ROMVIMZA 20MG CAP               | 5         | NDS PA_NSO QL=8 EA/28 Days   |
| ROMVIMZA 30MG CAP               | 5         | NDS PA_NSO QL=8 EA/28 Days   |
| ROZLYTREK 100MG CAP             | 5         | NDS PA_NSO QL=150 EA/30 Days |
| ROZLYTREK 200MG CAP             | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| ROZLYTREK 50MG ORAL PELLETT     | 5         | NDS PA_NSO QL=336 EA/28 Days |
| RUBRACA 200MG TAB               | 5         | NDS PA_NSO QL=120 EA/30 Days |
| RUBRACA 250MG TAB               | 5         | NDS PA_NSO QL=120 EA/30 Days |
| RUBRACA 300MG TAB               | 5         | NDS PA_NSO QL=120 EA/30 Days |
| RYDAPT 25MG CAP                 | 5         | NDS PA_NSO QL=224 EA/28 Days |
| SCSEMBLIX 100MG TAB             | 5         | NDS PA_NSO QL=120 EA/30 Days |
| SCSEMBLIX 20MG TAB              | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| SCSEMBLIX 40MG TAB              | 5         | NDS PA_NSO QL=300 EA/30 Days |
| <i>sorafenib 200mg tab</i>      | 1         | PA_NSO QL=120 EA/30 Days     |
| STIVARGA 40MG TAB               | 5         | NDS PA_NSO QL=84 EA/28 Days  |
| <i>sunitinib 12.5mg cap</i>     | 1         | PA_NSO QL=28 EA/28 Days      |
| <i>sunitinib 25mg cap</i>       | 1         | PA_NSO QL=28 EA/28 Days      |
| <i>sunitinib 37.5mg cap</i>     | 1         | PA_NSO QL=28 EA/28 Days      |
| <i>sunitinib 50mg cap</i>       | 1         | PA_NSO QL=28 EA/28 Days      |
| TABRECTA 150MG TAB              | 5         | NDS PA_NSO QL=120 EA/30 Days |
| TABRECTA 200MG TAB              | 5         | NDS PA_NSO QL=120 EA/30 Days |
| TAFINLAR 10MG TAB FOR ORAL SUSP | 5         | NDS PA_NSO QL=840 EA/28 Days |
| TAFINLAR 50MG CAP               | 5         | NDS PA_NSO QL=120 EA/30 Days |
| TAFINLAR 75MG CAP               | 5         | NDS PA_NSO QL=120 EA/30 Days |
| TALZENNA 0.1MG CAP              | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| TALZENNA 0.25MG CAP             | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| TALZENNA 0.35MG CAP             | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| TALZENNA 0.5MG CAP              | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| TALZENNA 0.75MG CAP             | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| TALZENNA 1MG CAP                | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| TAZVERIK 200MG TAB              | 5         | NDS PA_NSO QL=240 EA/30 Days |
| TEPMETKO 225MG TAB              | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| TIBSOVO 250MG TAB               | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| <i>torpenz 10mg tab</i>         | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>torpenz 2.5mg tab</i>        | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>torpenz 5mg tab</i>          | 1         | PA_NSO QL=30 EA/30 Days      |
| <i>torpenz 7.5mg tab</i>        | 1         | PA_NSO QL=30 EA/30 Days      |
| TRUQAP 160MG TAB                | 5         | NDS PA_NSO QL=64 EA/28 Days  |
| TRUQAP 200MG TAB                | 5         | NDS PA_NSO QL=64 EA/28 Days  |
| TURALIO 125MG CAP               | 5         | NDS PA_NSO QL=120 EA/30 Days |
| VANFLYTA 17.7MG TAB             | 5         | NDS PA_NSO QL=28 EA/28 Days  |
| VANFLYTA 26.5MG TAB             | 5         | NDS PA_NSO QL=56 EA/28 Days  |
| VERZENIO 100MG TAB              | 5         | NDS PA_NSO QL=56 EA/28 Days  |
| VERZENIO 150MG TAB              | 5         | NDS PA_NSO QL=56 EA/28 Days  |
| VERZENIO 200MG TAB              | 5         | NDS PA_NSO QL=56 EA/28 Days  |

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| DRUG NAME                       | DRUG TIER | REQUIREMENTS/LIMITS          |
|---------------------------------|-----------|------------------------------|
| VERZENIO 50MG TAB               | 5         | NDS PA_NSO QL=56 EA/28 Days  |
| VITRAKVI 100MG CAP              | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| VITRAKVI 20MG/ML ORAL SOLN      | 5         | NDS PA_NSO QL=300 ML/30 Days |
| VITRAKVI 25MG CAP               | 5         | NDS PA_NSO QL=180 EA/30 Days |
| VONJO 100MG CAP                 | 5         | NDS PA_NSO QL=120 EA/30 Days |
| VORANIGO 10MG TAB               | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| VORANIGO 40MG TAB               | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| XALKORI 150MG ORAL PELLETT      | 5         | NDS PA_NSO QL=180 EA/30 Days |
| XALKORI 200MG CAP               | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| XALKORI 20MG ORAL PELLETT       | 5         | NDS PA_NSO QL=120 EA/30 Days |
| XALKORI 250MG CAP               | 5         | NDS PA_NSO QL=120 EA/30 Days |
| XALKORI 50MG ORAL PELLETT       | 5         | NDS PA_NSO QL=120 EA/30 Days |
| XOSPATA 40MG TAB                | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| ZEJULA 100MG TAB                | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ZEJULA 200MG TAB                | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ZEJULA 300MG TAB                | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| ZELBORAF 240MG TAB              | 5         | NDS PA_NSO QL=240 EA/30 Days |
| ZOLINZA 100MG CAP               | 5         | NDS PA_NSO QL=120 EA/30 Days |
| ZYDELIG 100MG TAB               | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| ZYDELIG 150MG TAB               | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| ZYKADIA 150MG TAB               | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| <b>ANTINEOPLASTICS MISC.</b>    |           |                              |
| ACTIMMUNE 2000000UNIT/0.5ML INJ | 5         | NDS PA_NSO                   |
| AYVAKIT 100MG TAB               | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| AYVAKIT 200MG TAB               | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| AYVAKIT 25MG TAB                | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| AYVAKIT 300MG TAB               | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| AYVAKIT 50MG TAB                | 5         | NDS PA_NSO QL=30 EA/30 Days  |
| BESREMI 500MCG/ML SYRINGE       | 5         | NDS PA_NSO QL=2 ML/28 Days   |
| <i>bexarotene 75mg cap</i>      | 1         | PA_NSO QL=300 EA/30 Days     |
| <i>hydroxyurea 500mg cap</i>    | 1         |                              |
| MATULANE 50MG CAP               | 5         | NDS                          |
| POMALYST 1MG CAP                | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| POMALYST 2MG CAP                | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| POMALYST 3MG CAP                | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| POMALYST 4MG CAP                | 5         | NDS PA_NSO QL=21 EA/28 Days  |
| REVUFORJ 110MG TAB              | 5         | NDS PA_NSO QL=120 EA/30 Days |
| REVUFORJ 160MG TAB              | 5         | NDS PA_NSO QL=60 EA/30 Days  |
| REVUFORJ 25MG TAB               | 5         | NDS PA_NSO QL=240 EA/30 Days |
| <i>tretinoin 10mg cap</i>       | 1         |                              |
| TUKYSA 150MG TAB                | 5         | NDS PA_NSO QL=120 EA/30 Days |
| TUKYSA 50MG TAB                 | 5         | NDS PA_NSO QL=120 EA/30 Days |
| VENCLEXTA 100MG TAB             | 5         | NDS PA_NSO QL=180 EA/30 Days |
| VENCLEXTA 10MG TAB              | 3         | PA_NSO QL=60 EA/30 Days      |
| VENCLEXTA 50MG TAB              | 3         | PA_NSO QL=30 EA/30 Days      |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS          |
|--|-----------|------------------------------|
| VENCLEXTA TAB STARTER PACK (42)                          | 5         | NDS PA_NSO QL=42 EA/28 Days  |
| WELIREG 40MG TAB   | 5         | NDS PA_NSO QL=90 EA/30 Days  |
| XPOVIO TAB 100MG ONCE WEEKLY CARTON (8)                  | 5         | NDS PA_NSO QL=8 EA/28 Days   |
| XPOVIO TAB 40MG ONCE WEEKLY CARTON (16)                  | 5         | NDS PA_NSO QL=16 EA/28 Days  |
| XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)                   | 5         | NDS PA_NSO QL=4 EA/28 Days   |
| XPOVIO TAB 40MG TWICE WEEKLY CARTON (8)                  | 5         | NDS PA_NSO QL=8 EA/28 Days   |
| XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)                   | 5         | NDS PA_NSO QL=4 EA/28 Days   |
| XPOVIO TAB 60MG TWICE WEEKLY CARTON (24)                 | 5         | NDS PA_NSO QL=24 EA/28 Days  |
| XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)                   | 5         | NDS PA_NSO QL=8 EA/28 Days   |
| XPOVIO TAB 80MG TWICE WEEKLY CARTON (32)                 | 5         | NDS PA_NSO QL=32 EA/28 Days  |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>    |           |                              |
| IWILFIN 192MG TAB  | 5         | NDS PA_NSO QL=240 EA/30 Days |
| <i>leucovorin 10mg tab</i>                               | 1         |                              |
| <i>leucovorin 15mg tab</i>                               | 1         |                              |
| <i>leucovorin 25mg tab</i>                               | 1         |                              |
| <i>leucovorin 5mg tab</i>                                | 1         |                              |
| <i>mesna 400mg tab</i>                                   | 2         |                              |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>          |           |                              |
| <b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>                  |           |                              |
| <i>carbidopa 25mg tab</i>                                | 2         |                              |
| <i>entacapone 200mg tab</i>                              | 2         |                              |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>                    |           |                              |
| <i>benztropine mesylate 0.5mg tab</i>                    | 1         |                              |
| <i>benztropine mesylate 1mg tab</i>                      | 1         |                              |
| <i>benztropine mesylate 2mg tab</i>                      | 1         |                              |
| <i>trihexyphenidyl 2mg tab</i>                           | 1         |                              |
| <i>trihexyphenidyl 5mg tab</i>                           | 1         |                              |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                       |           |                              |
| <i>amantadine 100mg cap</i>                              | 1         |                              |
| <i>amantadine 10mg/ml oral soln</i>                      | 2         |                              |
| <i>bromocriptine 2.5mg tab</i>                           | 2         |                              |
| <i>bromocriptine 5mg cap</i>                             | 2         |                              |
| <i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>   | 2         |                              |
| <i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>  | 2         |                              |
| <i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>    | 2         |                              |
| <i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i> | 2         |                              |
| <i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>  | 2         |                              |
| <i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>    | 2         |                              |
| CARBIDOPA/LEVODOPA 10-100MG ODT                          | 2         |                              |
| <i>carbidopa/levodopa 10-100mg tab</i>                   | 1         |                              |
| <i>carbidopa/levodopa 25-100mg er tab</i>                | 1         |                              |
| CARBIDOPA/LEVODOPA 25-100MG ODT                          | 2         |                              |
| <i>carbidopa/levodopa 25-100mg tab</i>                   | 1         |                              |
| CARBIDOPA/LEVODOPA 25-250MG ODT                          | 2         |                              |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| <i>carbidopa/levodopa 25-250mg tab</i>            | 1         |                         |
| <i>carbidopa/levodopa 50-200mg er tab</i>         | 1         |                         |
| <i>pramipexole 0.125mg tab</i>                    | 1         |                         |
| <i>pramipexole 0.25mg tab</i>                     | 1         |                         |
| <i>pramipexole 0.5mg tab</i>                      | 1         |                         |
| <i>pramipexole 0.75mg tab</i>                     | 1         |                         |
| <i>pramipexole 1.5mg tab</i>                      | 1         |                         |
| <i>pramipexole 1mg tab</i>                        | 1         |                         |
| <i>ropinirole 0.25mg tab</i>                      | 1         |                         |
| <i>ropinirole 0.5mg tab</i>                       | 1         |                         |
| <i>ropinirole 1mg tab</i>                         | 1         |                         |
| <i>ropinirole 2mg tab</i>                         | 1         |                         |
| <i>ropinirole 3mg tab</i>                         | 1         |                         |
| <i>ropinirole 4mg tab</i>                         | 1         |                         |
| <i>ropinirole 5mg tab</i>                         | 1         |                         |
| <b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b> |           |                         |
| <i>rasagiline 0.5mg tab</i>                       | 2         | QL=30 EA/30 Days        |
| <i>rasagiline 1mg tab</i>                         | 2         | QL=30 EA/30 Days        |
| <i>selegiline 5mg cap</i>                         | 1         |                         |
| <i>selegiline 5mg tab</i>                         | 1         |                         |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>            |           |                         |
| <b>ANTIMANIC AGENTS</b>                           |           |                         |
| <i>lithium carbonate 150mg cap</i>                | 1         |                         |
| <i>lithium carbonate 300mg cap</i>                | 1         |                         |
| <i>lithium carbonate 300mg er tab</i>             | 1         |                         |
| <i>lithium carbonate 300mg tab</i>                | 1         |                         |
| <i>lithium carbonate 450mg er tab</i>             | 1         |                         |
| LITHIUM CARBONATE 600MG CAP                       | 1         |                         |
| <i>lithium citrate 60mg/ml oral soln</i>          | 1         |                         |
| <b>ANTIPSYCHOTICS - MISC.</b>                     |           |                         |
| CAPLYTA 10.5MG CAP                                | 4         | PA_NSO QL=30 EA/30 Days |
| CAPLYTA 21MG CAP                                  | 4         | PA_NSO QL=30 EA/30 Days |
| CAPLYTA 42MG CAP                                  | 4         | PA_NSO QL=30 EA/30 Days |
| COBENFY 20-100MG CAP                              | 4         | PA_NSO QL=60 EA/30 Days |
| COBENFY 20-50MG CAP                               | 4         | PA_NSO QL=60 EA/30 Days |
| COBENFY 30-125MG CAP                              | 4         | PA_NSO QL=60 EA/30 Days |
| COBENFY CAP 28-DAY STARTER KIT PACK (56)          | 4         | PA_NSO QL=56 EA/28 Days |
| <i>haloperidol 0.5mg tab</i>                      | 1         |                         |
| <i>haloperidol 10mg tab</i>                       | 1         |                         |
| <i>haloperidol 1mg tab</i>                        | 1         |                         |
| <i>haloperidol 20mg tab</i>                       | 1         |                         |
| <i>haloperidol 2mg tab</i>                        | 1         |                         |
| <i>haloperidol 2mg/ml oral soln</i>               | 1         |                         |
| <i>haloperidol 5mg tab</i>                        | 1         |                         |
| <i>haloperidol 5mg/ml inj</i>                     | 2         |                         |

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| DRUG NAME                                       | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| <i>haloperidol decanoate 100mg/ml (1ml) inj</i> | 2         |                         |
| <i>haloperidol decanoate 100mg/ml (5ml) inj</i> | 2         |                         |
| <i>haloperidol decanoate 50mg/ml (1ml) inj</i>  | 2         |                         |
| <i>haloperidol decanoate 50mg/ml (5ml) inj</i>  | 2         |                         |
| <i>lurasidone 120mg tab</i>                     | 1         | QL=30 EA/30 Days        |
| <i>lurasidone 20mg tab</i>                      | 1         | QL=30 EA/30 Days        |
| <i>lurasidone 40mg tab</i>                      | 1         | QL=30 EA/30 Days        |
| <i>lurasidone 60mg tab</i>                      | 1         | QL=30 EA/30 Days        |
| <i>lurasidone 80mg tab</i>                      | 1         | QL=60 EA/30 Days        |
| MOLINDONE 10MG TAB                              | 2         |                         |
| MOLINDONE 25MG TAB                              | 2         |                         |
| MOLINDONE 5MG TAB                               | 2         |                         |
| NUPLAZID 10MG TAB                               | 4         | PA_NSO QL=30 EA/30 Days |
| NUPLAZID 34MG CAP                               | 4         | PA_NSO QL=30 EA/30 Days |
| <i>thiothixene 10mg cap</i>                     | 1         |                         |
| <i>thiothixene 1mg cap</i>                      | 1         |                         |
| <i>thiothixene 2mg cap</i>                      | 1         |                         |
| <i>thiothixene 5mg cap</i>                      | 1         |                         |
| VRAYLAR 1.5MG CAP                               | 4         | PA_NSO QL=30 EA/30 Days |
| VRAYLAR 3MG CAP                                 | 4         | PA_NSO QL=30 EA/30 Days |
| VRAYLAR 4.5MG CAP                               | 4         | PA_NSO QL=30 EA/30 Days |
| VRAYLAR 6MG CAP                                 | 4         | PA_NSO QL=30 EA/30 Days |
| <i>ziprasidone 20mg cap</i>                     | 1         |                         |
| <i>ziprasidone 20mg inj</i>                     | 2         | QL=60 EA/30 Days        |
| <i>ziprasidone 40mg cap</i>                     | 1         |                         |
| <i>ziprasidone 60mg cap</i>                     | 1         |                         |
| <i>ziprasidone 80mg cap</i>                     | 1         |                         |
| <b>BENZISOXAZOLES</b>                           |           |                         |
| FANAPT 10MG TAB                                 | 4         | PA_NSO QL=60 EA/30 Days |
| FANAPT 12MG TAB                                 | 4         | PA_NSO QL=60 EA/30 Days |
| FANAPT 1MG TAB                                  | 4         | PA_NSO QL=60 EA/30 Days |
| FANAPT 2MG TAB                                  | 4         | PA_NSO QL=60 EA/30 Days |
| FANAPT 4MG TAB                                  | 4         | PA_NSO QL=60 EA/30 Days |
| FANAPT 6MG TAB                                  | 4         | PA_NSO QL=60 EA/30 Days |
| FANAPT 8MG TAB                                  | 4         | PA_NSO QL=60 EA/30 Days |
| FANAPT TAB TITRATION PACK (8)                   | 4         | PA_NSO QL=60 EA/30 Days |
| INVEGA HAFYERA 1092MG/3.5ML SYRINGE             | 4         | QL=3.50 ML/180 Days     |
| INVEGA HAFYERA 1560MG/5ML SYRINGE               | 4         | QL=5 ML/180 Days        |
| INVEGA SUSTENNA 117MG/0.75ML SYRINGE            | 4         | QL=.75 ML/28 Days       |
| INVEGA SUSTENNA 156MG/ML SYRINGE                | 4         | QL=1 ML/28 Days         |
| INVEGA SUSTENNA 234MG/1.5ML SYRINGE             | 4         | QL=1.50 ML/28 Days      |
| INVEGA SUSTENNA 39MG/0.25ML SYRINGE             | 4         | QL=.25 ML/28 Days       |
| INVEGA SUSTENNA 78MG/0.5ML SYRINGE              | 4         | QL=.50 ML/28 Days       |
| INVEGA TRINZA 273MG/0.875ML SYRINGE             | 4         | QL=.88 ML/84 Days       |
| INVEGA TRINZA 410MG/1.315ML SYRINGE             | 4         | QL=1.32 ML/84 Days      |

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| DRUG NAME                                  | DRUG TIER | REQUIREMENTS/LIMITS   |
|--|-----------|-----------------------|
| INVEGA TRINZA 546MG/1.75ML SYRINGE         | 4         | QL=1.75 ML/84 Days    |
| INVEGA TRINZA 819MG/2.625ML SYRINGE        | 4         | QL=2.63 ML/84 Days    |
| <i>paliperidone 1.5mg er tab</i>           | 2         | QL=30 EA/30 Days      |
| <i>paliperidone 3mg er tab</i>             | 2         | QL=30 EA/30 Days      |
| <i>paliperidone 6mg er tab</i>             | 2         | QL=60 EA/30 Days      |
| <i>paliperidone 9mg er tab</i>             | 2         | QL=30 EA/30 Days      |
| PERSERIS 120MG SYRINGE                     | 5         | NDS QL=1 EA/28 Days   |
| PERSERIS 90MG SYRINGE                      | 5         | NDS QL=1 EA/28 Days   |
| RISPERIDONE 0.25MG ODT                     | 2         | QL=60 EA/30 Days      |
| <i>risperidone 0.25mg tab</i>              | 1         |                       |
| <i>risperidone 0.5mg odt</i>               | 2         | QL=60 EA/30 Days      |
| <i>risperidone 0.5mg tab</i>               | 1         |                       |
| <i>risperidone 1mg odt</i>                 | 2         | QL=60 EA/30 Days      |
| <i>risperidone 1mg tab</i>                 | 1         |                       |
| <i>risperidone 1mg/ml oral soln</i>        | 1         | QL=240 ML/30 Days     |
| <i>risperidone 2mg odt</i>                 | 2         | QL=60 EA/30 Days      |
| <i>risperidone 2mg tab</i>                 | 1         |                       |
| <i>risperidone 37.5mg inj</i>              | 2         | QL=2 EA/28 Days       |
| <i>risperidone 3mg odt</i>                 | 2         | QL=60 EA/30 Days      |
| <i>risperidone 3mg tab</i>                 | 1         |                       |
| <i>risperidone 4mg odt</i>                 | 2         | QL=60 EA/30 Days      |
| <i>risperidone 4mg tab</i>                 | 1         |                       |
| <i>risperidone 50mg inj</i>                | 2         | QL=2 EA/28 Days       |
| <i>risperidone microspheres 12.5mg inj</i> | 2         | QL=2 EA/28 Days       |
| <i>risperidone microspheres 25mg inj</i>   | 2         | QL=2 EA/28 Days       |
| UZEDY 100MG/0.28ML SYRINGE                 | 5         | QL=.28 ML/30 Days     |
| UZEDY 125MG/0.35ML SYRINGE                 | 5         | NDS QL=.35 ML/30 Days |
| UZEDY 150MG/0.42ML SYRINGE                 | 5         | QL=.42 ML/60 Days     |
| UZEDY 200MG/0.56ML SYRINGE                 | 5         | QL=.56 ML/60 Days     |
| UZEDY 250MG/0.7ML SYRINGE                  | 5         | QL=.70 ML/60 Days     |
| UZEDY 50MG/0.14ML SYRINGE                  | 5         | NDS QL=.14 ML/30 Days |
| UZEDY 75MG/0.21ML SYRINGE                  | 5         | NDS QL=.21 ML/30 Days |
| <b>DIBENZAPINES</b>                        |           |                       |
| <i>asenapine 10mg sl tab</i>               | 2         | QL=60 EA/30 Days      |
| <i>asenapine 2.5mg sl tab</i>              | 2         | QL=60 EA/30 Days      |
| <i>asenapine 5mg sl tab</i>                | 2         | QL=60 EA/30 Days      |
| <i>clozapine 100mg odt</i>                 | 2         | QL=270 EA/30 Days     |
| <i>clozapine 100mg tab</i>                 | 2         |                       |
| CLOZAPINE 12.5MG ODT                       | 2         | QL=90 EA/30 Days      |
| <i>clozapine 150mg odt</i>                 | 2         | QL=180 EA/30 Days     |
| <i>clozapine 200mg odt</i>                 | 2         | QL=120 EA/30 Days     |
| <i>clozapine 200mg tab</i>                 | 2         |                       |
| <i>clozapine 25mg odt</i>                  | 2         | QL=270 EA/30 Days     |
| <i>clozapine 25mg tab</i>                  | 2         |                       |
| <i>clozapine 50mg tab</i>                  | 2         |                       |

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| DRUG NAME                         | DRUG TIER | REQUIREMENTS/LIMITS      |
|-----------------------------------|-----------|--------------------------|
| <i>loxapine 10mg cap</i>          | 1         |                          |
| <i>loxapine 25mg cap</i>          | 1         |                          |
| <i>loxapine 50mg cap</i>          | 1         |                          |
| <i>loxapine 5mg cap</i>           | 1         |                          |
| <i>olanzapine 10mg inj</i>        | 2         | QL=90 EA/30 Days         |
| <i>olanzapine 10mg odt</i>        | 2         | QL=60 EA/30 Days         |
| <i>olanzapine 10mg tab</i>        | 1         |                          |
| <i>olanzapine 15mg odt</i>        | 2         | QL=30 EA/30 Days         |
| <i>olanzapine 15mg tab</i>        | 1         |                          |
| <i>olanzapine 2.5mg tab</i>       | 1         |                          |
| <i>olanzapine 20mg odt</i>        | 2         | QL=30 EA/30 Days         |
| <i>olanzapine 20mg tab</i>        | 1         |                          |
| <i>olanzapine 5mg odt</i>         | 2         | QL=30 EA/30 Days         |
| <i>olanzapine 5mg tab</i>         | 1         |                          |
| <i>olanzapine 7.5mg tab</i>       | 1         |                          |
| <i>quetiapine 100mg tab</i>       | 1         |                          |
| <i>quetiapine 150mg er tab</i>    | 1         | QL=30 EA/30 Days         |
| <i>quetiapine 200mg er tab</i>    | 1         | QL=30 EA/30 Days         |
| <i>quetiapine 200mg tab</i>       | 1         |                          |
| <i>quetiapine 25mg tab</i>        | 1         |                          |
| <i>quetiapine 300mg er tab</i>    | 1         | QL=60 EA/30 Days         |
| <i>quetiapine 300mg tab</i>       | 1         |                          |
| <i>quetiapine 400mg er tab</i>    | 1         | QL=60 EA/30 Days         |
| <i>quetiapine 400mg tab</i>       | 1         |                          |
| <i>quetiapine 50mg er tab</i>     | 1         | QL=60 EA/30 Days         |
| <i>quetiapine 50mg tab</i>        | 1         |                          |
| SECUADO 3.8MG/24HR PATCH          | 4         | PA_NSO QL=30 EA/30 Days  |
| SECUADO 5.7MG/24HR PATCH          | 4         | PA_NSO QL=30 EA/30 Days  |
| SECUADO 7.6MG/24HR PATCH          | 4         | PA_NSO QL=30 EA/30 Days  |
| VERSACLOZ 50MG/ML ORAL SUSP       | 4         | PA_NSO QL=600 ML/30 Days |
| <b>PHENOTHIAZINES</b>             |           |                          |
| <i>chlorpromazine 100mg tab</i>   | 1         |                          |
| CHLORPROMAZINE 100MG/ML ORAL SOLN | 2         |                          |
| <i>chlorpromazine 10mg tab</i>    | 1         |                          |
| <i>chlorpromazine 200mg tab</i>   | 1         |                          |
| <i>chlorpromazine 25mg tab</i>    | 1         |                          |
| CHLORPROMAZINE 30MG/ML ORAL SOLN  | 2         |                          |
| <i>chlorpromazine 50mg tab</i>    | 1         |                          |
| <i>compro 25mg rectal supp</i>    | 1         |                          |
| FLUPHENAZINE 0.5MG/ML ORAL SOLN   | 2         |                          |
| <i>fluphenazine 10mg tab</i>      | 1         |                          |
| <i>fluphenazine 1mg tab</i>       | 1         |                          |
| <i>fluphenazine 2.5mg tab</i>     | 1         |                          |
| FLUPHENAZINE 2.5MG/ML INJ         | 2         |                          |
| <i>fluphenazine 5mg tab</i>       | 1         |                          |

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| DRUG NAME                                 | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| FLUPHENAZINE 5MG/ML ORAL SOLN             | 2         |                          |
| <i>fluphenazine decanoate 25mg/ml inj</i> | 2         |                          |
| <i>perphenazine 16mg tab</i>              | 1         |                          |
| <i>perphenazine 2mg tab</i>               | 1         |                          |
| <i>perphenazine 4mg tab</i>               | 1         |                          |
| <i>perphenazine 8mg tab</i>               | 1         |                          |
| <i>prochlorperazine 10mg tab</i>          | 1         |                          |
| <i>prochlorperazine 25mg rectal supp</i>  | 1         |                          |
| <i>prochlorperazine 5mg tab</i>           | 1         |                          |
| <i>thioridazine 100mg tab</i>             | 1         |                          |
| <i>thioridazine 10mg tab</i>              | 1         |                          |
| <i>thioridazine 25mg tab</i>              | 1         |                          |
| <i>thioridazine 50mg tab</i>              | 1         |                          |
| <i>trifluoperazine 10mg tab</i>           | 1         |                          |
| <i>trifluoperazine 1mg tab</i>            | 1         |                          |
| <i>trifluoperazine 2mg tab</i>            | 1         |                          |
| <i>trifluoperazine 5mg tab</i>            | 1         |                          |
| <b>QUINOLINONE DERIVATIVES</b>            |           |                          |
| ABILIFY ASIMTUFII 720MG/2.4ML SYRINGE     | 5         | QL=2.40 ML/56 Days       |
| ABILIFY ASIMTUFII 960MG/3.2ML SYRINGE     | 5         | QL=3.20 ML/56 Days       |
| ABILIFY MAINTENA 300MG INJ                | 5         | NDS QL=1 EA/28 Days      |
| ABILIFY MAINTENA 300MG SYRINGE            | 5         | NDS QL=1 EA/28 Days      |
| ABILIFY MAINTENA 400MG INJ                | 5         | NDS QL=1 EA/28 Days      |
| ABILIFY MAINTENA 400MG SYRINGE            | 5         | NDS QL=1 EA/28 Days      |
| <i>aripiprazole 10mg odt</i>              | 2         | PA_ NSO QL=60 EA/30 Days |
| <i>aripiprazole 10mg tab</i>              | 1         |                          |
| <i>aripiprazole 15mg odt</i>              | 2         | PA_ NSO QL=60 EA/30 Days |
| <i>aripiprazole 15mg tab</i>              | 1         |                          |
| <i>aripiprazole 1mg/ml oral soln</i>      | 2         | QL=900 ML/30 Days        |
| <i>aripiprazole 20mg tab</i>              | 1         |                          |
| <i>aripiprazole 2mg tab</i>               | 1         |                          |
| <i>aripiprazole 30mg tab</i>              | 1         |                          |
| <i>aripiprazole 5mg tab</i>               | 1         |                          |
| ARISTADA 1064MG/3.9ML SYRINGE             | 5         | QL=3.90 ML/56 Days       |
| ARISTADA 441MG/1.6ML SYRINGE              | 5         | NDS QL=1.60 ML/28 Days   |
| ARISTADA 662MG/2.4ML SYRINGE              | 5         | NDS QL=2.40 ML/28 Days   |
| ARISTADA 675MG/2.4ML SYRINGE              | 5         | QL=2.40 ML/42 Days       |
| ARISTADA 882MG/3.2ML SYRINGE              | 5         | QL=3.20 ML/28 Days       |
| OPIPZA 10MG ORAL FILM                     | 4         | PA_ NSO QL=90 EA/30 Days |
| OPIPZA 2MG ORAL FILM                      | 4         | PA_ NSO QL=30 EA/30 Days |
| OPIPZA 5MG ORAL FILM                      | 4         | PA_ NSO QL=30 EA/30 Days |
| REXULTI 0.25MG TAB                        | 4         | PA_ NSO QL=30 EA/30 Days |
| REXULTI 0.5MG TAB                         | 4         | PA_ NSO QL=30 EA/30 Days |
| REXULTI 1MG TAB                           | 4         | PA_ NSO QL=30 EA/30 Days |
| REXULTI 2MG TAB                           | 4         | PA_ NSO QL=30 EA/30 Days |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| REXULTI 3MG TAB   | 4         | PA_NSO QL=30 EA/30 Days |
| REXULTI 4MG TAB   | 4         | PA_NSO QL=30 EA/30 Days |
| ANTIVIRALS  |           |                         |
| ANTIRETROVIRALS   |           |                         |
| <i>abacavir 20mg/ml oral soln</i>   | 2         | QL=960 ML/30 Days       |
| <i>abacavir 300mg tab</i>   | 2         | QL=60 EA/30 Days        |
| <i>abacavir/lamivudine 600-300mg tab</i>  | 2         | QL=30 EA/30 Days        |
| APTIVUS 250MG CAP   | 5         | QL=120 EA/30 Days       |
| <i>atazanavir 150mg cap</i>   | 2         | QL=30 EA/30 Days        |
| <i>atazanavir 200mg cap</i>   | 2         | QL=60 EA/30 Days        |
| <i>atazanavir 300mg cap</i>   | 2         | QL=30 EA/30 Days        |
| BIKTARVY 30-120-15MG TAB  | 5         | QL=30 EA/30 Days        |
| BIKTARVY 50-200-25MG TAB  | 5         | QL=30 EA/30 Days        |
| CIMDUO 300-300MG TAB  | 5         | QL=30 EA/30 Days        |
| <i>darunavir 600mg tab</i>  | 2         | QL=60 EA/30 Days        |
| <i>darunavir 800mg tab</i>  | 2         | QL=30 EA/30 Days        |
| DELSTRIGO 100-300-300MG TAB   | 5         | QL=30 EA/30 Days        |
| DESCOVY 120-15MG TAB  | 5         | QL=30 EA/30 Days        |
| DESCOVY 200-25MG TAB  | 5         | QL=30 EA/30 Days        |
| DOVATO 50-300MG TAB   | 5         | QL=30 EA/30 Days        |
| EDURANT 2.5MG TAB FOR ORAL SUSP   | 5         | QL=180 EA/30 Days       |
| EDURANT 25MG TAB  | 5         | QL=30 EA/30 Days        |
| <i>efavirenz 600mg tab</i>  | 2         | QL=30 EA/30 Days        |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>  | 2         | QL=30 EA/30 Days        |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 400-300-300MG TAB            | 2         | QL=30 EA/30 Days        |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>     | 2         | QL=30 EA/30 Days        |
| <i>emtricitabine 200mg cap</i>  | 2         | QL=30 EA/30 Days        |
| <i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab</i> | 5         | QL=30 EA/30 Days        |
| <i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i>                | 2         | QL=30 EA/30 Days        |
| <i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>                | 2         | QL=30 EA/30 Days        |
| <i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>                | 2         | QL=30 EA/30 Days        |
| <i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>                | 1         | QL=30 EA/30 Days        |
| EMTRIVA 10MG/ML ORAL SOLN   | 3         | QL=850 ML/30 Days       |
| <i>etravirine 100mg tab</i>   | 2         | QL=60 EA/30 Days        |
| <i>etravirine 200mg tab</i>   | 2         | QL=60 EA/30 Days        |
| EVOTAZ 300-150MG TAB  | 5         | QL=30 EA/30 Days        |
| <i>fosamprenavir 700mg tab</i>  | 2         | QL=120 EA/30 Days       |

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| DRUG NAME                                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| GENVOYA 150-150-200-10MG TAB                   | 5         | QL=30 EA/30 Days    |
| INTELENCE 25MG TAB                             | 3         | QL=120 EA/30 Days   |
| ISENTRESS 100MG CHEW TAB                       | 3         | QL=180 EA/30 Days   |
| ISENTRESS 100MG GRANULES FOR ORAL SUSP         | 3         | QL=60 EA/30 Days    |
| ISENTRESS 25MG CHEW TAB                        | 3         | QL=180 EA/30 Days   |
| ISENTRESS 400MG TAB                            | 3         | QL=60 EA/30 Days    |
| ISENTRESS 600MG TAB                            | 3         | QL=60 EA/30 Days    |
| JULUCA 50-25MG TAB                             | 5         | QL=30 EA/30 Days    |
| KALETRA 80-20MG/ML ORAL SOLN                   | 5         | QL=480 ML/30 Days   |
| <i>lamivudine 10mg/ml oral soln</i>            | 2         | QL=960 ML/30 Days   |
| <i>lamivudine 150mg tab</i>                    | 2         | QL=60 EA/30 Days    |
| <i>lamivudine 300mg tab</i>                    | 2         | QL=30 EA/30 Days    |
| <i>lamivudine/zidovudine 150-300mg tab</i>     | 2         | QL=60 EA/30 Days    |
| <i>lopinavir/ritonavir 100-25mg tab</i>        | 2         | QL=300 EA/30 Days   |
| <i>lopinavir/ritonavir 200-50mg tab</i>        | 2         | QL=120 EA/30 Days   |
| <i>maraviroc 150mg tab</i>                     | 2         | QL=60 EA/30 Days    |
| <i>maraviroc 300mg tab</i>                     | 2         | QL=120 EA/30 Days   |
| NEVIRAPINE 10MG/ML ORAL SUSP                   | 2         | QL=1200 ML/30 Days  |
| <i>nevirapine 200mg tab</i>                    | 1         | QL=60 EA/30 Days    |
| <i>nevirapine 400mg er tab</i>                 | 2         | QL=30 EA/30 Days    |
| NORVIR 100MG ORAL POWDER                       | 3         | QL=360 EA/30 Days   |
| ODEFSEY 200-25-25MG TAB                        | 5         | QL=30 EA/30 Days    |
| PIFELTRO 100MG TAB                             | 5         | QL=30 EA/30 Days    |
| PREZCOBIX 150-800MG TAB                        | 5         | QL=30 EA/30 Days    |
| PREZISTA 100MG/ML ORAL SUSP                    | 3         | QL=400 ML/30 Days   |
| PREZISTA 150MG TAB                             | 3         | QL=240 EA/30 Days   |
| PREZISTA 75MG TAB                              | 3         | QL=480 EA/30 Days   |
| REYATAZ 50MG ORAL POWDER                       | 5         | QL=240 EA/30 Days   |
| <i>ritonavir 100mg tab</i>                     | 2         | QL=360 EA/30 Days   |
| RUKOBIA 600MG ER TAB                           | 5         | QL=60 EA/30 Days    |
| SELZENTRY 20MG/ML ORAL SOLN                    | 5         | QL=1840 ML/30 Days  |
| STRIBILD 150-150-200-300MG TAB                 | 5         | QL=30 EA/30 Days    |
| SUNLENCA 300MG TAB                             | 5         | QL=4 EA/28 Days     |
| SUNLENCA 300MG TAB THERAPY PACK (4)            | 5         | QL=4 EA/28 Days     |
| SUNLENCA 300MG TAB THERAPY PACK (5)            | 5         | QL=5 EA/28 Days     |
| SYMTUZA 150-800-200-10MG TAB                   | 5         | QL=30 EA/30 Days    |
| <i>tenofovir disoproxil fumarate 300mg tab</i> | 2         | QL=30 EA/30 Days    |
| TIVICAY 50MG TAB                               | 5         | QL=60 EA/30 Days    |
| TIVICAY 5MG TAB FOR ORAL SUSP                  | 3         | QL=180 EA/30 Days   |
| TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP            | 3         | QL=180 EA/30 Days   |
| TRIUMEQ 600-50-300MG TAB                       | 5         | QL=30 EA/30 Days    |
| TYBOST 150MG TAB                               | 3         | QL=30 EA/30 Days    |
| VIRACEPT 250MG TAB                             | 5         | QL=300 EA/30 Days   |
| VIRACEPT 625MG TAB                             | 5         | QL=120 EA/30 Days   |
| VIREAD 150MG TAB                               | 5         | QL=30 EA/30 Days    |

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| DRUG NAME                               | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| VIREAD 200MG TAB                        | 5         | QL=30 EA/30 Days         |
| VIREAD 250MG TAB                        | 5         | QL=30 EA/30 Days         |
| VIREAD 40MG/GM ORAL POWDER              | 3         | QL=240 GM/30 Days        |
| <i>zidovudine 100mg cap</i>             | 2         | QL=180 EA/30 Days        |
| <i>zidovudine 10mg/ml oral soln</i>     | 2         | QL=1920 ML/30 Days       |
| <i>zidovudine 300mg tab</i>             | 2         | QL=60 EA/30 Days         |
| <b>CMV AGENTS</b>                       |           |                          |
| LIVTENCITY 200MG TAB                    | 5         | NDS PA QL=120 EA/30 Days |
| PREVYMIS 120MG ORAL PELLETT             | 5         | NDS PA QL=120 EA/30 Days |
| PREVYMIS 240MG TAB                      | 5         | NDS PA QL=30 EA/30 Days  |
| PREVYMIS 480MG TAB                      | 5         | NDS PA QL=30 EA/30 Days  |
| <i>valganciclovir 450mg tab</i>         | 2         |                          |
| <i>valganciclovir 50mg/ml oral soln</i> | 2         |                          |
| <b>HEPATITIS AGENTS</b>                 |           |                          |
| <i>adefovir dipivoxil 10mg tab</i>      | 2         | QL=30 EA/30 Days         |
| <i>entecavir 0.5mg tab</i>              | 2         | QL=30 EA/30 Days         |
| <i>entecavir 1mg tab</i>                | 2         | QL=30 EA/30 Days         |
| <i>lamivudine 100mg tab</i>             | 2         | QL=90 EA/30 Days         |
| MAVYRET 100-40MG TAB                    | 5         | NDS PA QL=90 EA/30 Days  |
| MAVYRET 50-20MG ORAL PELLETT            | 5         | NDS PA QL=150 EA/30 Days |
| PEGASYS 180MCG/0.5ML SYRINGE            | 5         | NDS QL=2 ML/28 Days      |
| PEGASYS 180MCG/ML INJ                   | 5         | NDS QL=4 ML/28 Days      |
| RIBAVIRIN 200MG CAP                     | 1         | QL=210 EA/30 Days        |
| RIBAVIRIN 200MG TAB                     | 1         | QL=210 EA/30 Days        |
| SOFOSBUVIR/VELPATASVIR 400-100MG TAB    | 5         | NDS PA QL=30 EA/30 Days  |
| VEMLIDY 25MG TAB                        | 5         | NDS QL=30 EA/30 Days     |
| VOSEVI 400-100-100MG TAB                | 5         | NDS PA QL=30 EA/30 Days  |
| <b>HERPES AGENTS</b>                    |           |                          |
| <i>acyclovir 200mg cap</i>              | 1         |                          |
| <i>acyclovir 400mg tab</i>              | 1         |                          |
| <i>acyclovir 40mg/ml oral susp</i>      | 1         |                          |
| <i>acyclovir 50mg/ml inj</i>            | 2         | PA_BvD                   |
| <i>acyclovir 800mg tab</i>              | 1         |                          |
| <i>famciclovir 125mg tab</i>            | 2         |                          |
| <i>famciclovir 250mg tab</i>            | 2         |                          |
| <i>famciclovir 500mg tab</i>            | 2         |                          |
| <i>valacyclovir 1000mg tab</i>          | 1         |                          |
| <i>valacyclovir 500mg tab</i>           | 1         |                          |
| <b>INFLUENZA AGENTS</b>                 |           |                          |
| <i>oseltamivir 30mg cap</i>             | 1         | QL=84 EA/180 Days        |
| <i>oseltamivir 45mg cap</i>             | 1         | QL=42 EA/180 Days        |
| <i>oseltamivir 6mg/ml oral susp</i>     | 2         | QL=540 ML/180 Days       |
| <i>oseltamivir 75mg cap</i>             | 1         | QL=42 EA/180 Days        |
| RELENZA 5MG/BLISTER POWDER INHALER      | 3         | QL=120 EA/30 Days        |
| RIMANTADINE 100MG TAB                   | 2         |                          |

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| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| XOFLUZA 40MG TAB  | 4                | QL=2 EA/30 Days            |
| XOFLUZA 80MG TAB  | 4                | QL=1 EA/30 Days            |
| <b>MISC. ANTIVIRALS</b>                                 |                  |                            |
| PAXLOVID 150MG/100MG TAB PACK (20)                      | 2                | QL=20 EA/5 Days            |
| PAXLOVID 150MG/100MG TAB PACK (30)                      | 2                | QL=30 EA/5 Days            |
| PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11) | 2                | QL=11 EA/5 Days            |
| <b>BETA BLOCKERS</b>                                    |                  |                            |
| <b>ALPHA-BETA BLOCKERS</b>                              |                  |                            |
| <i>carvedilol 12.5mg tab</i>                            | 1                |                            |
| <i>carvedilol 25mg tab</i>                              | 1                |                            |
| <i>carvedilol 3.125mg tab</i>                           | 1                |                            |
| <i>carvedilol 6.25mg tab</i>                            | 1                |                            |
| <i>labetalol 100mg tab</i>                              | 1                |                            |
| <i>labetalol 200mg tab</i>                              | 1                |                            |
| <i>labetalol 300mg tab</i>                              | 1                |                            |
| <b>BETA BLOCKERS CARDIO-SELECTIVE</b>                   |                  |                            |
| <i>acebutolol 200mg cap</i>                             | 1                |                            |
| <i>acebutolol 400mg cap</i>                             | 1                |                            |
| <i>atenolol 100mg tab</i>                               | 1                |                            |
| <i>atenolol 25mg tab</i>                                | 1                |                            |
| <i>atenolol 50mg tab</i>                                | 1                |                            |
| <i>betaxolol 10mg tab</i>                               | 1                |                            |
| <i>betaxolol 20mg tab</i>                               | 1                |                            |
| <i>bisoprolol fumarate 10mg tab</i>                     | 1                |                            |
| <i>bisoprolol fumarate 5mg tab</i>                      | 1                |                            |
| <i>metoprolol succinate 100mg er tab</i>                | 1                |                            |
| <i>metoprolol succinate 200mg er tab</i>                | 1                |                            |
| <i>metoprolol succinate 25mg er tab</i>                 | 1                |                            |
| <i>metoprolol succinate 50mg er tab</i>                 | 1                |                            |
| <i>metoprolol tartrate 100mg tab</i>                    | 1                |                            |
| <i>metoprolol tartrate 25mg tab</i>                     | 1                |                            |
| <i>metoprolol tartrate 37.5mg tab</i>                   | 1                |                            |
| <i>metoprolol tartrate 50mg tab</i>                     | 1                |                            |
| <i>metoprolol tartrate 75mg tab</i>                     | 1                |                            |
| <i>nebivolol 10mg tab</i>                               | 2                |                            |
| <i>nebivolol 2.5mg tab</i>                              | 2                |                            |
| <i>nebivolol 20mg tab</i>                               | 2                |                            |
| <i>nebivolol 5mg tab</i>                                | 2                |                            |
| <b>BETA BLOCKERS NON-SELECTIVE</b>                      |                  |                            |
| <i>nadolol 20mg tab</i>                                 | 2                |                            |
| <i>nadolol 40mg tab</i>                                 | 2                |                            |
| <i>nadolol 80mg tab</i>                                 | 2                |                            |
| <i>pindolol 10mg tab</i>                                | 1                |                            |
| <i>pindolol 5mg tab</i>                                 | 1                |                            |

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| DRUG NAME                            | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------|-----------|---------------------|
| <i>propranolol 10mg tab</i>          | 1         |                     |
| <i>propranolol 120mg er cap</i>      | 1         |                     |
| <i>propranolol 160mg er cap</i>      | 1         |                     |
| <i>propranolol 20mg tab</i>          | 1         |                     |
| <i>propranolol 40mg tab</i>          | 1         |                     |
| PROPRANOLOL 4MG/ML ORAL SOLN         | 1         |                     |
| <i>propranolol 60mg er cap</i>       | 1         |                     |
| <i>propranolol 60mg tab</i>          | 1         |                     |
| <i>propranolol 80mg er cap</i>       | 1         |                     |
| <i>propranolol 80mg tab</i>          | 1         |                     |
| PROPRANOLOL 8MG/ML ORAL SOLN         | 1         |                     |
| <i>sotalol 120mg tab</i>             | 1         |                     |
| <i>sotalol 160mg tab</i>             | 1         |                     |
| <i>sotalol 240mg tab</i>             | 1         |                     |
| <i>sotalol 80mg tab</i>              | 1         |                     |
| <i>sotalol af 120mg tab</i>          | 1         |                     |
| <i>sotalol af 160mg tab</i>          | 1         |                     |
| <i>sotalol af 80mg tab</i>           | 1         |                     |
| <i>timolol 10mg tab</i>              | 1         |                     |
| <i>timolol 5mg tab</i>               | 1         |                     |
| <b>CALCIUM CHANNEL BLOCKERS</b>      |           |                     |
| <b>CALCIUM CHANNEL BLOCKERS</b>      |           |                     |
| <i>amlodipine 10mg tab</i>           | 1         |                     |
| <i>amlodipine 2.5mg tab</i>          | 1         |                     |
| <i>amlodipine 5mg tab</i>            | 1         |                     |
| <i>cartia 120mg er (24hr) cap</i>    | 1         |                     |
| <i>cartia 180mg er (24hr) cap</i>    | 1         |                     |
| <i>cartia 240mg er (24hr) cap</i>    | 1         |                     |
| <i>cartia 300mg er (24hr) cap</i>    | 1         |                     |
| <i>dilt 120mg er (24hr) cap</i>      | 1         |                     |
| <i>dilt 180mg er (24hr) cap</i>      | 1         |                     |
| <i>dilt 240mg er (24hr) cap</i>      | 1         |                     |
| <i>diltiazem 120mg er (12hr) cap</i> | 2         |                     |
| <i>diltiazem 120mg er (24hr) cap</i> | 1         |                     |
| <i>diltiazem 120mg tab</i>           | 1         |                     |
| <i>diltiazem 180mg er (24hr) cap</i> | 1         |                     |
| <i>diltiazem 240mg er (24hr) cap</i> | 1         |                     |
| <i>diltiazem 300mg er (24hr) cap</i> | 1         |                     |
| <i>diltiazem 30mg tab</i>            | 1         |                     |
| <i>diltiazem 360mg er (24hr) cap</i> | 1         |                     |
| <i>diltiazem 420mg er (24hr) cap</i> | 1         |                     |
| <i>diltiazem 60mg er (12hr) cap</i>  | 2         |                     |
| <i>diltiazem 60mg tab</i>            | 1         |                     |
| <i>diltiazem 90mg er (12hr) cap</i>  | 2         |                     |
| <i>diltiazem 90mg tab</i>            | 1         |                     |

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| <b>DRUG NAME</b>                      | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---------------------------------------|------------------|----------------------------|
| <i>felodipine 10mg er tab</i>         | 1                |                            |
| <i>felodipine 2.5mg er tab</i>        | 1                |                            |
| <i>felodipine 5mg er tab</i>          | 1                |                            |
| <i>isradipine 2.5mg cap</i>           | 2                |                            |
| <i>isradipine 5mg cap</i>             | 2                |                            |
| <i>nifedipine 30mg er tab</i>         | 1                |                            |
| <i>nifedipine 30mg osmotic er tab</i> | 1                |                            |
| <i>nifedipine 60mg er tab</i>         | 1                |                            |
| <i>nifedipine 60mg osmotic er tab</i> | 1                |                            |
| <i>nifedipine 90mg er tab</i>         | 1                |                            |
| <i>nifedipine 90mg osmotic er tab</i> | 1                |                            |
| <i>nimodipine 30mg cap</i>            | 2                |                            |
| <i>tiadylt 120mg er (24hr) cap</i>    | 1                |                            |
| <i>tiadylt 180mg er (24hr) cap</i>    | 1                |                            |
| <i>tiadylt 240mg er (24hr) cap</i>    | 1                |                            |
| <i>tiadylt 300mg er (24hr) cap</i>    | 1                |                            |
| <i>tiadylt 360mg er (24hr) cap</i>    | 1                |                            |
| <i>tiadylt 420mg er (24hr) cap</i>    | 1                |                            |
| <i>verapamil 120mg er cap</i>         | 1                |                            |
| <i>verapamil 120mg er tab</i>         | 1                |                            |
| <i>verapamil 120mg tab</i>            | 1                |                            |
| <i>verapamil 180mg er cap</i>         | 1                |                            |
| <i>verapamil 180mg er tab</i>         | 1                |                            |
| <i>verapamil 240mg er cap</i>         | 1                |                            |
| <i>verapamil 240mg er tab</i>         | 1                |                            |
| <b>VERAPAMIL 360MG ER CAP</b>         | 2                |                            |
| <i>verapamil 40mg tab</i>             | 1                |                            |
| <i>verapamil 80mg tab</i>             | 1                |                            |
| <b>CARDIOVASCULAR AGENTS</b>          |                  |                            |
| <b>ALPHA-ADRENERGIC AGONISTS</b>      |                  |                            |
| <i>droxidopa 100mg cap</i>            | 1                | PA QL=90 EA/30 Days        |
| <i>droxidopa 200mg cap</i>            | 1                | PA QL=180 EA/30 Days       |
| <i>droxidopa 300mg cap</i>            | 1                | PA QL=180 EA/30 Days       |
| <i>midodrine 10mg tab</i>             | 1                |                            |
| <i>midodrine 2.5mg tab</i>            | 1                |                            |
| <i>midodrine 5mg tab</i>              | 1                |                            |
| <b>CARDIOVASCULAR AGENTS, OTHER</b>   |                  |                            |
| <b>ATTRUBY 356MG TAB</b>              | 5                | NDS PA QL=112 EA/28 Days   |
| <b>CAMZYOS 10MG CAP</b>               | 5                | NDS PA QL=30 EA/30 Days    |
| <b>CAMZYOS 15MG CAP</b>               | 5                | NDS PA QL=30 EA/30 Days    |
| <b>CAMZYOS 2.5MG CAP</b>              | 5                | NDS PA QL=30 EA/30 Days    |
| <b>CAMZYOS 5MG CAP</b>                | 5                | NDS PA QL=30 EA/30 Days    |
| <i>digoxin 0.125mg tab</i>            | 1                |                            |
| <i>digoxin 0.25mg tab</i>             | 1                |                            |
| <i>ivabradine 5mg tab</i>             | 2                | PA QL=60 EA/30 Days        |

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| DRUG NAME                                | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| <i>ivabradine 7.5mg tab</i>              | 2         | PA QL=60 EA/30 Days      |
| <i>pentoxifylline 400mg er tab</i>       | 1         |                          |
| <i>ranolazine 1000mg er tab</i>          | 2         |                          |
| <i>ranolazine 500mg er tab</i>           | 2         |                          |
| <i>sacubitril/valsartan 24-26mg tab</i>  | 2         | QL=60 EA/30 Days         |
| <i>sacubitril/valsartan 49-51mg tab</i>  | 2         | QL=60 EA/30 Days         |
| <i>sacubitril/valsartan 97-103mg tab</i> | 2         | QL=60 EA/30 Days         |
| VERQUVO 10MG TAB                         | 3         | PA QL=30 EA/30 Days      |
| VERQUVO 2.5MG TAB                        | 3         | PA QL=30 EA/30 Days      |
| VERQUVO 5MG TAB                          | 3         | PA QL=30 EA/30 Days      |
| VYNDAMAX 61MG CAP                        | 5         | NDS PA QL=30 EA/30 Days  |
| VYNDAQEL 20MG CAP                        | 5         | NDS PA QL=120 EA/30 Days |
| <b>CEPHALOSPORINS</b>                    |           |                          |
| <b>CEPHALOSPORINS - 1ST GENERATION</b>   |           |                          |
| <i>cefadroxil 100mg/ml oral susp</i>     | 1         |                          |
| <i>cefadroxil 500mg cap</i>              | 1         |                          |
| <i>cefadroxil 50mg/ml oral susp</i>      | 1         |                          |
| <i>cefazolin 1000mg inj</i>              | 2         |                          |
| <i>cefazolin 200mg/ml inj</i>            | 2         |                          |
| <i>cefazolin 500mg inj</i>               | 2         |                          |
| <i>cephalexin 250mg cap</i>              | 1         |                          |
| <i>cephalexin 25mg/ml oral susp</i>      | 1         |                          |
| <i>cephalexin 500mg cap</i>              | 1         |                          |
| <i>cephalexin 50mg/ml oral susp</i>      | 1         |                          |
| <b>CEPHALOSPORINS - 2ND GENERATION</b>   |           |                          |
| CEFACTOR 250MG CAP                       | 2         |                          |
| CEFACTOR 500MG CAP                       | 2         |                          |
| <i>cefoxitin 1gm inj</i>                 | 2         |                          |
| <i>cefoxitin 200mg/ml inj</i>            | 2         |                          |
| <i>cefoxitin 2gm inj</i>                 | 2         |                          |
| <i>cefprozil 250mg tab</i>               | 1         |                          |
| <i>cefprozil 25mg/ml oral susp</i>       | 1         |                          |
| <i>cefprozil 500mg tab</i>               | 1         |                          |
| <i>cefprozil 50mg/ml oral susp</i>       | 1         |                          |
| <i>cefuroxime 1500mg inj</i>             | 2         |                          |
| <i>cefuroxime 250mg tab</i>              | 1         |                          |
| <i>cefuroxime 500mg tab</i>              | 1         |                          |
| <i>cefuroxime 750mg inj</i>              | 2         |                          |
| <b>CEPHALOSPORINS - 3RD GENERATION</b>   |           |                          |
| <i>cefdinir 25mg/ml oral susp</i>        | 1         |                          |
| <i>cefdinir 300mg cap</i>                | 1         |                          |
| <i>cefdinir 50mg/ml oral susp</i>        | 1         |                          |
| <i>cefixime 20mg/ml oral susp</i>        | 2         |                          |
| <i>cefixime 400mg cap</i>                | 2         |                          |
| <i>cefixime 40mg/ml oral susp</i>        | 2         |                          |

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| DRUG NAME                                   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>cefpodoxime 100mg tab</i>                | 2         |                     |
| CEFPODOXIME 10MG/ML ORAL SUSP               | 2         |                     |
| <i>cefpodoxime 200mg tab</i>                | 2         |                     |
| CEFPODOXIME 20MG/ML ORAL SUSP               | 2         |                     |
| <i>ceftazidime 1gm inj</i>                  | 2         |                     |
| CEFTAZIDIME 200MG/ML INJ                    | 2         |                     |
| <i>ceftazidime 2gm inj</i>                  | 2         |                     |
| <i>ceftriaxone 10gm inj</i>                 | 2         |                     |
| <i>ceftriaxone 1gm inj</i>                  | 2         |                     |
| <i>ceftriaxone 250mg inj</i>                | 2         |                     |
| <i>ceftriaxone 2gm inj</i>                  | 2         |                     |
| <i>ceftriaxone 500mg inj</i>                | 2         |                     |
| <i>tazicef 1gm inj</i>                      | 2         |                     |
| <i>tazicef 2gm inj</i>                      | 2         |                     |
| TAZICEF 6GM INJ                             | 2         |                     |
| <b>CORTICOSTEROIDS</b>                      |           |                     |
| <b>GLUCOCORTICOSTEROIDS</b>                 |           |                     |
| <i>budesonide 3mg dr cap</i>                | 2         | QL=90 EA/30 Days    |
| <i>budesonide 9mg er tab</i>                | 2         | PA QL=30 EA/30 Days |
| DEXAMETHASONE 0.1MG/ML ORAL SOLN            | 1         |                     |
| <i>dexamethasone 0.5mg tab</i>              | 1         |                     |
| <i>dexamethasone 0.75mg tab</i>             | 1         |                     |
| <i>dexamethasone 1.5mg tab</i>              | 1         |                     |
| <i>dexamethasone 1mg tab</i>                | 1         |                     |
| <i>dexamethasone 2mg tab</i>                | 1         |                     |
| <i>dexamethasone 4mg tab</i>                | 1         |                     |
| <i>dexamethasone 6mg tab</i>                | 1         |                     |
| <i>hydrocortisone 10mg tab</i>              | 1         |                     |
| <i>hydrocortisone 20mg tab</i>              | 1         |                     |
| <i>hydrocortisone 5mg tab</i>               | 1         |                     |
| <i>methylprednisolone 16mg tab</i>          | 1         | PA_BvD              |
| <i>methylprednisolone 32mg tab</i>          | 1         | PA_BvD              |
| <i>methylprednisolone 4mg tab</i>           | 1         | PA_BvD              |
| <i>methylprednisolone 4mg tab pack (21)</i> | 1         |                     |
| <i>methylprednisolone 8mg tab</i>           | 1         | PA_BvD              |
| <i>prednisolone 1mg/ml oral soln</i>        | 1         | PA_BvD              |
| <i>prednisolone 3mg/ml oral soln</i>        | 1         | PA_BvD              |
| <i>prednisolone 5mg/ml oral soln</i>        | 2         | PA_BvD              |
| <i>prednisone 10mg tab</i>                  | 1         | PA_BvD              |
| <i>prednisone 1mg tab</i>                   | 1         | PA_BvD              |
| PREDNISONONE 1MG/ML ORAL SOLN               | 2         | PA_BvD              |
| <i>prednisone 2.5mg tab</i>                 | 1         | PA_BvD              |
| <i>prednisone 20mg tab</i>                  | 1         | PA_BvD              |
| <i>prednisone 50mg tab</i>                  | 1         | PA_BvD              |
| <i>prednisone 5mg tab</i>                   | 1         | PA_BvD              |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b>MINERALOCORTICOIDS</b>                                |           |                     |
| <i>fludrocortisone acetate 0.1mg tab</i>                 | 1         |                     |
| <b>COUGH/COLD/ALLERGY</b>                                |           |                     |
| <b>MUCOLYTICS</b>  |           |                     |
| <i>acetylcysteine 100mg/ml inh soln</i>                  | 1         | PA_BvD              |
| <i>acetylcysteine 200mg/ml inh soln</i>                  | 1         | PA_BvD              |
| <b>DENTAL AND ORAL AGENTS</b>                            |           |                     |
| <b>DENTAL AND ORAL AGENTS</b>                            |           |                     |
| <i>cevimeline 30mg cap</i>                               | 2         |                     |
| <i>chlorhexidine gluconate 0.12% mouthwash</i>           | 1         |                     |
| <i>clotrimazole 10mg lozenge</i>                         | 1         |                     |
| <i>kourzeq 0.1% oral paste</i>                           | 1         |                     |
| <i>lidocaine viscous 2% mucous membrane topical soln</i> | 1         |                     |
| <i>nystatin 100000unit/ml oral susp</i>                  | 1         |                     |
| <i>periogard 0.12% mouthwash</i>                         | 1         |                     |
| <i>pilocarpine 5mg tab</i>                               | 1         |                     |
| <i>pilocarpine 7.5mg tab</i>                             | 1         |                     |
| <i>triamcinolone acetate 0.1% oral paste</i>             | 1         |                     |
| <b>DERMATOLOGICALS</b>                                   |           |                     |
| <b>ACNE PRODUCTS</b>                                     |           |                     |
| <i>acutane 10mg cap</i>                                  | 2         |                     |
| <i>acutane 20mg cap</i>                                  | 2         |                     |
| <i>acutane 40mg cap</i>                                  | 2         |                     |
| <i>amnesteem 10mg cap</i>                                | 2         |                     |
| <i>amnesteem 20mg cap</i>                                | 2         |                     |
| <i>amnesteem 30mg cap</i>                                | 2         |                     |
| <i>amnesteem 40mg cap</i>                                | 2         |                     |
| <i>claravis 10mg cap</i>                                 | 2         |                     |
| <i>claravis 20mg cap</i>                                 | 2         |                     |
| <i>claravis 30mg cap</i>                                 | 2         |                     |
| <i>claravis 40mg cap</i>                                 | 2         |                     |
| <i>clindacin 1% pad</i>                                  | 1         | QL=120 EA/30 Days   |
| <i>clindamycin 1% gel</i>                                | 1         | QL=75 GM/30 Days    |
| <i>clindamycin 1% gel (twice-daily)</i>                  | 1         | QL=75 GM/30 Days    |
| <i>clindamycin 1% lotion</i>                             | 1         | QL=60 ML/30 Days    |
| <i>clindamycin 1% pad</i>                                | 1         | QL=120 EA/30 Days   |
| <i>clindamycin 1% topical soln</i>                       | 1         | QL=60 ML/30 Days    |
| <b>ERY 2% PAD</b>  | 2         | QL=60 EA/30 Days    |
| <i>erythromycin 2% gel</i>                               | 1         | QL=60 GM/30 Days    |
| <i>erythromycin 2% topical soln</i>                      | 1         | QL=60 ML/30 Days    |
| <i>isotretinoin 10mg cap</i>                             | 2         |                     |
| <i>isotretinoin 20mg cap</i>                             | 2         |                     |
| <i>isotretinoin 30mg cap</i>                             | 2         |                     |
| <i>isotretinoin 40mg cap</i>                             | 2         |                     |
| <i>sulfacetamide sodium 10% lotion</i>                   | 2         | QL=118 ML/30 Days   |

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| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>   |
|---|------------------|------------------------------|
| <i>tretinoin 0.01% gel</i>  | 2                | PA QL=45 GM/30 Days          |
| <i>tretinoin 0.025% cream</i>   | 2                | PA QL=45 GM/30 Days          |
| <i>tretinoin 0.025% gel</i>   | 2                | PA QL=45 GM/30 Days          |
| <i>tretinoin 0.05% cream</i>  | 2                | PA QL=45 GM/30 Days          |
| <i>tretinoin 0.1% cream</i>   | 2                | PA QL=45 GM/30 Days          |
| <i>zenatane 10mg cap</i>  | 2                |                              |
| <i>zenatane 20mg cap</i>  | 2                |                              |
| <i>zenatane 30mg cap</i>  | 2                |                              |
| <i>zenatane 40mg cap</i>  | 2                |                              |
| <b>ANTIBIOTICS - TOPICAL</b>  |                  |                              |
| <i>gentamicin 0.1% cream</i>  | 1                | QL=30 GM/30 Days             |
| <i>gentamicin 0.1% ointment</i>                                       | 1                | QL=120 GM/30 Days            |
| <i>mupirocin 2% ointment</i>  | 1                | QL=220 GM/30 Days            |
| <b>ANTIFUNGALS - TOPICAL</b>  |                  |                              |
| <i>ciclopirox 0.77% cream</i>   | 1                | QL=90 GM/30 Days             |
| <i>ciclopirox 0.77% gel</i>   | 1                | QL=100 GM/30 Days            |
| <i>ciclopirox 0.77% lotion</i>  | 1                | QL=60 ML/30 Days             |
| <i>ciclopirox 1% shampoo</i>  | 2                | QL=120 ML/30 Days            |
| <i>ciclopirox 8% topical soln</i>                                     | 1                | QL=13.20 ML/30 Days          |
| <i>clotrimazole 1% cream</i>  | 1                | QL=45 GM/30 Days             |
| <i>clotrimazole/betamethasone 1-0.05% cream</i>                       | 1                | QL=90 GM/30 Days             |
| <i>econazole nitrate 1% cream</i>                                     | 1                | QL=85 GM/30 Days             |
| <i>ketoconazole 2% cream</i>  | 1                | QL=120 GM/30 Days            |
| <i>ketoconazole 2% shampoo</i>  | 1                | QL=240 ML/30 Days            |
| <i>nyamyc 100000unit/gm topical powder</i>                            | 1                | QL=60 GM/30 Days             |
| <i>nystatin 100000 unit/gm ointment</i>                               | 1                | QL=30 GM/30 Days             |
| <i>nystatin 100000unit/gm topical powder</i>                          | 1                | QL=60 GM/30 Days             |
| <i>nystatin 100000unit/ml cream</i>                                   | 1                | QL=30 GM/30 Days             |
| <i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% ointment</i> | 1                | QL=60 GM/30 Days             |
| <i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i>     | 1                | QL=60 GM/30 Days             |
| <i>nystop 100000unit/gm topical powder</i>                            | 1                | QL=60 GM/30 Days             |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>         |                  |                              |
| <i>bexarotene 1% gel</i>  | 1                | PA_NSO QL=60 GM/30 Days      |
| <i>diclofenac sodium 3% gel</i>                                       | 2                | PA QL=100 GM/30 Days         |
| <b>FLUOROURACIL 2% TOPICAL SOLN</b>                                   | 2                | QL=10 ML/30 Days             |
| <i>fluorouracil 5% cream</i>  | 1                | QL=40 GM/30 Days             |
| <i>fluorouracil 5% topical soln</i>                                   | 2                | QL=10 ML/30 Days             |
| <b>PANRETIN 0.1% GEL</b>  | 5                | NDS PA_NSO QL=60 GM/30 Days  |
| <b>VALCHLOR 0.016% GEL</b>  | 5                | NDS PA_NSO QL=240 GM/30 Days |
| <b>ANTIPSORIATICS</b>   |                  |                              |
| <i>acitretin 10mg cap</i>   | 2                |                              |
| <i>acitretin 17.5mg cap</i>   | 2                |                              |
| <i>acitretin 25mg cap</i>   | 2                |                              |

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| DRUG NAME                                     | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| <i>calcipotriene 0.005% cream</i>             | 2         | PA QL=120 GM/30 Days    |
| <i>calcipotriene 0.005% ointment</i>          | 2         | PA QL=120 GM/30 Days    |
| CALCIPOTRIENE 0.005% TOPICAL SOLN             | 2         | PA QL=120 ML/30 Days    |
| COSENTYX 150MG/ML AUTO-INJECTOR               | 5         | NDS PA QL=8 ML/28 Days  |
| COSENTYX 150MG/ML SYRINGE                     | 5         | NDS PA QL=8 ML/28 Days  |
| COSENTYX 75MG/0.5ML SYRINGE                   | 5         | NDS PA QL=2 ML/28 Days  |
| COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR     | 5         | NDS PA QL=8 ML/28 Days  |
| METHOXSALLEN 10MG CAP                         | 2         |                         |
| OTEZLA 20MG TAB                               | 5         | NDS PA QL=60 EA/30 Days |
| OTEZLA 30MG TAB                               | 5         | NDS PA QL=60 EA/30 Days |
| OTEZLA TAB 28-DAY STARTER PACK (55)           | 5         | NDS PA QL=55 EA/28 Days |
| SKYRIZI 150MG/ML AUTO-INJECTOR                | 5         | PA QL=7 ML/365 Days     |
| SKYRIZI 150MG/ML SYRINGE                      | 5         | PA QL=7 ML/365 Days     |
| STELARA 45MG/0.5ML INJ                        | 5         | PA QL=.50 ML/28 Days    |
| STELARA 45MG/0.5ML SYRINGE                    | 5         | PA QL=.50 ML/28 Days    |
| STELARA 90MG/ML SYRINGE                       | 5         | PA QL=1 ML/28 Days      |
| STEQEYMA 90MG/ML SYRINGE                      | 5         | PA QL=1 ML/28 Days      |
| <i>tazarotene 0.1% cream</i>                  | 2         | PA QL=60 GM/30 Days     |
| TREMFYA 100MG/ML AUTO-INJECTOR                | 5         | PA QL=2 ML/28 Days      |
| TREMFYA 100MG/ML SYRINGE                      | 5         | PA QL=2 ML/28 Days      |
| TREMFYA 200MG/2ML AUTO-INJECTOR               | 5         | NDS PA QL=2 ML/28 Days  |
| TREMFYA 200MG/2ML SYRINGE                     | 5         | NDS PA QL=2 ML/28 Days  |
| YESINTEK 90MG/ML SYRINGE                      | 5         | PA QL=1 ML/28 Days      |
| <b>CORTICOSTEROIDS - TOPICAL</b>              |           |                         |
| <i>ala-cort 1% cream</i>                      | 1         | QL=240 GM/30 Days       |
| ALCLOMETASONE 0.05% OINT                      | 2         | QL=120 GM/30 Days       |
| <i>alclometasone dipropionate 0.05% cream</i> | 2         | QL=120 GM/30 Days       |
| <i>betamethasone 0.05% aug cream</i>          | 1         | QL=100 GM/30 Days       |
| <i>betamethasone 0.05% aug lotion</i>         | 2         | QL=120 ML/30 Days       |
| <i>betamethasone 0.05% aug ointment</i>       | 1         | QL=100 GM/30 Days       |
| <i>betamethasone 0.05% cream</i>              | 1         | QL=90 GM/30 Days        |
| BETAMETHASONE 0.05% GEL                       | 2         | QL=100 GM/30 Days       |
| <i>betamethasone 0.05% lotion</i>             | 1         | QL=120 ML/30 Days       |
| <i>betamethasone 0.05% ointment</i>           | 2         | QL=90 GM/30 Days        |
| <i>betamethasone 0.1% cream</i>               | 1         | QL=180 GM/30 Days       |
| <i>betamethasone 0.1% ointment</i>            | 1         | QL=180 GM/30 Days       |
| BETAMETHASONE 0.1% TOPICAL LOTION             | 1         | QL=120 ML/30 Days       |
| <i>clobetasol propionate 0.05% cream</i>      | 1         | QL=120 GM/30 Days       |
| <i>clobetasol propionate 0.05% e cream</i>    | 2         | QL=120 GM/30 Days       |
| <i>clobetasol propionate 0.05% foam</i>       | 2         | QL=100 GM/30 Days       |
| <i>clobetasol propionate 0.05% gel</i>        | 2         | QL=120 GM/30 Days       |
| <i>clobetasol propionate 0.05% lotion</i>     | 2         | QL=118 ML/30 Days       |
| <i>clobetasol propionate 0.05% ointment</i>   | 1         | QL=120 GM/30 Days       |
| <i>clobetasol propionate 0.05% shampoo</i>    | 2         | QL=236 ML/30 Days       |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS  |
|--|-----------|----------------------|
| <i>clobetasol propionate 0.05% topical soln</i>  | 1         | QL=100 ML/30 Days    |
| <i>clobetasol propionate 0.05% topical spray</i> | 2         | QL=125 ML/30 Days    |
| <i>clodan 0.05% shampoo</i>                      | 2         | QL=236 ML/30 Days    |
| <i>desonide 0.05% ointment</i>                   | 2         | QL=120 GM/30 Days    |
| <i>desoximetasone 0.25% cream</i>                | 2         | QL=120 GM/30 Days    |
| <i>desoximetasone 0.25% ointment</i>             | 2         | QL=120 GM/30 Days    |
| <i>fluocinolone acetonide 0.01% cream</i>        | 1         | QL=120 GM/30 Days    |
| <i>fluocinolone acetonide 0.01% topical oil</i>  | 2         | QL=120 ML/30 Days    |
| <i>fluocinolone acetonide 0.01% topical soln</i> | 1         | QL=90 ML/30 Days     |
| <i>fluocinolone acetonide 0.025% cream</i>       | 1         | QL=120 GM/30 Days    |
| <i>fluocinolone acetonide 0.025% ointment</i>    | 1         | QL=120 GM/30 Days    |
| <i>fluocinonide 0.05% cream</i>                  | 1         | QL=60 GM/30 Days     |
| <i>fluocinonide 0.05% e cream</i>                | 1         | QL=120 GM/30 Days    |
| <i>fluocinonide 0.05% gel</i>                    | 1         | QL=60 GM/30 Days     |
| <i>fluocinonide 0.05% ointment</i>               | 1         | QL=60 GM/30 Days     |
| <i>fluocinonide 0.05% topical soln</i>           | 1         | QL=60 ML/30 Days     |
| <i>fluocinonide 0.1% cream</i>                   | 1         | QL=60 GM/30 Days     |
| <i>fluticasone propionate 0.005% ointment</i>    | 1         | QL=240 GM/30 Days    |
| <i>fluticasone propionate 0.05% cream</i>        | 1         | QL=240 GM/30 Days    |
| <i>halobetasol propionate 0.05% cream</i>        | 2         | QL=50 GM/30 Days     |
| <i>halobetasol propionate 0.05% ointment</i>     | 2         | QL=50 GM/30 Days     |
| <i>hydrocortisone 1% cream</i>                   | 1         | QL=240 GM/30 Days    |
| <i>hydrocortisone 2.5% ointment</i>              | 1         | QL=240 GM/30 Days    |
| <b>HYDROCORTISONE LOTION 2.5%</b>                | 1         | QL=118 ML/30 Days    |
| <i>mometasone furoate 0.1% cream</i>             | 1         | QL=180 GM/30 Days    |
| <i>mometasone furoate 0.1% lotion</i>            | 1         | QL=180 ML/30 Days    |
| <i>mometasone furoate 0.1% ointment</i>          | 1         | QL=180 GM/30 Days    |
| <i>triamcinolone acetonide 0.025% cream</i>      | 1         | QL=454 GM/30 Days    |
| <i>triamcinolone acetonide 0.025% lotion</i>     | 1         | QL=120 ML/30 Days    |
| <i>triamcinolone acetonide 0.025% ointment</i>   | 1         | QL=454 GM/30 Days    |
| <i>triamcinolone acetonide 0.1% cream</i>        | 1         | QL=454 GM/30 Days    |
| <i>triamcinolone acetonide 0.1% lotion</i>       | 1         | QL=120 ML/30 Days    |
| <i>triamcinolone acetonide 0.1% ointment</i>     | 1         | QL=454 GM/30 Days    |
| <i>triamcinolone acetonide 0.5% cream</i>        | 1         | QL=454 GM/30 Days    |
| <i>triamcinolone acetonide 0.5% ointment</i>     | 1         | QL=120 GM/30 Days    |
| <i>triderm 0.5% cream</i>                        | 1         | QL=454 GM/30 Days    |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>        |           |                      |
| <i>pimecrolimus 1% cream</i>                     | 2         | QL=100 GM/30 Days    |
| <i>tacrolimus 0.03% ointment</i>                 | 1         | QL=100 GM/30 Days    |
| <i>tacrolimus 0.1% ointment</i>                  | 1         | QL=100 GM/30 Days    |
| <b>LOCAL ANESTHETICS - TOPICAL</b>               |           |                      |
| <i>lidocaine 4% mucous membrane topical soln</i> | 1         | QL=50 ML/30 Days     |
| <i>lidocaine 5% ointment</i>                     | 1         | PA QL=107 GM/30 Days |
| <i>lidocaine 5% patch</i>                        | 2         | PA QL=90 EA/30 Days  |
| <i>lidocaine/prilocaine 2.5-2.5% cream</i>       | 1         | QL=30 GM/30 Days     |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>lidocan 5% patch</i>                               | 2         | PA QL=90 EA/30 Days |
| <i>tridacaine 5% patch</i>                            | 2         | PA QL=90 EA/30 Days |
| <b>MISC. TOPICAL</b>                                  |           |                     |
| <i>acyclovir 5% ointment</i>                          | 1         | QL=30 GM/30 Days    |
| <i>ammonium lactate 12% cream</i>                     | 1         |                     |
| <i>ammonium lactate 12% lotion</i>                    | 1         |                     |
| <i>imiquimod 5% cream</i>                             | 1         | QL=24 EA/30 Days    |
| <i>malathion 0.5% lotion</i>                          | 2         | QL=59 ML/30 Days    |
| <i>permethrin 5% cream</i>                            | 1         | QL=60 GM/30 Days    |
| PODOFILOX 0.5% TOPICAL SOLN                           | 2         | QL=7 ML/30 Days     |
| <i>selenium sulfide 2.5% shampoo</i>                  | 1         | QL=120 ML/30 Days   |
| <b>ROSACEA AGENTS</b>                                 |           |                     |
| <i>azelaic acid 15% gel</i>                           | 2         | QL=50 GM/30 Days    |
| <i>metronidazole 0.75% cream</i>                      | 1         | QL=45 GM/30 Days    |
| <i>metronidazole 0.75% gel</i>                        | 1         | QL=45 GM/30 Days    |
| <i>metronidazole 1% gel</i>                           | 2         | QL=60 GM/30 Days    |
| <b>WOUND CARE PRODUCTS</b>                            |           |                     |
| SANTYL 250UNIT/GM OINTMENT                            | 3         | QL=90 GM/30 Days    |
| <i>silver sulfadiazine 1% cream</i>                   | 1         |                     |
| <i>ssd 1% cream</i>                                   | 1         |                     |
| <b>DIGESTIVE AIDS</b>                                 |           |                     |
| <b>DIGESTIVE ENZYMES</b>                              |           |                     |
| CREON 120000-24000-76000UNIT DR CAP                   | 3         |                     |
| CREON 15000-3000-9500UNIT DR CAP                      | 3         |                     |
| CREON 180000-36000-114000UNIT DR CAP                  | 3         |                     |
| CREON 30000-6000-19000UNIT DR CAP                     | 3         |                     |
| CREON 60000-12000-38000UNIT DR CAP                    | 3         |                     |
| SUCRAID 8500UNIT/ML ORAL SOLN                         | 5         | NDS PA              |
| <b>DIURETICS</b>                                      |           |                     |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>                  |           |                     |
| <i>acetazolamide 125mg tab</i>                        | 1         |                     |
| <i>acetazolamide 250mg tab</i>                        | 1         |                     |
| <i>acetazolamide 500mg er cap</i>                     | 1         |                     |
| <i>methazolamide 25mg tab</i>                         | 2         |                     |
| <i>methazolamide 50mg tab</i>                         | 2         |                     |
| <b>DIURETIC COMBINATIONS</b>                          |           |                     |
| AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB              | 1         |                     |
| <i>hydrochlorothiazide/spironolactone 25-25mg tab</i> | 1         |                     |
| <i>hydrochlorothiazide/triamterene 25-37.5mg cap</i>  | 1         |                     |
| <i>hydrochlorothiazide/triamterene 25-37.5mg tab</i>  | 1         |                     |
| <i>hydrochlorothiazide/triamterene 50-75mg tab</i>    | 1         |                     |
| <b>LOOP DIURETICS</b>                                 |           |                     |
| <i>bumetanide 0.25mg/ml inj</i>                       | 2         |                     |
| <i>bumetanide 0.5mg tab</i>                           | 1         |                     |

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|--|-----------|---------------------|
| <i>bumetanide 1mg tab</i>                        | 1         |                     |
| <i>bumetanide 2mg tab</i>                        | 1         |                     |
| FUROSCIX 80MG/10ML CARTRIDGE                     | 5         | NDS QL=8 EA/7 Days  |
| <i>furosemide 10mg/ml inj</i>                    | 2         |                     |
| <i>furosemide 10mg/ml oral soln</i>              | 1         |                     |
| <i>furosemide 20mg tab</i>                       | 1         |                     |
| <i>furosemide 40mg tab</i>                       | 1         |                     |
| <i>furosemide 80mg tab</i>                       | 1         |                     |
| FUROSEMIDE 8MG/ML ORAL SOLN                      | 1         |                     |
| <i>torseamide 100mg tab</i>                      | 1         |                     |
| <i>torseamide 10mg tab</i>                       | 1         |                     |
| <i>torseamide 20mg tab</i>                       | 1         |                     |
| <i>torseamide 5mg tab</i>                        | 1         |                     |
| <b>POTASSIUM SPARING DIURETICS</b>               |           |                     |
| <i>amiloride 5mg tab</i>                         | 1         |                     |
| <i>spironolactone 100mg tab</i>                  | 1         |                     |
| <i>spironolactone 25mg tab</i>                   | 1         |                     |
| <i>spironolactone 50mg tab</i>                   | 1         |                     |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>     |           |                     |
| <i>chlorthalidone 25mg tab</i>                   | 1         |                     |
| <i>chlorthalidone 50mg tab</i>                   | 1         |                     |
| <i>hydrochlorothiazide 12.5mg cap</i>            | 1         |                     |
| <i>hydrochlorothiazide 12.5mg tab</i>            | 1         |                     |
| <i>hydrochlorothiazide 25mg tab</i>              | 1         |                     |
| <i>hydrochlorothiazide 50mg tab</i>              | 1         |                     |
| <i>indapamide 1.25mg tab</i>                     | 1         |                     |
| <i>indapamide 2.5mg tab</i>                      | 1         |                     |
| <i>metolazone 10mg tab</i>                       | 1         |                     |
| <i>metolazone 2.5mg tab</i>                      | 1         |                     |
| <i>metolazone 5mg tab</i>                        | 1         |                     |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>    |           |                     |
| <b>BONE DENSITY REGULATORS</b>                   |           |                     |
| <i>alendronate sodium 10mg tab</i>               | 1         |                     |
| <i>alendronate sodium 35mg tab</i>               | 1         |                     |
| <i>alendronate sodium 70mg tab</i>               | 1         |                     |
| <i>ibandronate 150mg tab</i>                     | 1         | QL=1 EA/30 Days     |
| JUBBONTI 60MG/ML SYRINGE                         | 4         | ST QL=1 ML/168 Days |
| <i>raloxifene 60mg tab</i>                       | 2         |                     |
| <i>risedronate sodium 150mg tab</i>              | 2         |                     |
| <i>risedronate sodium 30mg tab</i>               | 2         |                     |
| <i>risedronate sodium 35mg tab</i>               | 2         |                     |
| <i>risedronate sodium 35mg tab pack (12)</i>     | 2         |                     |
| <i>risedronate sodium 35mg tab pack (4)</i>      | 2         |                     |
| <i>risedronate sodium 5mg tab</i>                | 2         |                     |
| <i>salmon calcitonin 200unit/act nasal spray</i> | 1         | QL=3.70 ML/28 Days  |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS       |
|--|-----------|---------------------------|
| TERIPARATIDE 0.02MG/ACT PEN INJ                  | 5         | NDS QL=2.48 ML/28 Days    |
| TYMLOS 3120MCG/1.56ML PEN INJ                    | 5         | NDS QL=1.56 ML/30 Days    |
| WYOST 120MG/1.7ML INJ                            | 5         | NDS PA QL=1.70 ML/28 Days |
| GROWTH HORMONES                                  |           |                           |
| NORDITROPIN 10MG/1.5ML PEN INJ                   | 5         | NDS PA                    |
| NORDITROPIN 15MG/1.5ML PEN INJ                   | 5         | NDS PA                    |
| NORDITROPIN 30MG/3ML PEN INJ                     | 5         | NDS PA                    |
| NORDITROPIN 5MG/1.5ML PEN INJ                    | 5         | NDS PA                    |
| OMNITROPE 10MG/1.5ML CARTRIDGE                   | 5         | NDS PA                    |
| OMNITROPE 5.8MG INJ                              | 5         | NDS PA                    |
| OMNITROPE 5MG/1.5ML CARTRIDGE                    | 5         | NDS PA                    |
| SOGROYA 10MG/1.5ML PEN INJ                       | 5         | NDS PA                    |
| SOGROYA 15MG/1.5ML PEN INJ                       | 5         | NDS PA                    |
| SOGROYA 5MG/1.5ML PEN INJ                        | 5         | NDS PA                    |
| METABOLIC MODIFIERS                              |           |                           |
| <i>betaine 1gm powder for oral soln</i>          | 1         |                           |
| <i>calcitriol 0.25mcg cap</i>                    | 1         |                           |
| <i>calcitriol 0.5mcg cap</i>                     | 1         |                           |
| <i>calcitriol 1mcg/ml oral soln</i>              | 1         |                           |
| <i>carglumic acid 200mg tab for oral susp</i>    | 1         | PA                        |
| <i>cinacalcet 30mg tab</i>                       | 2         | QL=60 EA/30 Days          |
| <i>cinacalcet 60mg tab</i>                       | 2         | QL=60 EA/30 Days          |
| <i>cinacalcet 90mg tab</i>                       | 2         | QL=120 EA/30 Days         |
| CYSTADANE 1GM POWDER FOR ORAL SOLN               | 5         | NDS                       |
| <i>javygtor 100mg powder for oral soln</i>       | 1         | PA                        |
| <i>javygtor 100mg tab</i>                        | 1         | PA                        |
| <i>javygtor 500mg powder for oral soln</i>       | 1         | PA                        |
| <i>levocarnitine 100mg/ml oral soln</i>          | 1         |                           |
| <i>levocarnitine 330mg tab</i>                   | 1         |                           |
| <i>paricalcitol 1mcg cap</i>                     | 2         |                           |
| <i>paricalcitol 2mcg cap</i>                     | 2         |                           |
| <i>paricalcitol 4mcg cap</i>                     | 2         |                           |
| <i>sapropterin 100mg powder for oral soln</i>    | 1         | PA                        |
| <i>sapropterin 100mg tab</i>                     | 1         | PA                        |
| <i>sapropterin 500mg powder for oral soln</i>    | 1         | PA                        |
| <i>sodium phenylbutyrate 3gm/tsp oral powder</i> | 2         |                           |
| SOMATOSTATIC AGENTS                              |           |                           |
| <i>octreotide 0.05mg/ml inj</i>                  | 1         | PA                        |
| <i>octreotide 0.1mg/ml inj</i>                   | 1         | PA                        |
| <i>octreotide 0.2mg/ml inj</i>                   | 1         | PA                        |
| <i>octreotide 0.5mg/ml inj</i>                   | 1         | PA                        |
| <i>octreotide 1mg/ml inj</i>                     | 1         | PA                        |
| SIGNIFOR 0.3MG/ML INJ                            | 5         | NDS PA QL=60 ML/30 Days   |
| SIGNIFOR 0.6MG/ML INJ                            | 5         | NDS PA QL=60 ML/30 Days   |
| SIGNIFOR 0.9MG/ML INJ                            | 5         | NDS PA QL=60 ML/30 Days   |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS     |
|--|-----------|-------------------------|
| <b>ENDOCRINE MEDICATIONS</b>   |           |                         |
| <b>OTHER ENDOCRINE DRUGS</b>   |           |                         |
| <i>cabergoline 0.5mg tab</i>   | 1         |                         |
| <i>desmopressin acetate 0.01% (0.01mg/act) nasal spray</i>                             | 2         |                         |
| <i>desmopressin acetate 0.1mg tab</i>  | 2         |                         |
| <i>desmopressin acetate 0.2mg tab</i>  | 2         |                         |
| INCRELEX 40MG/4ML INJ  | 5         | NDS PA                  |
| KERENDIA 10MG TAB  | 3         | PA QL=30 EA/30 Days     |
| KERENDIA 20MG TAB  | 3         | PA QL=30 EA/30 Days     |
| SOMAVERT 10MG INJ  | 5         | NDS PA QL=60 EA/30 Days |
| SOMAVERT 15MG INJ  | 5         | NDS PA QL=60 EA/30 Days |
| SOMAVERT 20MG INJ  | 5         | NDS PA QL=60 EA/30 Days |
| SOMAVERT 25MG INJ  | 5         | NDS PA QL=30 EA/30 Days |
| SOMAVERT 30MG INJ  | 5         | NDS PA QL=30 EA/30 Days |
| <b>ESTROGENS</b>   |           |                         |
| <b>ESTROGEN COMBINATIONS</b>   |           |                         |
| <i>abigale 1/0.5mg tab 28-day pack</i>   | 1         |                         |
| <i>abigale lo tab 0.5/0.1mg 28-day pack</i>  | 1         |                         |
| <i>altavera tab 28-day pack</i>  | 2         |                         |
| <i>alyacen 1/35 tab 28-day pack</i>  | 2         |                         |
| <i>apri tab 28-day pack</i>  | 2         |                         |
| <i>aranelle tab 28-day pack</i>  | 2         |                         |
| <i>ashlyna tab 91-day pack</i>   | 2         |                         |
| <i>aubra tab 28-day pack</i>   | 2         |                         |
| <i>aviane tab 28-day pack</i>  | 2         |                         |
| <i>azurette 28 day pack</i>  | 2         |                         |
| <i>balziva tab 28-day pack</i>   | 2         |                         |
| <i>blisovi 21 fe tab 1.5/30 28-day pack</i>  | 2         |                         |
| <i>blisovi 24 fe tab 1/20 28-day pack</i>  | 2         |                         |
| <i>briellyn tab 28-day pack</i>  | 2         |                         |
| <i>camreselo tab 91-day pack</i>   | 2         |                         |
| <i>cryselle tab 28-day pack</i>  | 2         |                         |
| <i>cyred tab 28-day pack</i>   | 2         |                         |
| <i>drospirenone/ethinyl estradiol/inert ingredients<br/>3-0.02-1mg tab 28-day pack</i> | 2         |                         |
| <i>drospirenone/ethinyl estradiol/inert ingredients<br/>3-0.03-1mg tab 28-day pack</i> | 2         |                         |
| <i>eluryng 0.120-0.015mg/24hr vaginal system</i>                                       | 2         |                         |
| <i>enilloring 0.120-0.015mg/24hr vaginal system</i>                                    | 2         |                         |
| <i>enpresse tab 28-day pack</i>  | 2         |                         |
| <i>enskyce tab 28-day pack</i>   | 2         |                         |
| <i>estarylla tab 28-day pack</i>   | 2         |                         |
| <i>estradiol/norethindrone acetate 0.5-0.1mg 28-day<br/>pack</i>                       | 1         |                         |
| <i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>                             | 1         |                         |

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| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>   | 2                |                            |
| <i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>  | 2                |                            |
| <i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.035-1-1mg tab 28-day pack</i> | 2                |                            |
| <i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.05-1-1mg tab 28-day pack</i>  | 2                |                            |
| <i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>                    | 2                |                            |
| <i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg tab 28-day pack</i> | 2                |                            |
| <i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack</i>      | 2                |                            |
| <i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack</i>     | 2                |                            |
| <i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>     | 2                |                            |
| <i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>      | 2                |                            |
| <i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>                            | 1                |                            |
| <i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>                        | 1                |                            |
| <i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>                     | 2                |                            |
| <i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25mg-mcg tab 28-day pack</i>        | 2                |                            |
| <i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35mg-mcg tab 28-day pack</i>        | 2                |                            |
| <i>falmina tab 28-day pack</i>  | 2                |                            |
| <i>feirza 1.5/30 28-day pack</i>  | 2                |                            |
| <i>feirza 1/20 28-day pack</i>  | 2                |                            |
| <i>finzala 24 fe chewable tab 28-day pack</i>   | 2                |                            |
| <i>fyavolv 0.0025-0.5mg tab</i>   | 1                |                            |
| <i>fyavolv 0.005-1mg tab</i>  | 1                |                            |
| <i>hailey 24 fe tab 28-day pack</i>   | 2                |                            |
| <i>haloette 0.120-0.015mg/24hr vaginal system</i>   | 2                |                            |
| <i>iclevia tab 91-day pack</i>  | 2                |                            |
| <i>introvale tab 91-day pack</i>  | 2                |                            |
| <i>isibloom tab 28-day pack</i>   | 2                |                            |
| <i>jaimiess tab 91-day pack</i>   | 2                |                            |
| <i>jasmiel tab 28-day pack</i>  | 2                |                            |
| <i>jinteli 0.005-1mg tab</i>  | 1                |                            |
| <i>juleber tab 28-day pack</i>  | 2                |                            |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>junel 1.5/30 tab 21-day pack</i>   | 2         |                     |
| <i>junel 1/20 tab 21-day pack</i>   | 2         |                     |
| <i>junel fe 24 1/20 28-day pack</i>   | 2         |                     |
| <i>junel fe tab 1.5/30 28-day pack</i>  | 2         |                     |
| <i>junel fe tab 1/20 28-day pack</i>  | 2         |                     |
| <i>kariva tab 28-day pack</i>   | 2         |                     |
| <i>kelnor 1mg-35mcg tab 28-day pack</i>   | 2         |                     |
| <i>kelnor tab 1/50 28-day pack</i>  | 2         |                     |
| <i>kurvelo tab 28-day pack</i>  | 2         |                     |
| <i>larin 1.5/30 tab 21-day pack</i>   | 2         |                     |
| <i>larin 1/20 tab 21-day pack</i>   | 2         |                     |
| <i>larin fe tab 1.5/30 28-day pack</i>  | 2         |                     |
| <i>larin fe tab 1/20 28-day pack</i>  | 2         |                     |
| <i>lessina tab 28-day pack</i>  | 2         |                     |
| <i>levonest tab 28-day pack</i>   | 2         |                     |
| <i>levonorgestrel/ethinyl estradiol<br/>0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i> | 2         |                     |
| <i>levora 0.15/30 tab 28-day pack</i>   | 2         |                     |
| <i>lo jaimiess tab 91-day pack</i>  | 2         |                     |
| <i>loestrin fe tab 1/20 28-day pack</i>   | 2         |                     |
| <i>loryna tab 28-day pack</i>   | 2         |                     |
| <i>low-ogestrel tab 28-day pack</i>   | 2         |                     |
| <i>lutera tab 28-day pack</i>   | 2         |                     |
| <i>marlissa tab 28-day pack</i>   | 2         |                     |
| <i>mibelas 24 fe chewable tab 28-day pack</i>   | 2         |                     |
| <i>microgestin 1.5/30 tab 21-day pack</i>   | 2         |                     |
| <i>microgestin 1/20 tab 21-day pack</i>   | 2         |                     |
| <i>microgestin fe tab 1.5/30 28-day pack</i>  | 2         |                     |
| <i>microgestin fe tab 1/20 28-day pack</i>  | 2         |                     |
| <i>mili tab 28-day pack</i>   | 2         |                     |
| <i>mimvey 28-day pack</i>   | 1         |                     |
| <i>necon 0.5/35 tab 28-day pack</i>   | 2         |                     |
| <i>nikki tab 28-day pack</i>  | 2         |                     |
| <i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr<br/>patch</i>                           | 2         |                     |
| <i>nortrel 0.5/35 tab 28-day pack</i>   | 2         |                     |
| <i>nortrel 1/35 tab 21-day pack</i>   | 2         |                     |
| <i>nortrel 1/35 tab 28-day pack</i>   | 2         |                     |
| <i>nortrel 7/7/7 tab 28-day pack</i>  | 2         |                     |
| <i>nylia 1/35 tab 28-day pack</i>   | 2         |                     |
| <i>nylia 7/7/7 tab 28-day pack</i>  | 2         |                     |
| <i>ocella tab 28-day pack</i>   | 2         |                     |
| <i>pimtrea tab 28-day pack</i>  | 2         |                     |
| <i>portia tab 28-day pack</i>   | 2         |                     |
| <b>PREMPHASE 28-DAY PACK</b>  | 3         |                     |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| PREMPRO 0.3/1.5MG 28-DAY PACK                     | 3         |                     |
| PREMPRO 0.45/1.5MG 28-DAY PACK                    | 3         |                     |
| PREMPRO 0.625/2.5MG 28-DAY PACK                   | 3         |                     |
| PREMPRO 0.625/5MG 28-DAY PACK                     | 3         |                     |
| <i>reclipsen tab 28-day pack</i>                  | 2         |                     |
| <i>setlakin tab 91-day pack</i>                   | 2         |                     |
| <i>sprintec tab 28-day pack</i>                   | 2         |                     |
| <i>sronyx tab 28-day pack</i>                     | 2         |                     |
| <i>syeda tab 28-day pack</i>                      | 2         |                     |
| <i>tarina 24 fe tab 1/20 28-day pack</i>          | 2         |                     |
| <i>tarina fe tab 1/20 28-day pack</i>             | 2         |                     |
| <i>tri-estarylla tab 28-day pack</i>              | 2         |                     |
| <i>tri-lo- estarylla tab 28-day pack</i>          | 2         |                     |
| <i>tri-lo-sprintec tab 28-day pack</i>            | 2         |                     |
| <i>tri-mili tab 28-day pack</i>                   | 2         |                     |
| <i>tri-sprintec tab 28-day pack</i>               | 2         |                     |
| <i>tri-vylibra lo tab 28-day pack</i>             | 2         |                     |
| <i>tri-vylibra tab 28-day pack</i>                | 2         |                     |
| <i>turqoz tab 28-day pack</i>                     | 2         |                     |
| <i>valtya tab 1/50 28-day pack</i>                | 2         |                     |
| VELIVET TAB 28-DAY PACK                           | 2         |                     |
| <i>vestura tab 3-0.02mg 28-day pack</i>           | 2         |                     |
| <i>vienva tab 28-day pack</i>                     | 2         |                     |
| <i>vyfemla tab 28-day pack</i>                    | 2         |                     |
| <i>vylibra tab 28-day pack</i>                    | 2         |                     |
| <i>xulane 150-35mcg/24hr patch</i>                | 2         |                     |
| <i>zafemy 150-35mcg/24hr patch</i>                | 2         |                     |
| <i>zovia 1mg-35mcg tab 28-day pack</i>            | 2         |                     |
| <b>ESTROGENS</b>                                  |           |                     |
| <i>dotti 0.025mg/24hr twice weekly patch</i>      | 1         | QL=8 EA/28 Days     |
| <i>dotti 0.0375mg/24hr twice weekly patch</i>     | 1         | QL=8 EA/28 Days     |
| <i>dotti 0.05mg/24hr twice weekly patch</i>       | 1         | QL=8 EA/28 Days     |
| <i>dotti 0.075mg/24hr twice weekly patch</i>      | 1         | QL=8 EA/28 Days     |
| <i>dotti 0.1mg/24hr twice weekly patch</i>        | 1         | QL=8 EA/28 Days     |
| <i>estradiol 0.0025mg/hr weekly patch</i>         | 1         | QL=4 EA/28 Days     |
| <i>estradiol 0.01mg/24hr twice weekly patch</i>   | 1         | QL=8 EA/28 Days     |
| <i>estradiol 0.01mg/24hr weekly patch</i>         | 1         | QL=4 EA/28 Days     |
| <i>estradiol 0.025mg/24hr twice weekly patch</i>  | 1         | QL=8 EA/28 Days     |
| <i>estradiol 0.025mg/24hr weekly patch</i>        | 1         | QL=4 EA/28 Days     |
| <i>estradiol 0.0375mg/24hr twice weekly patch</i> | 1         | QL=8 EA/28 Days     |
| <i>estradiol 0.0375mg/24hr weekly patch</i>       | 1         | QL=4 EA/28 Days     |
| <i>estradiol 0.05mg/24hr twice weekly patch</i>   | 1         | QL=8 EA/28 Days     |
| <i>estradiol 0.05mg/24hr weekly patch</i>         | 1         | QL=4 EA/28 Days     |
| <i>estradiol 0.075mg/24hr twice weekly patch</i>  | 1         | QL=8 EA/28 Days     |
| <i>estradiol 0.075mg/24hr weekly patch</i>        | 1         | QL=4 EA/28 Days     |

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| DRUG NAME                                       | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| <i>estradiol 0.5mg tab</i>                      | 1         |                         |
| <i>estradiol 1mg tab</i>                        | 1         |                         |
| <i>estradiol 2mg tab</i>                        | 1         |                         |
| <i>estradiol valerate 10mg/ml inj</i>           | 2         |                         |
| <i>estradiol valerate 20mg/ml inj</i>           | 2         |                         |
| <i>estradiol valerate 40mg/ml inj</i>           | 2         |                         |
| <i>lyllana 0.025mg/24hr twice weekly patch</i>  | 1         | QL=8 EA/28 Days         |
| <i>lyllana 0.0375mg/24hr twice weekly patch</i> | 1         | QL=8 EA/28 Days         |
| <i>lyllana 0.05mg/24hr twice weekly patch</i>   | 1         | QL=8 EA/28 Days         |
| <i>lyllana 0.075mg/24hr twice weekly patch</i>  | 1         | QL=8 EA/28 Days         |
| <i>lyllana 0.1mg/24hr twice weekly patch</i>    | 1         | QL=8 EA/28 Days         |
| PREMARIN 0.3MG TAB                              | 3         |                         |
| PREMARIN 0.45MG TAB                             | 3         |                         |
| PREMARIN 0.625MG TAB                            | 3         |                         |
| PREMARIN 0.9MG TAB                              | 3         |                         |
| PREMARIN 1.25MG TAB                             | 3         |                         |
| <b>FLUOROQUINOLONES</b>                         |           |                         |
| <b>FLUOROQUINOLONES</b>                         |           |                         |
| <i>ciprofloxacin 250mg tab</i>                  | 1         |                         |
| CIPROFLOXACIN 2MG/ML INJ                        | 2         |                         |
| <i>ciprofloxacin 500mg tab</i>                  | 1         |                         |
| <i>ciprofloxacin 750mg tab</i>                  | 1         |                         |
| <i>levofloxacin 250mg tab</i>                   | 1         |                         |
| <i>levofloxacin 25mg/ml oral soln</i>           | 2         |                         |
| <i>levofloxacin 500mg tab</i>                   | 1         |                         |
| <i>levofloxacin 500mg/100ml inj</i>             | 2         |                         |
| <i>levofloxacin 750mg tab</i>                   | 1         |                         |
| <i>levofloxacin 750mg/150ml inj</i>             | 2         |                         |
| MOXIFLOXACIN 1.6MG/ML INJ                       | 2         |                         |
| <i>moxifloxacin 400mg tab</i>                   | 2         |                         |
| <b>GASTROINTESTINAL AGENTS</b>                  |           |                         |
| <b>GASTROINTESTINAL AGENTS, OTHER</b>           |           |                         |
| <i>cromolyn sodium 20mg/ml oral soln</i>        | 2         |                         |
| <i>enulose 10gm/15ml oral soln</i>              | 1         |                         |
| GATTEX 5MG INJ                                  | 5         | NDS PA                  |
| <i>generlac 10gm/15ml oral soln</i>             | 1         |                         |
| <i>metoclopramide 10mg tab</i>                  | 1         |                         |
| <i>metoclopramide 1mg/ml oral soln</i>          | 1         |                         |
| <i>metoclopramide 5mg tab</i>                   | 1         |                         |
| REZDIFFRA 100MG TAB                             | 5         | NDS PA QL=30 EA/30 Days |
| REZDIFFRA 60MG TAB                              | 5         | NDS PA QL=30 EA/30 Days |
| REZDIFFRA 80MG TAB                              | 5         | NDS PA QL=30 EA/30 Days |
| <i>ursodiol 250mg tab</i>                       | 1         |                         |
| <i>ursodiol 300mg cap</i>                       | 1         |                         |
| <i>ursodiol 500mg tab</i>                       | 1         |                         |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS     |
|--|-----------|-------------------------|
| VOWST 30000000UNIT CAP   | 5         | NDS PA QL=12 EA/30 Days |
| <b>GASTROINTESTINAL AGENTS - MISC.</b>                           |           |                         |
| <b>INFLAMMATORY BOWEL AGENTS</b>                                 |           |                         |
| <i>balsalazide disodium 750mg cap</i>                            | 1         |                         |
| <i>mesalamine 1200mg dr tab</i>                                  | 2         | QL=120 EA/30 Days       |
| <i>mesalamine 1gm rectal supp</i>                                | 2         | QL=30 EA/30 Days        |
| <i>mesalamine 375mg er cap</i>                                   | 2         | QL=120 EA/30 Days       |
| <i>mesalamine 400mg dr cap</i>                                   | 2         | QL=180 EA/30 Days       |
| <i>mesalamine 66.7mg/ml enema</i>                                | 2         | QL=1800 ML/30 Days      |
| SKYRIZI 180MG/1.2ML CARTRIDGE                                    | 5         | PA QL=1.20 ML/56 Days   |
| SKYRIZI 360MG/2.4ML CARTRIDGE                                    | 5         | PA QL=2.40 ML/56 Days   |
| <i>sulfasalazine 500mg dr tab</i>                                | 1         |                         |
| <i>sulfasalazine 500mg tab</i>                                   | 1         |                         |
| TREMFYA 200MG/2ML AUTO-INJECTOR<br>INDUCTION PACK FOR CROHNS (2) | 5         | NDS PA QL=4 ML/28 Days  |
| <b>GENITOURINARY AGENTS</b>                                      |           |                         |
| <b>GENITOURINARY AGENTS, OTHER</b>                               |           |                         |
| CYSTAGON 150MG CAP   | 3         |                         |
| CYSTAGON 50MG CAP  | 3         |                         |
| ELMIRON 100MG CAP  | 3         | QL=90 EA/30 Days        |
| <i>potassium citrate 10meq er tab</i>                            | 2         |                         |
| <i>potassium citrate 15meq er tab</i>                            | 2         |                         |
| <i>potassium citrate 5meq er tab</i>                             | 2         |                         |
| <i>sodium chloride 0.9% irrigation soln</i>                      | 2         |                         |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>                      |           |                         |
| <b>PROSTATIC HYPERTROPHY AGENTS</b>                              |           |                         |
| <i>alfuzosin 10mg er tab</i>                                     | 1         |                         |
| <i>dutasteride 0.5mg cap</i>                                     | 1         |                         |
| <i>finasteride 5mg tab</i>                                       | 1         |                         |
| <i>silodosin 4mg cap</i>   | 1         |                         |
| <i>silodosin 8mg cap</i>   | 1         |                         |
| <i>tadalafil 2.5mg tab</i>                                       | 2         | PA QL=30 EA/30 Days     |
| <i>tadalafil 5mg tab</i>   | 2         | PA QL=30 EA/30 Days     |
| <i>tamsulosin 0.4mg cap</i>                                      | 1         |                         |
| <b>GOUT AGENTS</b>   |           |                         |
| <b>GOUT AGENTS</b>   |           |                         |
| <i>allopurinol 100mg tab</i>                                     | 1         |                         |
| <i>allopurinol 300mg tab</i>                                     | 1         |                         |
| <i>colchicine 0.6mg tab</i>                                      | 2         |                         |
| <i>colchicine/probenecid 0.5-500mg tab</i>                       | 1         |                         |
| <i>febuxostat 40mg tab</i>                                       | 1         | ST                      |
| <i>febuxostat 80mg tab</i>                                       | 1         | ST                      |
| <i>probenecid 500mg tab</i>                                      | 1         |                         |
| <b>HEMATOLOGICAL AGENTS - MISC.</b>                              |           |                         |
| <b>PLATELET AGGREGATION INHIBITORS</b>                           |           |                         |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| <i>anagrelide 0.5mg cap</i>                      | 1         |                          |
| <i>anagrelide 1mg cap</i>                        | 1         |                          |
| <i>aspirin/dipyridamole 25-200mg er cap</i>      | 2         | QL=60 EA/30 Days         |
| <i>cilostazol 100mg tab</i>                      | 1         |                          |
| <i>cilostazol 50mg tab</i>                       | 1         |                          |
| <i>clopidogrel 75mg tab</i>                      | 1         |                          |
| <i>dipyridamole 25mg tab</i>                     | 1         |                          |
| <i>dipyridamole 50mg tab</i>                     | 1         |                          |
| <i>dipyridamole 75mg tab</i>                     | 1         |                          |
| <i>prasugrel 10mg tab</i>                        | 1         |                          |
| <i>prasugrel 5mg tab</i>                         | 1         |                          |
| <i>ticagrelor 60mg tab</i>                       | 2         | QL=60 EA/30 Days         |
| <i>ticagrelor 90mg tab</i>                       | 2         | QL=60 EA/30 Days         |
| <b>HEMATOPOIETIC AGENTS</b>                      |           |                          |
| <b>AGENTS FOR SICKLE CELL DISEASE</b>            |           |                          |
| <i>glutamine 5000mg powder for oral soln</i>     | 1         | PA QL=180 EA/30 Days     |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>              |           |                          |
| DOPTELET 20MG TAB                                | 5         | NDS PA QL=60 EA/30 Days  |
| DOPTELET TAB 40MG DAILY DOSE PACK (10)           | 5         | NDS PA QL=10 EA/5 Days   |
| DOPTELET TAB 60MG DAILY DOSE PACK (15)           | 5         | NDS PA QL=15 EA/5 Days   |
| <i>eltrombopag 12.5mg powder for oral susp</i>   | 5         | NDS PA QL=90 EA/30 Days  |
| <i>eltrombopag 12.5mg tab</i>                    | 5         | NDS PA QL=30 EA/30 Days  |
| <i>eltrombopag 25mg powder for oral susp</i>     | 5         | NDS PA QL=180 EA/30 Days |
| <i>eltrombopag 25mg tab</i>                      | 5         | NDS PA QL=30 EA/30 Days  |
| <i>eltrombopag 50mg tab</i>                      | 5         | NDS PA QL=60 EA/30 Days  |
| <i>eltrombopag 75mg tab</i>                      | 5         | NDS PA QL=60 EA/30 Days  |
| NIVESTYM 300MCG/0.5ML SYRINGE                    | 5         | NDS                      |
| NIVESTYM 300MCG/ML INJ                           | 5         | NDS                      |
| NIVESTYM 480MCG/0.8ML SYRINGE                    | 5         | NDS                      |
| NIVESTYM 480MCG/1.6ML INJ                        | 5         | NDS                      |
| NYVEPRIA 6MG/0.6ML SYRINGE                       | 5         | NDS                      |
| RETACRIT 10000UNIT/ML INJ                        | 3         | PA                       |
| RETACRIT 20000UNIT/2ML INJ                       | 3         | PA                       |
| RETACRIT 20000UNIT/ML INJ                        | 3         | PA                       |
| RETACRIT 2000UNIT/ML INJ                         | 3         | PA                       |
| RETACRIT 3000UNIT/ML INJ                         | 3         | PA                       |
| RETACRIT 40000UNIT/ML INJ                        | 3         | PA                       |
| RETACRIT 4000UNIT/ML INJ                         | 3         | PA                       |
| STIMUFEND 6MG/0.6ML SYRINGE                      | 5         | NDS                      |
| <b>HEMOSTATICS</b>                               |           |                          |
| <b>HEMOSTATICS - SYSTEMIC</b>                    |           |                          |
| <i>tranexamic acid 650mg tab</i>                 | 2         | QL=30 EA/5 Days          |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b> |           |                          |
| <b>NON-BARBITURATE HYPNOTICS</b>                 |           |                          |
| <i>eszopiclone 1mg tab</i>                       | 1         | QL=30 EA/30 Days         |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS    |
|---|-----------|------------------------|
| <i>eszopiclone 2mg tab</i>  | 1         | QL=30 EA/30 Days       |
| <i>eszopiclone 3mg tab</i>  | 1         | QL=30 EA/30 Days       |
| <i>ramelteon 8mg tab</i>  | 2         | QL=30 EA/30 Days       |
| <i>temazepam 15mg cap</i>   | 1         | QL=30 EA/30 Days       |
| <i>temazepam 30mg cap</i>   | 1         | QL=30 EA/30 Days       |
| <i>triazolam 0.125mg tab</i>  | 2         | QL=30 EA/30 Days       |
| <i>triazolam 0.25mg tab</i>   | 2         | QL=60 EA/30 Days       |
| <i>zaleplon 10mg cap</i>  | 1         | QL=30 EA/30 Days       |
| <i>zaleplon 5mg cap</i>   | 1         | QL=30 EA/30 Days       |
| <i>zolpidem tartrate 10mg tab</i>   | 1         | QL=30 EA/30 Days       |
| <i>zolpidem tartrate 12.5mg er tab</i>  | 2         | QL=30 EA/30 Days       |
| <i>zolpidem tartrate 5mg tab</i>  | 1         | QL=60 EA/30 Days       |
| <i>zolpidem tartrate 6.25mg er tab</i>  | 2         | QL=30 EA/30 Days       |
| <b>IMMUNOLOGICAL AGENTS</b>   |           |                        |
| <b>ANGIOEDEMA (HAE) AGENTS</b>  |           |                        |
| BERINERT 500UNIT INJ  | 5         | NDS PA                 |
| HAEGARDA 2000UNIT INJ   | 5         | NDS PA                 |
| HAEGARDA 3000UNIT INJ   | 5         | NDS PA                 |
| <i>icatibant 10mg/ml syringe</i>  | 1         | PA QL=27 ML/30 Days    |
| <i>sajazir 30mg/3ml syringe</i>   | 1         | PA QL=27 ML/30 Days    |
| TAKHZYRO 300MG/2ML INJ  | 5         | NDS PA QL=4 ML/28 Days |
| TAKHZYRO 300MG/2ML SYRINGE  | 5         | NDS PA QL=4 ML/28 Days |
| <b>LAXATIVES</b>  |           |                        |
| <b>LAXATIVE COMBINATIONS</b>  |           |                        |
| GAVILYTE-C POWDER FOR ORAL SOLN   | 1         |                        |
| <i>gavilyte-g powder for oral soln</i>  | 1         |                        |
| <i>gavilyte-n powder for oral soln</i>  | 1         |                        |
| <i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>   | 1         |                        |
| <i>peg 3350/electrolyte powder for oral soln</i>  | 1         |                        |
| <i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>                                 | 1         |                        |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit</i>         | 1         |                        |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)</i> | 1         |                        |
| SUFLAVE SOLN PACK   | 3         |                        |
| <b>LAXATIVES - MISCELLANEOUS</b>  |           |                        |
| <i>constulose 10gm/15ml oral soln</i>   | 1         |                        |
| <i>lactulose 667mg/ml oral soln</i>   | 1         |                        |
| LINZESS 145MCG CAP  | 3         | QL=30 EA/30 Days       |
| LINZESS 290MCG CAP  | 3         | QL=30 EA/30 Days       |
| LINZESS 72MCG CAP   | 3         | QL=30 EA/30 Days       |
| <i>lubiprostone 24mcg cap</i>   | 2         | QL=60 EA/30 Days       |
| <i>lubiprostone 8mcg cap</i>  | 2         | QL=60 EA/30 Days       |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS   |
|---|-----------|-----------------------|
| MOVANTIK 12.5MG TAB                                       | 3         | PA QL=30 EA/30 Days   |
| MOVANTIK 25MG TAB   | 3         | PA QL=30 EA/30 Days   |
| TRULANCE 3MG TAB  | 3         | QL=30 EA/30 Days      |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                       |           |                       |
| <b>BANDAGES-DRESSINGS-TAPE</b>                            |           |                       |
| GAUZE PAD (2 X 2)   | 2         |                       |
| <b>MISC. DEVICES</b>                                      |           |                       |
| ALCOHOL SWAB 1X1 (DIABETIC)                               | 1         |                       |
| <b>PARENTERAL THERAPY SUPPLIES</b>                        |           |                       |
| INSULIN PEN NEEDLE  | 2         |                       |
| INSULIN SYRINGE   | 2         |                       |
| INSULIN SYRINGE (DISP) U-100 0.3ML                        | 2         |                       |
| INSULIN SYRINGE (DISP) U-100 1/2ML                        | 2         |                       |
| INSULIN SYRINGE (DISP) U-100 1ML                          | 2         |                       |
| <b>MIGRAINE PRODUCTS</b>                                  |           |                       |
| <b>MIGRAINE PRODUCTS</b>                                  |           |                       |
| AJOVY 225MG/1.5ML AUTO-INJECTOR                           | 3         | PA QL=1.50 ML/30 Days |
| AJOVY 225MG/1.5ML SYRINGE                                 | 3         | PA QL=1.50 ML/30 Days |
| <i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i> | 2         | PA QL=16 ML/30 Days   |
| EMGALITY 100MG/ML SYRINGE                                 | 3         | PA QL=3 ML/30 Days    |
| EMGALITY 120MG/ML AUTO-INJECTOR                           | 3         | PA QL=2 ML/30 Days    |
| EMGALITY 120MG/ML SYRINGE                                 | 3         | PA QL=2 ML/30 Days    |
| UBRELVY 100MG TAB   | 3         | PA QL=16 EA/30 Days   |
| UBRELVY 50MG TAB  | 3         | PA QL=16 EA/30 Days   |
| ZAVZPRET 10MG/ACT NASAL SPRAY                             | 3         | PA QL=6 EA/30 Days    |
| <b>SEROTONIN AGONISTS</b>                                 |           |                       |
| <i>naratriptan 1mg tab</i>                                | 2         | QL=18 EA/30 Days      |
| <i>naratriptan 2.5mg tab</i>                              | 2         | QL=18 EA/30 Days      |
| <i>rizatriptan 10mg odt</i>                               | 1         | QL=36 EA/60 Days      |
| <i>rizatriptan 10mg tab</i>                               | 1         | QL=36 EA/60 Days      |
| <i>rizatriptan 5mg odt</i>                                | 1         | QL=36 EA/60 Days      |
| <i>rizatriptan 5mg tab</i>                                | 1         | QL=36 EA/60 Days      |
| <i>sumatriptan 100mg tab</i>                              | 1         | QL=18 EA/30 Days      |
| <i>sumatriptan 20mg/act nasal spray</i>                   | 2         | QL=12 EA/30 Days      |
| <i>sumatriptan 25mg tab</i>                               | 1         | QL=18 EA/30 Days      |
| <i>sumatriptan 4mg/0.5ml cartridge</i>                    | 2         | QL=5 ML/30 Days       |
| <i>sumatriptan 50mg tab</i>                               | 1         | QL=18 EA/30 Days      |
| <i>sumatriptan 5mg/act nasal spray</i>                    | 2         | QL=12 EA/30 Days      |
| <i>sumatriptan 6mg/0.5ml auto-injector</i>                | 2         | QL=5 ML/30 Days       |
| <i>sumatriptan 6mg/0.5ml cartridge</i>                    | 2         | QL=5 ML/30 Days       |
| <i>sumatriptan 6mg/0.5ml inj</i>                          | 2         | QL=5 ML/30 Days       |
| <i>zolmitriptan 2.5mg tab</i>                             | 2         | QL=18 EA/30 Days      |
| <i>zolmitriptan 5mg tab</i>                               | 2         | QL=18 EA/30 Days      |
| <b>MINERALS &amp; ELECTROLYTES</b>                        |           |                       |
| <b>ELECTROLYTE MIXTURES</b>                               |           |                       |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>electrolyte-148 inj</i>   | 2         |                     |
| GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ  | 3         | PA_BvD              |
| GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ                                      | 3         | PA_BvD              |
| <i>glucose 50mg/ml/potassium chloride 0.01meq/ml/sodium chloride 4.5mg/ml inj</i>  | 2         |                     |
| <i>glucose 50mg/ml/potassium chloride 0.02meq/ml inj</i>                           | 2         |                     |
| <i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 2.25mg/ml inj</i> | 2         |                     |
| <i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj</i>  | 2         |                     |
| <i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj</i>    | 2         |                     |
| <i>glucose 50mg/ml/potassium chloride 0.03meq/ml/sodium chloride 4.5mg/ml inj</i>  | 2         |                     |
| <i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 4.5mg/ml inj</i>  | 2         |                     |
| <i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 9mg/ml inj</i>    | 2         |                     |
| GLUCOSE 50MG/ML/SODIUM CHLORIDE 2MG/ML INJ   | 2         |                     |
| GLUCOSE 50MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ                                       | 2         |                     |
| <i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i>                                  | 2         |                     |
| GLUCOSE/SODIUM CHLORIDE 25MG/ML-4.5MG/ML INJ                                       | 2         |                     |
| KCL/D5W/LR INJ 0.15%   | 3         |                     |
| <i>kcl/nacl 20meq-0.45% inj</i>  | 2         |                     |
| <i>kcl/nacl 20meq-0.9% inj</i>   | 2         |                     |
| <i>kcl/nacl 40meq-9% inj</i>   | 2         |                     |
| PLASMA-LYTE A INJ  | 3         |                     |
| TPN ELECTROLYTES INJ   | 2         | PA_BvD              |
| <b>MAGNESIUM</b>   |           |                     |
| MAGNESIUM SULFATE 500MG/ML INJ   | 2         |                     |
| <i>magnesium sulfate 500mg/ml syringe</i>  | 2         |                     |
| <b>POTASSIUM</b>   |           |                     |
| KLOR-CON 10MEQ ER TAB  | 1         |                     |
| <i>klor-con 10meq micro er tab</i>   | 1         |                     |
| <i>klor-con 15meq micro er tab</i>   | 1         |                     |
| <i>klor-con 20meq micro er tab</i>   | 1         |                     |
| <i>klor-con 20meq powder for oral soln</i>   | 2         |                     |
| KLOR-CON 8MEQ ER TAB   | 1         |                     |
| <i>potassium chloride 1.33meq/ml oral soln</i>                                     | 2         |                     |
| <i>potassium chloride 10meq er cap</i>   | 1         |                     |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS     |
|--|-----------|-------------------------|
| <i>potassium chloride 10meq er tab</i>               | 1         |                         |
| <i>potassium chloride 10meq micro er tab</i>         | 1         |                         |
| POTASSIUM CHLORIDE 10MEQ/100ML INJ                   | 2         |                         |
| POTASSIUM CHLORIDE 15MEQ ER TAB                      | 1         |                         |
| <i>potassium chloride 15meq micro er tab</i>         | 1         |                         |
| <i>potassium chloride 2.67meq/ml oral soln</i>       | 2         |                         |
| <i>potassium chloride 20meq er tab</i>               | 1         |                         |
| <i>potassium chloride 20meq micro er tab</i>         | 1         |                         |
| <i>potassium chloride 20meq powder for oral soln</i> | 2         |                         |
| POTASSIUM CHLORIDE 20MEQ/100ML INJ                   | 2         |                         |
| <i>potassium chloride 2meq/ml (20ml) inj</i>         | 2         |                         |
| <i>potassium chloride 2meq/ml inj</i>                | 2         |                         |
| POTASSIUM CHLORIDE 40MEQ/100ML INJ                   | 2         |                         |
| <i>potassium chloride 8meq er cap</i>                | 1         |                         |
| <i>potassium chloride 8meq er tab</i>                | 1         |                         |
| <b>SODIUM</b>  |           |                         |
| <i>sodium chloride 0.45% inj</i>                     | 2         |                         |
| <i>sodium chloride 0.9% inj</i>                      | 2         |                         |
| <i>sodium chloride 3% inj</i>                        | 2         |                         |
| <i>sodium chloride 50mg/ml inj</i>                   | 2         |                         |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>             |           |                         |
| <b>CHELATING AGENTS</b>                              |           |                         |
| CHEMET 100MG CAP                                     | 3         |                         |
| <i>deferasirox 180mg tab</i>                         | 1         | PA                      |
| <i>deferasirox 360mg tab</i>                         | 1         | PA                      |
| <i>deferasirox 90mg tab</i>                          | 1         | PA                      |
| <i>penicillamine 250mg tab</i>                       | 2         |                         |
| <i>trientine 250mg cap</i>                           | 1         | PA QL=240 EA/30 Days    |
| <b>IMMUNOMODULATORS</b>                              |           |                         |
| <i>lenalidomide 10mg cap</i>                         | 1         | PA_NSO QL=30 EA/30 Days |
| <i>lenalidomide 15mg cap</i>                         | 1         | PA_NSO QL=30 EA/30 Days |
| <i>lenalidomide 2.5mg cap</i>                        | 1         | PA_NSO QL=30 EA/30 Days |
| <i>lenalidomide 20mg cap</i>                         | 1         | PA_NSO QL=30 EA/30 Days |
| <i>lenalidomide 25mg cap</i>                         | 1         | PA_NSO QL=30 EA/30 Days |
| <i>lenalidomide 5mg cap</i>                          | 1         | PA_NSO QL=30 EA/30 Days |
| NEMLUVIO 30MG AUTO-INJECTOR                          | 5         | NDS PA QL=2 EA/28 Days  |
| REZUROCK 200MG TAB                                   | 5         | NDS PA QL=30 EA/30 Days |
| THALOMID 100MG CAP                                   | 5         | NDS QL=30 EA/30 Days    |
| THALOMID 50MG CAP                                    | 5         | NDS QL=30 EA/30 Days    |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                      |           |                         |
| ARCALYST 220MG INJ                                   | 5         | NDS PA                  |
| <i>azathioprine 50mg tab</i>                         | 1         | PA_BvD                  |
| BENLYSTA 200MG/ML AUTO-INJECTOR                      | 5         | NDS PA QL=4 ML/28 Days  |
| BENLYSTA 200MG/ML SYRINGE                            | 5         | NDS PA QL=4 ML/28 Days  |
| <i>cyclosporine 100mg cap</i>                        | 2         | PA_BvD                  |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| <i>cyclosporine 25mg cap</i>                                     | 2         | PA_BvD                   |
| <i>cyclosporine modified 100mg cap</i>                           | 2         | PA_BvD                   |
| <i>cyclosporine modified 100mg/ml oral soln</i>                  | 2         | PA_BvD                   |
| <i>cyclosporine modified 25mg cap</i>                            | 2         | PA_BvD                   |
| <i>cyclosporine modified 50mg cap</i>                            | 2         | PA_BvD                   |
| ENVARUSUS XR 0.75MG TAB  | 4         | PA_BvD                   |
| ENVARUSUS XR 1MG TAB   | 4         | PA_BvD                   |
| ENVARUSUS XR 4MG TAB   | 4         | PA_BvD                   |
| <i>everolimus 0.25mg tab</i>                                     | 2         | PA_BvD QL=60 EA/30 Days  |
| <i>everolimus 0.5mg tab</i>                                      | 2         | PA_BvD QL=120 EA/30 Days |
| <i>everolimus 0.75mg tab</i>                                     | 2         | PA_BvD QL=60 EA/30 Days  |
| <i>everolimus 1mg tab</i>  | 2         | PA_BvD QL=60 EA/30 Days  |
| <i>engraf 100mg cap</i>  | 2         | PA_BvD                   |
| <i>engraf 25mg cap</i>   | 2         | PA_BvD                   |
| LITFULO 50MG CAP   | 5         | NDS PA QL=28 EA/28 Days  |
| LUPKYNIS 7.9MG CAP   | 5         | NDS PA QL=180 EA/30 Days |
| <i>mycophenolate mofetil 200mg/ml oral susp</i>                  | 2         | PA_BvD                   |
| <i>mycophenolate mofetil 250mg cap</i>                           | 1         | PA_BvD                   |
| <i>mycophenolate mofetil 500mg tab</i>                           | 1         | PA_BvD                   |
| <i>mycophenolic acid 180mg dr tab</i>                            | 2         | PA_BvD                   |
| <i>mycophenolic acid 360mg dr tab</i>                            | 2         | PA_BvD                   |
| PROGRAF 0.2MG GRANULES FOR ORAL SUSP                             | 4         | PA_BvD                   |
| PROGRAF 1MG GRANULES FOR ORAL SUSP                               | 4         | PA_BvD                   |
| <i>sirolimus 0.5mg tab</i>                                       | 2         | PA_BvD                   |
| <i>sirolimus 1mg tab</i>   | 2         | PA_BvD                   |
| <i>sirolimus 1mg/ml oral soln</i>                                | 2         | PA_BvD                   |
| <i>sirolimus 2mg tab</i>   | 2         | PA_BvD                   |
| <i>tacrolimus 0.5mg cap</i>                                      | 1         | PA_BvD                   |
| <i>tacrolimus 1mg cap</i>  | 1         | PA_BvD                   |
| <i>tacrolimus 5mg cap</i>  | 1         | PA_BvD                   |
| <b>POTASSIUM REMOVING AGENTS</b>                                 |           |                          |
| <i>kionex 15gm/60ml susp</i>                                     | 2         |                          |
| LOKELMA 10GM POWDER FOR ORAL SUSP                                | 3         | PA QL=90 EA/30 Days      |
| LOKELMA 5GM POWDER FOR ORAL SUSP                                 | 3         | PA QL=30 EA/30 Days      |
| <i>sodium polystyrene sulfonate 15000mg powder for oral susp</i> | 2         |                          |
| <i>sps 15gm/60ml susp</i>  | 2         |                          |
| VELTASSA 16.8GM POWDER FOR ORAL SUSP                             | 3         | PA QL=30 EA/30 Days      |
| VELTASSA 1GM POWDER FOR ORAL SUSP                                | 3         | PA QL=120 EA/30 Days     |
| VELTASSA 25.2GM POWDER FOR ORAL SUSP                             | 3         | PA QL=30 EA/30 Days      |
| VELTASSA 8.4GM POWDER FOR ORAL SUSP                              | 3         | PA QL=30 EA/30 Days      |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                            |           |                          |
| <b>CENTRAL MUSCLE RELAXANTS</b>                                  |           |                          |
| <i>baclofen 10mg tab</i>   | 1         |                          |
| <i>baclofen 20mg tab</i>   | 1         |                          |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| <i>baclofen 5mg tab</i>                                      | 1         |                          |
| <i>carisoprodol 350mg tab</i>                                | 1         |                          |
| <i>chlorzoxazone 500mg tab</i>                               | 2         |                          |
| <i>cyclobenzaprine 10mg tab</i>                              | 1         |                          |
| <i>cyclobenzaprine 5mg tab</i>                               | 1         |                          |
| <i>metaxalone 800mg tab</i>                                  | 2         |                          |
| <i>methocarbamol 500mg tab</i>                               | 1         |                          |
| <i>methocarbamol 750mg tab</i>                               | 1         |                          |
| <i>orphenadrine citrate 100mg er tab</i>                     | 1         |                          |
| <i>tizanidine 2mg cap</i>                                    | 2         |                          |
| <i>tizanidine 2mg tab</i>                                    | 1         |                          |
| <i>tizanidine 4mg cap</i>                                    | 2         |                          |
| <i>tizanidine 4mg tab</i>                                    | 1         |                          |
| <i>tizanidine 6mg cap</i>                                    | 2         |                          |
| <b>DIRECT MUSCLE RELAXANTS</b>                               |           |                          |
| <i>dantrolene sodium 100mg cap</i>                           | 2         |                          |
| <i>dantrolene sodium 25mg cap</i>                            | 2         |                          |
| <i>dantrolene sodium 50mg cap</i>                            | 2         |                          |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>                   |           |                          |
| <b>NASAL ANTIALLERGY</b>                                     |           |                          |
| <i>azelastine 0.1% (137mcg/act) nasal inhaler</i>            | 1         | QL=60 ML/30 Days         |
| <i>flunisolide 25% (25mcg/act) nasal inhaler</i>             | 2         | QL=50 ML/30 Days         |
| <i>fluticasone propionate 50mcg/act nasal inhaler</i>        | 1         | QL=32 GM/30 Days         |
| <i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i> | 1         | QL=30 ML/30 Days         |
| <i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i> | 1         | QL=45 ML/30 Days         |
| <i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>          | 2         | QL=30.50 GM/30 Days      |
| <b>NEUROMUSCULAR AGENTS</b>                                  |           |                          |
| <b>ALS AGENTS</b>  |           |                          |
| <i>RADICAVA 105MG/5ML ORAL SUSP</i>                          | 5         | NDS PA QL=70 ML/28 Days  |
| <i>riluzole 50mg tab</i>                                     | 2         |                          |
| <b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>                  |           |                          |
| <i>EVRYSDI 0.75MG/ML ORAL SOLN</i>                           | 5         | NDS PA QL=240 ML/30 Days |
| <i>EVRYSDI 5MG TAB</i>                                       | 5         | NDS PA QL=30 EA/30 Days  |
| <b>NUTRIENTS</b>   |           |                          |
| <b>CARBOHYDRATES</b>   |           |                          |
| <i>DEXTROSE 10% INJ</i>                                      | 2         | PA_BvD                   |
| <i>glucose 50mg/ml inj</i>                                   | 2         |                          |
| <b>PROTEINS</b>  |           |                          |
| <i>CLINIMIX 4.25/10 INJ</i>                                  | 3         | PA_BvD                   |
| <i>CLINIMIX 4.25/5 INJ</i>                                   | 3         | PA_BvD                   |
| <i>CLINIMIX 5/15 INJ</i>                                     | 3         | PA_BvD                   |
| <i>CLINIMIX 5/20 INJ</i>                                     | 3         | PA_BvD                   |
| <i>clinisol 15% inj</i>                                      | 2         | PA_BvD                   |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>plenamine 15% inj</i>  | 2         | PA_BvD              |
| PROSOL 20% INJ  | 4         | PA_BvD              |
| TRAVASOL 10% INJ  | 3         | PA_BvD              |
| OPHTHALMIC AGENTS   |           |                     |
| BETA-BLOCKERS - OPHTHALMIC  |           |                     |
| BETAXOLOL 0.5% OPHTH SOLN   | 1         |                     |
| <i>brimonidine tartrate/timolol 0.2-0.5% ophth soln</i>                   | 2         |                     |
| CARTEOLOL 1% OPHTH SOLN   | 1         |                     |
| <i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>                       | 1         |                     |
| <i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i> | 1         |                     |
| LEVOBUNOLOL 0.5% OPHTH SOLN   | 1         |                     |
| <i>timolol 0.25% ophth gel</i>  | 2         |                     |
| <i>timolol 0.25% ophth soln</i>   | 1         |                     |
| <i>timolol 0.5% ophth gel</i>   | 2         |                     |
| <i>timolol 0.5% ophth soln</i>  | 1         |                     |
| OPHTHALMIC ADRENERGIC AGENTS  |           |                     |
| APRACLONIDINE 0.5% OPHTH SOLN   | 2         |                     |
| <i>brimonidine tartrate 0.1% ophth soln</i>                               | 2         |                     |
| <i>brimonidine tartrate 0.15% ophth soln</i>                              | 2         |                     |
| <i>brimonidine tartrate 0.2% ophth soln</i>                               | 1         |                     |
| SIMBRINZA 0.2-1% OPHTH SUSP   | 3         |                     |
| OPHTHALMIC ANTI-INFECTIVES  |           |                     |
| BACITRACIN 500UNIT/GM OPHTH OINTMENT                                      | 2         |                     |
| <i>bacitracin/polymyxin b 0.5-10unit/mg ophth ointment</i>                | 1         | QL=7 GM/7 Days      |
| <i>ciprofloxacin 0.3% ophth soln</i>                                      | 1         | QL=60 ML/30 Days    |
| <i>erythromycin 0.5% ophth ointment</i>                                   | 1         | QL=7 GM/7 Days      |
| <i>gentamicin 0.3% ophth soln</i>   | 1         | QL=10 ML/7 Days     |
| <i>moxifloxacin 0.5% ophth soln</i>                                       | 1         | QL=6 ML/7 Days      |
| NATACYN 5% OPHTH SUSP   | 3         | QL=15 ML/7 Days     |
| <i>neo-polycin 5mg-400unit-10000unit ophth ointment</i>                   | 1         | QL=7 GM/7 Days      |
| <i>neomycin/bacitracin/polymyxin 5mg-400unit-10000unit ophth ointment</i> | 1         | QL=7 GM/7 Days      |
| NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN   | 1         | QL=10 ML/7 Days     |
| <i>ofloxacin 0.3% ophth soln</i>  | 1         | QL=60 ML/30 Days    |
| <i>polycin 0.5-10unit/mg ophth ointment</i>                               | 1         | QL=7 GM/7 Days      |
| <i>polymyxin b/trimethoprim 10000 unit/ml-0.1% ophth soln</i>             | 1         | QL=10 ML/7 Days     |
| SULFACETAMIDE SODIUM 10% OPHTH SOLN                                       | 1         | QL=15 ML/7 Days     |
| <i>tobramycin 0.3% ophth soln</i>   | 1         | QL=60 ML/30 Days    |
| TRIFLURIDINE 1% OPHTH SOLN  | 2         | QL=15 ML/7 Days     |
| XDEMVIY 0.25% OPHTH SOLN  | 5         | PA QL=10 ML/42 Days |
| OPHTHALMIC KINASE INHIBITORS  |           |                     |
| RHOPRESSA 0.02% OPHTH SOLN  | 3         | QL=5 ML/30 Days     |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| ROCKLATAN 0.02-0.005% OPHTH SOLN                                      | 3         | QL=5 ML/30 Days         |
| <b>OPHTHALMIC STEROIDS</b>  |           |                         |
| DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN                               | 2         |                         |
| <i>dexamethasone/neomycin/polymyxin b 0.1% ophth ointment</i>         | 1         |                         |
| <i>dexamethasone/tobramycin 0.3-0.1% ophth susp</i>                   | 1         |                         |
| <i>difluprednate 0.05% ophth susp</i>                                 | 2         |                         |
| <i>fluorometholone 0.1% ophth susp</i>                                | 1         |                         |
| <i>loteprednol etabonate 0.5% ophth gel</i>                           | 2         |                         |
| <i>loteprednol etabonate 0.5% ophth susp</i>                          | 2         |                         |
| <i>neo-polycin hc ophth ointment</i>                                  | 2         |                         |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone ophth 1% ointment</i> | 2         |                         |
| <i>neomycin/polymyxin/dexamethasone 0.1% ophth susp</i>               | 1         |                         |
| PREDNISOLONE 1% OPHTH SOLN  | 1         |                         |
| <i>prednisolone acetate 1% ophth susp</i>                             | 1         |                         |
| SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN                        | 1         |                         |
| <b>OPHTHALMICS - MISC.</b>  |           |                         |
| <i>atropine sulfate 1% ophth soln</i>                                 | 2         |                         |
| <i>azelastine 0.05% ophth soln</i>                                    | 1         |                         |
| CROMOLYN SODIUM 4% OPHTH SOLN   | 1         |                         |
| <i>cyclosporine 0.05% ophth susp</i>                                  | 1         | QL=60 EA/30 Days        |
| CYSTADROPS 0.37% OPHTH SOLN   | 5         | NDS PA QL=20 ML/28 Days |
| CYSTARAN 0.44% OPHTH SOLN   | 5         | NDS PA QL=60 ML/28 Days |
| <i>diclofenac sodium 0.1% ophth soln</i>                              | 1         | QL=20 ML/365 Days       |
| <i>dorzolamide 2% ophth soln</i>                                      | 1         |                         |
| FLURBIPROFEN SODIUM 0.03% OPHTH SOLN                                  | 2         |                         |
| <i>ketorolac tromethamine 0.4% ophth soln</i>                         | 1         | QL=20 ML/365 Days       |
| <i>ketorolac tromethamine 0.5% ophth soln</i>                         | 1         |                         |
| <i>pilocarpine 1% ophth soln</i>                                      | 1         |                         |
| <i>pilocarpine 2% ophth soln</i>                                      | 1         |                         |
| <i>pilocarpine 4% ophth soln</i>                                      | 1         |                         |
| XIIDRA 5% OPHTH SOLN  | 3         | QL=60 EA/30 Days        |
| <b>PROSTAGLANDINS - OPHTHALMIC</b>                                    |           |                         |
| <i>bimatoprost 0.03% ophth soln</i>                                   | 2         | QL=5 ML/30 Days         |
| <i>latanoprost 0.005% ophth soln</i>                                  | 1         | QL=5 ML/30 Days         |
| LUMIGAN 0.01% OPHTH SOLN  | 3         | QL=5 ML/30 Days         |
| <i>travoprost 0.004% ophth soln</i>                                   | 2         | QL=5 ML/30 Days         |
| <b>OTIC AGENTS</b>  |           |                         |
| <b>OTIC AGENTS - MISCELLANEOUS</b>                                    |           |                         |
| <i>acetic acid 2% otic soln</i>                                       | 1         |                         |
| <i>flac 0.01% otic soln</i>   | 2         |                         |
| <i>fluocinolone acetonide 0.01% otic soln</i>                         | 2         |                         |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>ofloxacin 0.3% otic soln</i>                                     | 1         |                     |
| <b>OTIC COMBINATIONS</b>  |           |                     |
| <i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>               | 2         |                     |
| <i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic soln</i> | 1         |                     |
| <i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic susp</i> | 1         |                     |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>                      |           |                     |
| <b>IMMUNE SERUMS</b>  |           |                     |
| GAMUNEX 1GM/10ML INJ  | 5         | NDS PA              |
| OCTAGAM 1GM/20ML INJ  | 5         | NDS PA              |
| OCTAGAM 2GM/20ML INJ  | 5         | NDS PA              |
| PRIVIGEN 20GM/200ML INJ   | 5         | NDS PA              |
| <b>PENICILLINS</b>  |           |                     |
| <b>AMINOPENICILLINS</b>   |           |                     |
| AMOXICILLIN 125MG CHEW TAB  | 1         |                     |
| <i>amoxicillin 250mg cap</i>  | 1         |                     |
| AMOXICILLIN 250MG CHEW TAB  | 1         |                     |
| <i>amoxicillin 25mg/ml oral susp</i>                                | 1         |                     |
| <i>amoxicillin 40mg/ml oral susp</i>                                | 1         |                     |
| <i>amoxicillin 500mg cap</i>  | 1         |                     |
| <i>amoxicillin 500mg tab</i>  | 1         |                     |
| <i>amoxicillin 50mg/ml oral susp</i>                                | 1         |                     |
| <i>amoxicillin 80mg/ml oral susp</i>                                | 1         |                     |
| <i>amoxicillin 875mg tab</i>  | 1         |                     |
| <i>ampicillin 1000mg inj</i>  | 2         |                     |
| <i>ampicillin 100mg/ml inj</i>                                      | 2         |                     |
| <i>ampicillin 500mg cap</i>   | 1         |                     |
| <b>NATURAL PENICILLINS</b>  |           |                     |
| BICILLIN L-A 1200000UNIT/2ML SYRINGE                                | 3         |                     |
| BICILLIN L-A 2400000UNIT/4ML SYRINGE                                | 3         |                     |
| BICILLIN L-A 600000UNIT/ML SYRINGE                                  | 3         |                     |
| <i>penicillin g potassium 1000000unit/ml inj</i>                    | 2         |                     |
| PENICILLIN G SODIUM 100000UNIT/ML INJ                               | 2         |                     |
| <i>penicillin v potassium 250mg tab</i>                             | 1         |                     |
| PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN                            | 1         |                     |
| <i>penicillin v potassium 500mg tab</i>                             | 1         |                     |
| PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN                            | 1         |                     |
| <b>PENICILLIN COMBINATIONS</b>                                      |           |                     |
| <i>amoxicillin/clavulanate 250-125mg tab</i>                        | 1         |                     |
| <i>amoxicillin/clavulanate 500-125mg tab</i>                        | 1         |                     |
| <i>amoxicillin/clavulanate 875-125mg tab</i>                        | 1         |                     |
| <i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>           | 1         |                     |
| <i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>           | 1         |                     |
| <i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>             | 1         |                     |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i> | 1         |                     |
| <i>ampicillin/sulbactam 100-50mg/ml inj</i>               | 2         |                     |
| <i>ampicillin/sulbactam 1000-500mg inj</i>                | 2         |                     |
| <i>ampicillin/sulbactam 2000-1000mg inj</i>               | 2         |                     |
| <i>piperacillin/tazobactam 2000-250mg inj</i>             | 2         |                     |
| <i>piperacillin/tazobactam 3000-375mg inj</i>             | 2         |                     |
| <i>piperacillin/tazobactam 36-4.5gm inj</i>               | 2         |                     |
| <i>piperacillin/tazobactam 4000-500mg inj</i>             | 2         |                     |
| <b>PENICILLINASE-RESISTANT PENICILLINS</b>                |           |                     |
| <i>dicloxacillin 250mg cap</i>                            | 1         |                     |
| <i>dicloxacillin 500mg cap</i>                            | 1         |                     |
| <i>nafcillin 100mg/ml inj</i>                             | 2         |                     |
| <i>nafcillin 1gm inj</i>                                  | 2         |                     |
| <i>nafcillin 2gm inj</i>                                  | 2         |                     |
| <i>oxacillin 100mg/ml inj</i>                             | 2         |                     |
| <i>oxacillin 1gm inj</i>                                  | 2         |                     |
| <i>oxacillin 2gm inj</i>                                  | 2         |                     |
| <b>PROGESTINS</b>   |           |                     |
| <b>PROGESTINS</b>   |           |                     |
| <i>camila 0.35mg tab 28-day pack</i>                      | 2         |                     |
| <i>deblitane 0.35mg tab 28-day pack</i>                   | 2         |                     |
| DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE                    | 3         |                     |
| <i>errin 0.35mg tab 28-day pack</i>                       | 2         |                     |
| <i>gallifrey 5mg tab</i>                                  | 1         |                     |
| <i>heather 0.35mg 28-day pack</i>                         | 2         |                     |
| <i>incassia 0.35mg tab 28-day pack</i>                    | 2         |                     |
| LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM                   | 3         |                     |
| <i>lyleq 0.35mg tab 28-day pack</i>                       | 2         |                     |
| <i>lyza 0.35mg tab 28-day pack</i>                        | 2         |                     |
| <i>medroxyprogesterone acetate 10mg tab</i>               | 1         |                     |
| <i>medroxyprogesterone acetate 150mg/ml inj</i>           | 2         |                     |
| <i>medroxyprogesterone acetate 150mg/ml syringe</i>       | 2         |                     |
| <i>medroxyprogesterone acetate 2.5mg tab</i>              | 1         |                     |
| <i>medroxyprogesterone acetate 5mg tab</i>                | 1         |                     |
| MEGESTROL ACETATE 125MG/ML SUSP                           | 2         | PA                  |
| <i>meleya 0.35mg tab 28-day pack</i>                      | 2         |                     |
| NEXPLANON 68MG IMPLANT                                    | 3         |                     |
| <i>nora-be 0.35mg tab 28-day pack</i>                     | 2         |                     |
| <i>norethindrone 0.35mg 28-day pack</i>                   | 2         |                     |
| <i>norethindrone acetate 5mg tab</i>                      | 1         |                     |
| <i>orquidea 0.35mg tab 28-day pack</i>                    | 2         |                     |
| <i>progesterone 100mg cap</i>                             | 1         |                     |
| <i>progesterone 200mg cap</i>                             | 1         |                     |
| <i>sharobel 0.35mg tab 28-day pack</i>                    | 2         |                     |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>  |           |                     |

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| DRUG NAME                                   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| <b>AGENTS FOR CHEMICAL DEPENDENCY</b>       |           |                          |
| <i>acamprosate calcium 333mg dr tab</i>     | 2         |                          |
| <i>disulfiram 250mg tab</i>                 | 1         |                          |
| <i>disulfiram 500mg tab</i>                 | 1         |                          |
| <b>ANTIDEMENTIA AGENTS</b>                  |           |                          |
| <i>donepezil 10mg odt</i>                   | 1         | QL=30 EA/30 Days         |
| <i>donepezil 10mg tab</i>                   | 1         |                          |
| <i>donepezil 23mg tab</i>                   | 2         | QL=30 EA/30 Days         |
| <i>donepezil 5mg odt</i>                    | 1         | QL=30 EA/30 Days         |
| <i>donepezil 5mg tab</i>                    | 1         |                          |
| <i>galantamine 12mg tab</i>                 | 1         | QL=60 EA/30 Days         |
| <i>galantamine 4mg tab</i>                  | 1         | QL=60 EA/30 Days         |
| <i>galantamine 8mg tab</i>                  | 1         | QL=60 EA/30 Days         |
| <i>galantamine hydrobromide 16mg er cap</i> | 2         | QL=30 EA/30 Days         |
| <i>galantamine hydrobromide 24mg er cap</i> | 2         | QL=30 EA/30 Days         |
| GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN   | 2         | QL=200 ML/30 Days        |
| <i>galantamine hydrobromide 8mg er cap</i>  | 2         | QL=30 EA/30 Days         |
| <i>memantine 10mg tab</i>                   | 1         |                          |
| <i>memantine 14mg er cap</i>                | 2         | QL=30 EA/30 Days         |
| <i>memantine 21mg er cap</i>                | 2         | QL=30 EA/30 Days         |
| <i>memantine 28mg er cap</i>                | 2         | QL=30 EA/30 Days         |
| <i>memantine 2mg/ml oral soln</i>           | 2         | QL=300 ML/30 Days        |
| <i>memantine 5mg tab</i>                    | 1         |                          |
| <i>memantine 7mg er cap</i>                 | 2         | QL=30 EA/30 Days         |
| <i>rivastigmine 1.5mg cap</i>               | 1         | QL=60 EA/30 Days         |
| <i>rivastigmine 13.3mg/24hr patch</i>       | 2         | QL=30 EA/30 Days         |
| <i>rivastigmine 3mg cap</i>                 | 1         | QL=60 EA/30 Days         |
| <i>rivastigmine 4.5mg cap</i>               | 1         | QL=60 EA/30 Days         |
| <i>rivastigmine 4.6mg/24hr patch</i>        | 2         | QL=30 EA/30 Days         |
| <i>rivastigmine 6mg cap</i>                 | 1         | QL=60 EA/30 Days         |
| <i>rivastigmine 9.5mg/24hr patch</i>        | 2         | QL=30 EA/30 Days         |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>       |           |                          |
| AUSTEDO 12MG TAB                            | 5         | NDS PA QL=120 EA/30 Days |
| AUSTEDO 6MG TAB                             | 5         | NDS PA QL=120 EA/30 Days |
| AUSTEDO 9MG TAB                             | 5         | NDS PA QL=120 EA/30 Days |
| AUSTEDO XR 12MG TAB                         | 5         | NDS PA QL=60 EA/30 Days  |
| AUSTEDO XR 18MG TAB                         | 5         | NDS PA QL=30 EA/30 Days  |
| AUSTEDO XR 24MG TAB                         | 5         | NDS PA QL=60 EA/30 Days  |
| AUSTEDO XR 30MG TAB                         | 5         | NDS PA QL=30 EA/30 Days  |
| AUSTEDO XR 36MG TAB                         | 5         | NDS PA QL=30 EA/30 Days  |
| AUSTEDO XR 42MG TAB                         | 5         | NDS PA QL=30 EA/30 Days  |
| AUSTEDO XR 48MG TAB                         | 5         | NDS PA QL=30 EA/30 Days  |
| AUSTEDO XR 6MG TAB                          | 5         | NDS PA QL=90 EA/30 Days  |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS     |
|--|-----------|-------------------------|
| AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK            | 5         | NDS PA QL=28 EA/28 Days |
| INGREZZA 40MG CAP  | 5         | NDS PA QL=30 EA/30 Days |
| INGREZZA 40MG SPRINKLE CAP                                 | 5         | NDS PA QL=30 EA/30 Days |
| INGREZZA 60MG CAP  | 5         | NDS PA QL=30 EA/30 Days |
| INGREZZA 60MG SPRINKLE CAP                                 | 5         | NDS PA QL=30 EA/30 Days |
| INGREZZA 80MG CAP  | 5         | NDS PA QL=30 EA/30 Days |
| INGREZZA 80MG SPRINKLE CAP                                 | 5         | NDS PA QL=30 EA/30 Days |
| INGREZZA CAP THERAPY PACK (28)                             | 5         | NDS PA QL=28 EA/28 Days |
| <i>tetrabenazine 12.5mg tab</i>                            | 1         | QL=90 EA/30 Days        |
| <i>tetrabenazine 25mg tab</i>                              | 1         | QL=120 EA/30 Days       |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                           |           |                         |
| AVONEX 30MCG/0.5ML AUTO-INJECTOR                           | 5         | NDS QL=1 EA/28 Days     |
| AVONEX 30MCG/0.5ML SYRINGE                                 | 5         | NDS QL=1 EA/28 Days     |
| BETASERON 0.3MG INJ  | 5         | NDS QL=14 EA/28 Days    |
| <i>dalfampridine 10mg er tab</i>                           | 1         | QL=60 EA/30 Days        |
| <i>dimethyl fumarate 120mg dr cap</i>                      | 1         | QL=14 EA/7 Days         |
| <i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i> | 1         | QL=60 EA/180 Days       |
| <i>dimethyl fumarate 240mg dr cap</i>                      | 1         | QL=60 EA/30 Days        |
| <i>fingolimod 0.5mg cap</i>                                | 1         | QL=30 EA/30 Days        |
| <i>glatiramer acetate 20mg/ml syringe</i>                  | 1         | QL=30 ML/30 Days        |
| <i>glatiramer acetate 40mg/ml syringe</i>                  | 1         | QL=12 ML/28 Days        |
| <i>glatopa 20mg/ml syringe</i>                             | 1         | QL=30 ML/30 Days        |
| <i>glatopa 40mg/ml syringe</i>                             | 1         | QL=12 ML/28 Days        |
| KESIMPTA 20MG/0.4ML PEN INJ                                | 5         | NDS QL=1.20 ML/28 Days  |
| MAYZENT 0.25MG TAB   | 5         | NDS QL=120 EA/30 Days   |
| MAYZENT 1MG TAB  | 5         | NDS QL=30 EA/30 Days    |
| MAYZENT 2MG TAB  | 5         | NDS QL=30 EA/30 Days    |
| MAYZENT TAB STARTER PACK (12)                              | 5         | NDS QL=12 EA/28 Days    |
| MAYZENT TAB STARTER PACK (7)                               | 3         | QL=7 EA/28 Days         |
| PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR                        | 5         | NDS QL=1 ML/28 Days     |
| PLEGRIDY 125MCG/0.5ML SYRINGE                              | 5         | NDS QL=1 ML/28 Days     |
| <i>teriflunomide 14mg tab</i>                              | 1         | QL=30 EA/30 Days        |
| <i>teriflunomide 7mg tab</i>                               | 1         | QL=30 EA/30 Days        |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>   |           |                         |
| NUEDEXTA 20-10MG CAP                                       | 3         | PA QL=60 EA/30 Days     |
| PIMOZIDE 1MG TAB   | 2         |                         |
| PIMOZIDE 2MG TAB   | 2         |                         |
| <b>SMOKING DETERRENTS</b>                                  |           |                         |
| <i>bupropion 150mg sr (12hr) tab</i>                       | 1         |                         |
| NICOTROL 10MG/ML NASAL INHALER                             | 3         |                         |
| <i>varenicline 0.5mg tab</i>                               | 2         | QL=56 EA/28 Days        |
| <i>varenicline 0.5mg/1mg first month pack (53)</i>         | 2         | QL=53 EA/28 Days        |
| <i>varenicline 1mg tab</i>                                 | 2         | QL=56 EA/28 Days        |
| <i>varenicline 1mg tab pack (56)</i>                       | 2         | QL=56 EA/28 Days        |

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| DRUG NAME                                     | DRUG TIER | REQUIREMENTS/LIMITS          |
|---|-----------|------------------------------|
| <b>RESPIRATORY AGENTS - MISC.</b>             |           |                              |
| <b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>     |           |                              |
| PROLASTIN 1000MG INJ                          | 5         | NDS PA                       |
| ZEMAIRA 1000MG INJ                            | 5         | NDS PA                       |
| <b>CYSTIC FIBROSIS AGENTS</b>                 |           |                              |
| ALYFTREK 10-50-125MG TAB                      | 5         | NDS PA QL=56 EA/28 Days      |
| ALYFTREK 4-20-50MG TAB                        | 5         | NDS PA QL=84 EA/28 Days      |
| CAYSTON 75MG/ML INH SOLN                      | 5         | NDS PA QL=84 ML/28 Days      |
| KALYDECO 13.4MG ORAL GRANULES                 | 5         | NDS PA QL=56 EA/28 Days      |
| KALYDECO 150MG TAB                            | 5         | NDS PA QL=60 EA/30 Days      |
| KALYDECO 25MG ORAL GRANULES                   | 5         | NDS PA QL=60 EA/30 Days      |
| KALYDECO 5.8MG ORAL GRANULES                  | 5         | NDS PA QL=56 EA/28 Days      |
| KALYDECO 50MG ORAL GRANULES                   | 5         | NDS PA QL=60 EA/30 Days      |
| KALYDECO 75MG ORAL GRANULES                   | 5         | NDS PA QL=60 EA/30 Days      |
| ORKAMBI 125-100MG ORAL GRANULES               | 5         | NDS PA QL=60 EA/30 Days      |
| ORKAMBI 125-100MG TAB                         | 5         | NDS PA QL=120 EA/30 Days     |
| ORKAMBI 125-200MG TAB                         | 5         | NDS PA QL=120 EA/30 Days     |
| ORKAMBI 188-150MG ORAL GRANULES               | 5         | NDS PA QL=60 EA/30 Days      |
| ORKAMBI 94-75MG ORAL GRANULES                 | 5         | NDS PA QL=56 EA/28 Days      |
| PULMOZYME 1MG/ML INH SOLN                     | 5         | NDS PA BvD QL=150 ML/30 Days |
| SYMDEKO TAB 4-WEEK PACK (56)                  | 5         | NDS PA QL=60 EA/30 Days      |
| SYMDEKO TAB 50-75MG/75MG PACK (56)            | 5         | NDS PA QL=60 EA/30 Days      |
| TRIKAFTA 100-50-75MG/150MG TAB PACK (84)      | 5         | NDS PA QL=90 EA/30 Days      |
| TRIKAFTA 100-50-75MG/75MG GRANULES PACK (56)  | 5         | NDS PA QL=56 EA/28 Days      |
| TRIKAFTA 50-37.5-25MG/75MG TAB PACK (84)      | 5         | NDS PA QL=84 EA/28 Days      |
| TRIKAFTA 80-40-60MG/59.5MG GRANULES PACK (56) | 5         | NDS PA QL=56 EA/28 Days      |
| <b>PULMONARY FIBROSIS AGENTS</b>              |           |                              |
| OFEV 100MG CAP                                | 5         | NDS PA QL=60 EA/30 Days      |
| OFEV 150MG CAP                                | 5         | NDS PA QL=60 EA/30 Days      |
| <i>pirfenidone 267mg cap</i>                  | 1         | PA QL=270 EA/30 Days         |
| <i>pirfenidone 267mg tab</i>                  | 1         | PA QL=270 EA/30 Days         |
| <i>pirfenidone 801mg tab</i>                  | 1         | PA QL=90 EA/30 Days          |
| <b>RESPIRATORY TRACT AGENTS</b>               |           |                              |
| <b>ANTI-HISTAMINES</b>                        |           |                              |
| <i>cyproheptadine 0.4mg/ml oral soln</i>      | 1         |                              |
| <i>cyproheptadine 4mg tab</i>                 | 1         |                              |
| <i>desloratadine 5mg tab</i>                  | 2         |                              |
| <i>levocetirizine 5mg tab</i>                 | 1         |                              |
| <i>promethazine 1.25mg/ml oral soln</i>       | 1         |                              |
| <i>promethazine 12.5mg tab</i>                | 1         |                              |
| <i>promethazine 25mg tab</i>                  | 1         |                              |
| <i>promethazine 50mg tab</i>                  | 1         |                              |
| <b>PULMONARY ANTIHYPERTENSIVES</b>            |           |                              |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| ADEMPAS 0.5MG TAB   | 5         | NDS PA QL=90 EA/30 Days  |
| ADEMPAS 1.5MG TAB   | 5         | NDS PA QL=90 EA/30 Days  |
| ADEMPAS 1MG TAB   | 5         | NDS PA QL=90 EA/30 Days  |
| ADEMPAS 2.5MG TAB   | 5         | NDS PA QL=90 EA/30 Days  |
| ADEMPAS 2MG TAB   | 5         | NDS PA QL=90 EA/30 Days  |
| <i>alyq 20mg tab</i>  | 1         | PA QL=60 EA/30 Days      |
| <i>ambrisentan 10mg tab</i>                                 | 1         | PA QL=30 EA/30 Days      |
| <i>ambrisentan 5mg tab</i>                                  | 1         | PA QL=30 EA/30 Days      |
| <i>bosentan 125mg tab</i>                                   | 1         | PA QL=60 EA/30 Days      |
| <i>bosentan 62.5mg tab</i>                                  | 1         | PA QL=60 EA/30 Days      |
| OPSUMIT 10MG TAB  | 5         | NDS PA QL=30 EA/30 Days  |
| <i>sildenafil 20mg tab</i>                                  | 1         | PA QL=360 EA/30 Days     |
| <i>tadalafil 20mg tab</i>                                   | 1         | PA QL=60 EA/30 Days      |
| WINREVAIR 45MG INJ  | 5         | NDS PA QL=1 EA/21 Days   |
| WINREVAIR 45MG INJ (2 VIAL PACK)                            | 5         | NDS PA QL=1 EA/21 Days   |
| WINREVAIR 60MG INJ  | 5         | NDS PA QL=1 EA/21 Days   |
| WINREVAIR 60MG INJ (2 VIAL PACK)                            | 5         | NDS PA QL=1 EA/21 Days   |
| <b>RESPIRATORY TRACT/PULMONARY AGENTS</b>                   |           |                          |
| <b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>        |           |                          |
| <i>roflumilast 0.5mg tab</i>                                | 1         | QL=30 EA/30 Days         |
| <i>roflumilast 250mcg tab</i>                               | 1         | QL=28 EA/365 Days        |
| THEOPHYLLINE 100MG ER TAB                                   | 2         |                          |
| THEOPHYLLINE 200MG ER TAB                                   | 2         |                          |
| <i>theophylline 300mg er tab</i>                            | 2         |                          |
| <i>theophylline 400mg er tab</i>                            | 1         |                          |
| <i>theophylline 450mg er tab</i>                            | 2         |                          |
| <i>theophylline 600mg er tab</i>                            | 1         |                          |
| <b>SLEEP DISORDER AGENTS</b>                                |           |                          |
| <b>SLEEP DISORDERS, OTHER</b>                               |           |                          |
| LUMRYZ 28-DAY STARTER PACK (28)                             | 5         | NDS PA QL=28 EA/28 Days  |
| LUMRYZ 4.5GM GRANULES FOR ORAL SUSP                         | 5         | NDS PA QL=30 EA/30 Days  |
| LUMRYZ 6GM GRANULES FOR ORAL SUSP                           | 5         | NDS PA QL=30 EA/30 Days  |
| LUMRYZ 7.5GM GRANULES FOR ORAL SUSP                         | 5         | NDS PA QL=30 EA/30 Days  |
| LUMRYZ 9GM GRANULES FOR ORAL SUSP                           | 5         | NDS PA QL=30 EA/30 Days  |
| SODIUM OXYBATE 500MG/ML ORAL SOLN                           | 5         | NDS PA QL=540 ML/30 Days |
| SUNOSI 150MG TAB  | 3         | PA QL=30 EA/30 Days      |
| SUNOSI 75MG TAB   | 3         | PA QL=30 EA/30 Days      |
| <b>SULFONAMIDES</b>   |           |                          |
| <b>SULFONAMIDES</b>   |           |                          |
| <i>sulfadiazine 500mg tab</i>                               | 2         |                          |
| <i>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i> | 1         |                          |
| <i>sulfamethoxazole/trimethoprim 400-80mg tab</i>           | 1         |                          |
| <i>sulfamethoxazole/trimethoprim 800-160mg tab</i>          | 1         |                          |
| <b>TETRACYCLINES</b>  |           |                          |

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| <b>DRUG NAME</b>                                | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <b>TETRACYCLINES</b>                            |                  |                            |
| <i>doxy 100mg inj</i>                           | 2                |                            |
| <i>doxycycline hyclate 100mg cap</i>            | 1                |                            |
| <i>doxycycline hyclate 100mg inj</i>            | 2                |                            |
| <i>doxycycline hyclate 100mg tab</i>            | 1                |                            |
| <i>doxycycline hyclate 20mg tab</i>             | 1                |                            |
| <i>doxycycline hyclate 50mg cap</i>             | 1                |                            |
| <i>doxycycline monohydrate 100mg cap</i>        | 1                |                            |
| <i>doxycycline monohydrate 100mg tab</i>        | 1                |                            |
| <i>doxycycline monohydrate 50mg cap</i>         | 1                |                            |
| <i>doxycycline monohydrate 50mg tab</i>         | 1                |                            |
| <i>doxycycline monohydrate 5mg/ml oral susp</i> | 2                |                            |
| <i>minocycline 100mg cap</i>                    | 1                |                            |
| <i>minocycline 50mg cap</i>                     | 1                |                            |
| <i>minocycline 75mg cap</i>                     | 1                |                            |
| <i>tetracycline 250mg cap</i>                   | 2                |                            |
| <i>tetracycline 500mg cap</i>                   | 2                |                            |
| <b>THYROID AGENTS</b>                           |                  |                            |
| <b>ANTITHYROID AGENTS</b>                       |                  |                            |
| <i>methimazole 10mg tab</i>                     | 1                |                            |
| <i>methimazole 5mg tab</i>                      | 1                |                            |
| <i>propylthiouracil 50mg tab</i>                | 1                |                            |
| <b>THYROID HORMONES</b>                         |                  |                            |
| <i>levothyroxine sodium 100mcg tab</i>          | 1                |                            |
| <i>levothyroxine sodium 112mcg tab</i>          | 1                |                            |
| <i>levothyroxine sodium 125mcg tab</i>          | 1                |                            |
| <i>levothyroxine sodium 137mcg tab</i>          | 1                |                            |
| <i>levothyroxine sodium 150mcg tab</i>          | 1                |                            |
| <i>levothyroxine sodium 175mcg tab</i>          | 1                |                            |
| <i>levothyroxine sodium 200mcg tab</i>          | 1                |                            |
| <i>levothyroxine sodium 25mcg tab</i>           | 1                |                            |
| <i>levothyroxine sodium 300mcg tab</i>          | 1                |                            |
| <i>levothyroxine sodium 50mcg tab</i>           | 1                |                            |
| <i>levothyroxine sodium 75mcg tab</i>           | 1                |                            |
| <i>levothyroxine sodium 88mcg tab</i>           | 1                |                            |
| <i>levoxyl 100mcg tab</i>                       | 1                |                            |
| <i>levoxyl 112mcg tab</i>                       | 1                |                            |
| <i>levoxyl 125mcg tab</i>                       | 1                |                            |
| <i>levoxyl 137mcg tab</i>                       | 1                |                            |
| <i>levoxyl 150mcg tab</i>                       | 1                |                            |
| <i>levoxyl 175mcg tab</i>                       | 1                |                            |
| <i>levoxyl 200mcg tab</i>                       | 1                |                            |
| <i>levoxyl 25mcg tab</i>                        | 1                |                            |
| <i>levoxyl 50mcg tab</i>                        | 1                |                            |
| <i>levoxyl 75mcg tab</i>                        | 1                |                            |

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| <b>DRUG NAME</b>                                   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>levoxyl 88mcg tab</i>                           | 1                |                            |
| <i>liothyronine sodium 25mcg tab</i>               | 1                |                            |
| <i>liothyronine sodium 50mcg tab</i>               | 1                |                            |
| <i>liothyronine sodium 5mcg tab</i>                | 1                |                            |
| SYNTHROID 100MCG TAB                               | 3                |                            |
| SYNTHROID 112MCG TAB                               | 3                |                            |
| SYNTHROID 125MCG TAB                               | 3                |                            |
| SYNTHROID 137MCG TAB                               | 3                |                            |
| SYNTHROID 150MCG TAB                               | 3                |                            |
| SYNTHROID 175MCG TAB                               | 3                |                            |
| SYNTHROID 200MCG TAB                               | 3                |                            |
| SYNTHROID 25MCG TAB                                | 3                |                            |
| SYNTHROID 300MCG TAB                               | 3                |                            |
| SYNTHROID 50MCG TAB                                | 3                |                            |
| SYNTHROID 75MCG TAB                                | 3                |                            |
| SYNTHROID 88MCG TAB                                | 3                |                            |
| <i>unithroid 100mcg tab</i>                        | 1                |                            |
| <i>unithroid 112mcg tab</i>                        | 1                |                            |
| <i>unithroid 125mcg tab</i>                        | 1                |                            |
| <i>unithroid 137mcg tab</i>                        | 1                |                            |
| <i>unithroid 150mcg tab</i>                        | 1                |                            |
| <i>unithroid 175mcg tab</i>                        | 1                |                            |
| <i>unithroid 200mcg tab</i>                        | 1                |                            |
| <i>unithroid 25mcg tab</i>                         | 1                |                            |
| <i>unithroid 300mcg tab</i>                        | 1                |                            |
| <i>unithroid 50mcg tab</i>                         | 1                |                            |
| <i>unithroid 75mcg tab</i>                         | 1                |                            |
| <i>unithroid 88mcg tab</i>                         | 1                |                            |
| <b>TOXOIDS</b>                                     |                  |                            |
| <b>TOXOID COMBINATIONS</b>                         |                  |                            |
| ADACEL INJ   | 3                | VAC                        |
| ADACEL SYRINGE                                     | 3                | VAC                        |
| BOOSTRIX INJ                                       | 3                | VAC                        |
| BOOSTRIX SYRINGE                                   | 3                | VAC                        |
| DAPTACEL INJ                                       | 3                |                            |
| INFANRIX SYRINGE                                   | 3                |                            |
| KINRIX SYRINGE                                     | 3                |                            |
| PEDIARIX SYRINGE                                   | 3                |                            |
| PENTACEL 96-30-68UNIT/ML INJ                       | 3                |                            |
| QUADRACEL INJ                                      | 3                |                            |
| QUADRACEL SYRINGE                                  | 3                |                            |
| TENIVAC 4-10UNIT/ML INJ                            | 3                | PA_BvD VAC                 |
| TENIVAC 4-10UNIT/ML SYRINGE                        | 3                | PA_BvD VAC                 |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b> |                  |                            |
| <b>ANTISPASMODICS</b>                              |                  |                            |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>dicyclomine 10mg cap</i>                                      | 1         |                     |
| <i>dicyclomine 20mg tab</i>                                      | 1         |                     |
| <i>dicyclomine 2mg/ml oral soln</i>                              | 2         |                     |
| <i>glycopyrrolate 1mg tab</i>                                    | 2         |                     |
| <i>glycopyrrolate 2mg tab</i>                                    | 2         |                     |
| <b>H-2 ANTAGONISTS</b>   |           |                     |
| <i>cimetidine 200mg tab</i>                                      | 1         |                     |
| <i>cimetidine 300mg tab</i>                                      | 1         |                     |
| <i>cimetidine 400mg tab</i>                                      | 1         |                     |
| <i>cimetidine 800mg tab</i>                                      | 1         |                     |
| <i>famotidine 20mg tab</i>                                       | 1         |                     |
| <i>famotidine 40mg tab</i>                                       | 1         |                     |
| <b>MISC. ANTI-ULCER</b>  |           |                     |
| <i>misoprostol 100mcg tab</i>                                    | 1         |                     |
| <i>misoprostol 200mcg tab</i>                                    | 1         |                     |
| <i>sucralfate 1000mg tab</i>                                     | 1         |                     |
| <i>sucralfate 100mg/ml oral susp</i>                             | 2         |                     |
| <b>PROTON PUMP INHIBITORS</b>                                    |           |                     |
| <i>dexlansoprazole 30mg dr cap</i>                               | 4         |                     |
| <i>dexlansoprazole 60mg dr cap</i>                               | 4         |                     |
| <i>esomeprazole 20mg dr cap</i>                                  | 1         |                     |
| <i>esomeprazole 40mg dr cap</i>                                  | 1         |                     |
| <i>lansoprazole 15mg dr cap</i>                                  | 1         |                     |
| <i>lansoprazole 30mg dr cap</i>                                  | 1         |                     |
| <i>omeprazole 10mg dr cap</i>                                    | 1         |                     |
| <i>omeprazole 20mg dr cap</i>                                    | 1         |                     |
| <i>omeprazole 40mg dr cap</i>                                    | 1         |                     |
| <i>pantoprazole 20mg dr tab</i>                                  | 1         |                     |
| <i>pantoprazole 40mg dr tab</i>                                  | 1         |                     |
| <i>rabeprazole sodium 20mg dr tab</i>                            | 1         |                     |
| <b>URINARY ANTISPASMODICS</b>                                    |           |                     |
| <b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b> |           |                     |
| <i>darifenacin 15mg er tab</i>                                   | 2         |                     |
| <i>darifenacin 7.5mg er tab</i>                                  | 2         |                     |
| <i>fesoterodine fumarate 4mg er tab</i>                          | 1         | QL=30 EA/30 Days    |
| <i>fesoterodine fumarate 8mg er tab</i>                          | 1         | QL=30 EA/30 Days    |
| <i>oxybutynin chloride 10mg er tab</i>                           | 1         |                     |
| <i>oxybutynin chloride 15mg er tab</i>                           | 1         |                     |
| <i>oxybutynin chloride 1mg/ml oral soln</i>                      | 1         |                     |
| <i>oxybutynin chloride 5mg er tab</i>                            | 1         |                     |
| <i>oxybutynin chloride 5mg tab</i>                               | 1         |                     |
| <i>solifenacin succinate 10mg tab</i>                            | 1         |                     |
| <i>solifenacin succinate 5mg tab</i>                             | 1         |                     |
| <i>tolterodine tartrate 1mg tab</i>                              | 1         | QL=60 EA/30 Days    |
| <i>tolterodine tartrate 2mg er cap</i>                           | 1         | QL=30 EA/30 Days    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

| DRUG NAME                              | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>tolterodine tartrate 2mg tab</i>    | 1         | QL=60 EA/30 Days    |
| <i>tolterodine tartrate 4mg er cap</i> | 1         | QL=30 EA/30 Days    |
| <i>trospium chloride 20mg tab</i>      | 1         | QL=60 EA/30 Days    |
| <i>trospium chloride 60mg er cap</i>   | 2         | QL=30 EA/30 Days    |
| <b>URINARY ANTISPASMODICS</b>          |           |                     |
| <i>bethanechol chloride 10mg tab</i>   | 1         |                     |
| <i>bethanechol chloride 25mg tab</i>   | 1         |                     |
| <i>bethanechol chloride 50mg tab</i>   | 1         |                     |
| <i>bethanechol chloride 5mg tab</i>    | 1         |                     |
| <i>flavoxate 100mg tab</i>             | 2         |                     |
| GEMTESA 75MG TAB                       | 3         | QL=30 EA/30 Days    |
| <i>mirabegron 25mg er tab</i>          | 2         | QL=30 EA/30 Days    |
| <i>mirabegron 50mg er tab</i>          | 2         | QL=30 EA/30 Days    |
| <b>VACCINES</b>                        |           |                     |
| <b>BACTERIAL VACCINES</b>              |           |                     |
| ACTHIB INJ                             | 3         |                     |
| BCG LIVE TICE STRAIN 50MG INJ          | 3         | VAC                 |
| BEXSERO SYRINGE                        | 3         | VAC                 |
| HIBERIX 10MCG INJ                      | 3         |                     |
| MENQUADFI INJ                          | 3         | VAC                 |
| MENVEO INJ                             | 3         | VAC                 |
| PEDVAXHIB 7.5MCG/0.5ML INJ             | 3         |                     |
| PENBRAYA INJ                           | 3         | VAC                 |
| PENMENVY INJ                           | 3         | VAC                 |
| TRUMENBA SYRINGE                       | 3         | VAC                 |
| TYPHIM VI 25MCG/0.5ML INJ              | 3         | VAC                 |
| TYPHIM VI 25MCG/0.5ML SYRINGE          | 3         | VAC                 |
| VAXCHORA SUSP                          | 3         | VAC                 |
| VIVOTIF DR CAP                         | 3         | VAC                 |
| <b>VIRAL VACCINES</b>                  |           |                     |
| ABRYSVO 120MCG/0.5ML INJ               | 3         | VAC                 |
| AREXVY 120MCG/0.5ML INJ                | 3         | VAC                 |
| ENGERIX-B 10MCG/0.5ML SYRINGE          | 3         | PA_BvD VAC          |
| ENGERIX-B 20MCG/ML INJ                 | 3         | PA_BvD VAC          |
| ENGERIX-B 20MCG/ML SYRINGE             | 3         | PA_BvD VAC          |
| GARDASIL 9 INJ                         | 3         | VAC                 |
| GARDASIL 9 SYRINGE                     | 3         | VAC                 |
| HAVRIX 1440ELU/ML SYRINGE              | 3         | VAC                 |
| HAVRIX 720ELU/0.5ML SYRINGE            | 3         |                     |
| HEPLISAV-B 20MCG/0.5ML SYRINGE         | 3         | PA_BvD VAC          |
| IMOVAX 2.5UNIT/ML INJ                  | 3         | PA_BvD VAC          |
| IPOL INJ                               | 3         | VAC                 |
| IXIARO 0.012MG/ML SYRINGE              | 3         | VAC                 |
| JYNNEOS 0.5ML INJ                      | 3         | VAC                 |
| M-M-R II INJ                           | 3         | VAC                 |

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| DRUG NAME                              | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| MRESVIA 50MCG/0.5ML SYRINGE            | 3         | VAC                 |
| PRIORIX INJ                            | 3         | VAC                 |
| PROQUAD INJ                            | 3         |                     |
| RABAVERT 2.5UNIT/ML INJ                | 3         | PA_BvD VAC          |
| RECOMBIVAX 10MCG/ML INJ                | 3         | PA_BvD VAC          |
| RECOMBIVAX 10MCG/ML SYRINGE            | 3         | PA_BvD VAC          |
| RECOMBIVAX 40MCG/ML INJ                | 3         | PA_BvD VAC          |
| RECOMBIVAX 5MCG/0.5ML INJ              | 3         | PA_BvD VAC          |
| RECOMBIVAX 5MCG/0.5ML SYRINGE          | 3         | PA_BvD VAC          |
| ROTARIX 667000UNIT/ML ORAL SUSP        | 3         |                     |
| ROTATEQ ORAL SUSP                      | 3         |                     |
| SHINGRIX 50MCG/0.5ML INJ               | 3         | QL=2 EA/365 DaysVAC |
| TICOVAC 1.2MCG/0.25ML SYRINGE          | 3         |                     |
| TICOVAC 2.4MCG/0.5ML SYRINGE           | 3         | VAC                 |
| TWINRIX SYRINGE                        | 3         | VAC                 |
| VAQTA 25UNIT/0.5ML INJ                 | 3         |                     |
| VAQTA 25UNIT/0.5ML SYRINGE             | 3         |                     |
| VAQTA 50UNIT/ML INJ                    | 3         | VAC                 |
| VAQTA 50UNIT/ML SYRINGE                | 3         | VAC                 |
| VARIVAX 1350PFU/0.5ML INJ              | 3         | VAC                 |
| VIMKUNYA 40MCG/0.8ML SYRINGE           | 3         | VAC                 |
| YF-VAX INJ                             | 3         | VAC                 |
| <b>VAGINAL AND RELATED PRODUCTS</b>    |           |                     |
| <b>VAGINAL ANTI-INFECTIVES</b>         |           |                     |
| <i>clindamycin 2% vaginal cream</i>    | 1         |                     |
| <i>metronidazole 0.75% vaginal gel</i> | 1         |                     |
| <i>terconazole 0.4% vaginal cream</i>  | 1         |                     |
| <i>terconazole 0.8% vaginal cream</i>  | 1         |                     |
| <i>terconazole 80mg vaginal insert</i> | 1         |                     |
| <b>VAGINAL ESTROGENS</b>               |           |                     |
| <i>estradiol 0.01% vaginal cream</i>   | 1         |                     |
| <i>estradiol 0.01mg vaginal insert</i> | 2         |                     |
| PREMARIN 0.625MG/GM VAGINAL CREAM      | 3         |                     |
| <i>yuvafem 10mcg vaginal insert</i>    | 2         |                     |

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## ALPHABETICAL LISTING OF DRUGS

| <b>A</b>                                    |    |  |    |  |
|---|----|--|----|--|
| <i>abacavir 20mg/ml oral soln</i>           | 54 | <i>acetylcysteine 100mg/ml inh soln</i>  | 62 | ADEMPAS 0.5MG TAB 89   |
| <i>abacavir 300mg tab</i>                   | 54 | <i>acetylcysteine 200mg/ml inh soln</i>  | 62 | ADEMPAS 1.5MG TAB 89   |
| <i>abacavir/lamivudine 600-300mg tab</i>    | 54 | <i>acitretin 10mg cap</i>                | 63 | ADEMPAS 1MG TAB 89   |
| ABELCET 5MG/ML INJ                          | 33 | <i>acitretin 17.5mg cap</i>              | 63 | ADEMPAS 2.5MG TAB 89   |
| <i>abigale 1/0.5mg tab 28-day pack</i>      | 69 | <i>acitretin 25mg cap</i>                | 63 | ADVAIR 115-21MCG HFA 20                                      |
| <i>abigale lo tab 0.5/0.1mg 28-day pack</i> | 69 | ACTEMRA                                  | 13 | INHALER  |
| ABILIFY ASIMTUFII 720MG/2.4ML SYRINGE       | 53 | 162MG/0.9ML                              |    | ADVAIR 230-21MCG HFA INHALER 20                              |
| ABILIFY ASIMTUFII 960MG/3.2ML SYRINGE       | 53 | AUTO-INJECTOR                            |    | ADVAIR 45-21MCG/ACT HFA INHALER 20                           |
| ABILIFY MAINTENA 300MG INJ                  | 53 | ACTEMRA                                  | 13 | AJOVY 225MG/1.5ML 77   |
| ABILIFY MAINTENA 300MG SYRINGE              | 53 | 162MG/0.9ML SYRINGE                      |    | AUTO-INJECTOR  |
| ABILIFY MAINTENA 400MG INJ                  | 53 | ACTHIB INJ                               | 93 | AJOVY 225MG/1.5ML SYRINGE 77                                 |
| ABILIFY MAINTENA 400MG SYRINGE              | 53 | ACTIMMUNE                                | 47 | AKEEGA 500-100MG TAB 42                                      |
| <i>abiraterone acetate 250mg tab</i>        | 42 | 2000000UNIT/0.5ML INJ                    |    | AKEEGA 500-50MG TAB 42                                       |
| <i>abirtega 250mg tab</i>                   | 42 | <i>acyclovir 200mg cap</i>               | 56 | <i>ala-cort 1% cream</i>                                     |
| ABRYSSO                                     | 93 | <i>acyclovir 400mg tab</i>               | 56 | <i>albendazole 200mg tab</i>                                 |
| <i>acamprosate calcium 333mg dr tab</i>     | 86 | <i>acyclovir 40mg/ml oral susp</i>       | 56 | <i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>             |
| <i>acarbose 100mg tab</i>                   | 30 | <i>acyclovir 5% ointment</i>             | 66 | <i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>                |
| <i>acarbose 25mg tab</i>                    | 30 | <i>acyclovir 50mg/ml inj</i>             | 56 | <i>albuterol 0.83mg/ml (0.083%) inh soln</i>                 |
| <i>acarbose 50mg tab</i>                    | 30 | <i>acyclovir 800mg tab</i>               | 56 | <i>albuterol 1.25mg/3ml neb soln</i>                         |
| <i>accutane 10mg cap</i>                    | 62 | ADACEL INJ                               | 91 | <i>albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)</i> |
| <i>accutane 20mg cap</i>                    | 62 | ADACEL SYRINGE                           | 91 | <i>albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)</i>    |
| <i>accutane 40mg cap</i>                    | 62 | ADALIMUMAB-AATY 100MG/ML (0.2ML) SYRINGE | 13 | <i>albuterol 2mg tab</i>                                     |
| <i>acebutolol 200mg cap</i>                 | 57 | ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE | 13 | <i>albuterol 4mg tab</i>                                     |
| <i>acebutolol 400mg cap</i>                 | 57 | ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE | 13 | <i>albuterol 5mg/ml (0.05%) inh soln</i>                     |
| <i>acetazolamide 125mg tab</i>              | 66 | ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE | 13 | ALCLOMETASONE 0.05% OINT 64                                  |
| <i>acetazolamide 250mg tab</i>              | 66 | ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE | 13 | <i>alclometasone dipropionate 0.05% cream</i>                |
| <i>acetazolamide 500mg er cap</i>           | 66 | AUTO-INJECTOR (0.4ML)                    |    |  |
| <i>acetic acid 2% otic soln</i>             | 83 | ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE | 13 |  |
|   |    | AUTO-INJECTOR (0.8ML)                    |    |  |
|   |    | ADALIMUMAB-AATY 80MG/0.8ML               | 13 |  |
|   |    | AUTO-INJECTOR PACK (3)                   |    |  |
|   |    | <i>adefovir dipivoxil 10mg tab</i>       | 56 |  |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| ALCOHOL SWAB 1X1<br>(DIABETIC)          | 77 | AMILORIDE/HYDROCH<br>LOROTHIAZIDE 5-50MG<br>TAB        | 66 | <i>ammonium lactate 12%<br/>cream</i>                             | 66 |
| ALECENSA 150MG CAP                      | 43 |  |    | <i>ammonium lactate 12%<br/>lotion</i>                            | 66 |
| <i>alendronate sodium 10mg<br/>tab</i>  | 67 | <i>amiodarone 100mg tab</i>                            | 18 | <i>amnesteem 10mg cap</i>   | 62 |
| <i>alendronate sodium 35mg<br/>tab</i>  | 67 | <i>amiodarone 200mg tab</i>                            | 18 | <i>amnesteem 20mg cap</i>   | 62 |
| <i>alendronate sodium 70mg<br/>tab</i>  | 67 | <i>amiodarone 400mg tab</i>                            | 18 | <i>amnesteem 30mg cap</i>   | 62 |
| <i>alfuzosin 10mg er tab</i>            | 74 | <i>amitriptyline 100mg tab</i>                         | 28 | <i>amnesteem 40mg cap</i>   | 62 |
| <i>aliskiren 150mg tab</i>              | 38 | <i>amitriptyline 10mg tab</i>                          | 28 | <i>amoxapine 100mg tab</i>  | 28 |
| <i>aliskiren 300mg tab</i>              | 38 | <i>amitriptyline 150mg tab</i>                         | 28 | <i>amoxapine 150mg tab</i>  | 28 |
| <i>allopurinol 100mg tab</i>            | 74 | <i>amitriptyline 25mg tab</i>                          | 28 | <i>amoxapine 25mg tab</i>   | 28 |
| <i>allopurinol 300mg tab</i>            | 74 | <i>amitriptyline 50mg tab</i>                          | 28 | <i>amoxapine 50mg tab</i>   | 28 |
| <i>alosetron 0.5mg tab</i>              | 32 | <i>amitriptyline 75mg tab</i>                          | 28 | AMOXICILLIN 125MG<br>CHEW TAB                                     | 84 |
| <i>alosetron 1mg tab</i>                | 32 | <i>amlodipine 10mg tab</i>                             | 58 | <i>amoxicillin 250mg cap</i>                                      | 84 |
| <i>alprazolam 0.25mg tab</i>            | 18 | <i>amlodipine 2.5mg tab</i>                            | 58 | AMOXICILLIN 250MG<br>CHEW TAB                                     | 84 |
| <i>alprazolam 0.5mg tab</i>             | 18 | <i>amlodipine 5mg tab</i>                              | 58 | <i>amoxicillin 25mg/ml oral<br/>susp</i>                          | 84 |
| <i>alprazolam 1mg tab</i>               | 18 | <i>amlodipine/benazepril<br/>10-20mg cap</i>           | 36 | <i>amoxicillin 40mg/ml oral<br/>susp</i>                          | 84 |
| <i>alprazolam 2mg tab</i>               | 18 | <i>amlodipine/benazepril<br/>10-40mg cap</i>           | 36 | <i>amoxicillin 500mg cap</i>                                      | 84 |
| <i>altavera tab 28-day pack</i>         | 69 | <i>amlodipine/benazepril<br/>2.5-10mg cap</i>          | 36 | <i>amoxicillin 500mg tab</i>                                      | 84 |
| ALUNBRIG 180MG TAB                      | 43 | <i>amlodipine/benazepril<br/>5-10mg cap</i>            | 37 | <i>amoxicillin 50mg/ml oral<br/>susp</i>                          | 84 |
| ALUNBRIG 30MG TAB                       | 43 | <i>amlodipine/benazepril<br/>5-20mg cap</i>            | 37 | <i>amoxicillin 80mg/ml oral<br/>susp</i>                          | 84 |
| ALUNBRIG 90MG TAB                       | 43 | <i>amlodipine/benazepril<br/>5-40mg cap</i>            | 37 | <i>amoxicillin 875mg tab</i>                                      | 84 |
| ALUNBRIG TAB                            | 43 | <i>amlodipine/olmesartan<br/>medoxomil 10-20mg tab</i> | 37 | <i>amoxicillin/clavulanate<br/>250-125mg tab</i>                  | 84 |
| INITIATION PACK (30)                    |    | <i>amlodipine/olmesartan<br/>medoxomil 10-40mg tab</i> | 37 | <i>amoxicillin/clavulanate<br/>500-125mg tab</i>                  | 84 |
| ALVESCO 160MCG                          | 19 | <i>amlodipine/olmesartan<br/>medoxomil 5-20mg tab</i>  | 37 | <i>amoxicillin/clavulanate<br/>875-125mg tab</i>                  | 84 |
| INHALER                                 |    | <i>amlodipine/olmesartan<br/>medoxomil 5-40mg tab</i>  | 37 | <i>amoxicillin/k clavulanate<br/>200-28.5mg/5ml oral<br/>susp</i> | 84 |
| ALVESCO 80MCG                           | 19 | <i>amlodipine/valsartan<br/>10-160mg tab</i>           | 37 | <i>amoxicillin/k clavulanate<br/>250-62.5mg/5ml oral<br/>susp</i> | 84 |
| INHALER                                 |    | <i>amlodipine/valsartan<br/>5-160mg tab</i>            | 37 | <i>amoxicillin/k clavulanate<br/>400-57mg/5ml oral susp</i>       | 84 |
| <i>alyacen 1/35 tab 28-day<br/>pack</i> | 69 | <i>amlodipine/valsartan<br/>5-320mg tab</i>            | 37 |   |    |
| ALYFTREK                                | 88 |  |    |   |    |
| 10-50-125MG TAB                         |    |  |    |   |    |
| ALYFTREK 4-20-50MG<br>TAB               | 88 |  |    |   |    |
| <i>alyq 20mg tab</i>                    | 89 |  |    |   |    |
| <i>amantadine 100mg cap</i>             | 48 |  |    |   |    |
| <i>amantadine 10mg/ml oral<br/>soln</i> | 48 |  |    |   |    |
| <i>ambrisentan 10mg tab</i>             | 89 |  |    |   |    |
| <i>ambrisentan 5mg tab</i>              | 89 |  |    |   |    |
| <i>amikacin 250mg/ml inj</i>            | 12 |  |    |   |    |
| <i>amiloride 5mg tab</i>                | 67 |  |    |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                  |    |                                 |    |                                |    |
|----------------------------------|----|---------------------------------|----|--------------------------------|----|
| <i>amoxicillin/k clavulanate</i> | 85 | ANORO ELLIPTA                   | 20 | <i>armodafinil 50mg tab</i>    | 11 |
| <i>600-42.9mg/5ml oral</i>       |    | 62.5-25MCG POWDER               |    | ARNUITY 100MCG                 | 19 |
| <i>susp</i>                      |    | INHALER                         |    | POWDER INHALER                 |    |
| <i>amphetamine/dextroamph</i>    | 11 | APRACLONIDINE 0.5%              | 82 | ARNUITY 200MCG                 | 19 |
| <i>etamine 10mg er cap</i>       |    | OPHTH SOLN                      |    | POWDER INHALER                 |    |
| <i>amphetamine/dextroamph</i>    | 11 | <i>aprepitant 125mg cap</i>     | 33 | ARNUITY 50MCG                  | 19 |
| <i>etamine 10mg tab</i>          |    | <i>aprepitant 125mg/80mg</i>    | 33 | POWDER INHALER                 |    |
| <i>amphetamine/dextroamph</i>    | 11 | <i>cap therapy pack (3)</i>     |    | <i>asenapine 10mg sl tab</i>   | 51 |
| <i>etamine 12.5mg tab</i>        |    | <i>aprepitant 40mg cap</i>      | 33 | <i>asenapine 2.5mg sl tab</i>  | 51 |
| <i>amphetamine/dextroamph</i>    | 11 | <i>aprepitant 80mg cap</i>      | 33 | <i>asenapine 5mg sl tab</i>    | 51 |
| <i>etamine 15mg er cap</i>       |    | <i>apri tab 28-day pack</i>     | 69 | <i>ashlyna tab 91-day pack</i> | 69 |
| <i>amphetamine/dextroamph</i>    | 11 | APTIVUS 250MG CAP               | 54 | ASMANEX 100MCG HFA             | 19 |
| <i>etamine 15mg tab</i>          |    | <i>aranelle tab 28-day pack</i> | 69 | INHALER                        |    |
| <i>amphetamine/dextroamph</i>    | 11 | ARCALYST 220MG INJ              | 79 | ASMANEX 110MCG                 | 19 |
| <i>etamine 20mg er cap</i>       |    | AREXVY 120MCG/0.5ML             | 93 | (30ACT) TWISTHALER             |    |
| <i>amphetamine/dextroamph</i>    | 11 | INJ                             |    | ASMANEX 200MCG HFA             | 20 |
| <i>etamine 20mg tab</i>          |    | <i>arformoterol tartrate</i>    | 20 | INHALER                        |    |
| <i>amphetamine/dextroamph</i>    | 11 | <i>15mcg/2ml neb soln</i>       |    | ASMANEX 220MCG                 | 20 |
| <i>etamine 25mg er cap</i>       |    | ARIKAYCE                        | 12 | (120ACT) TWISTHALER            |    |
| <i>amphetamine/dextroamph</i>    | 11 | 590MG/8.4ML INH SUSP            |    | ASMANEX 220MCG                 | 20 |
| <i>etamine 30mg er cap</i>       |    | <i>aripiprazole 10mg odt</i>    | 53 | (30ACT) TWISTHALER             |    |
| <i>amphetamine/dextroamph</i>    | 11 | <i>aripiprazole 10mg tab</i>    | 53 | ASMANEX 220MCG                 | 20 |
| <i>etamine 30mg tab</i>          |    | <i>aripiprazole 15mg odt</i>    | 53 | (60ACT) TWISTHALER             |    |
| <i>amphetamine/dextroamph</i>    | 11 | <i>aripiprazole 15mg tab</i>    | 53 | ASMANEX 50MCG HFA              | 20 |
| <i>etamine 5mg er cap</i>        |    | <i>aripiprazole 1mg/ml oral</i> | 53 | INHALER                        |    |
| <i>amphetamine/dextroamph</i>    | 11 | <i>soln</i>                     |    | <i>aspirin/dipyridamole</i>    | 75 |
| <i>etamine 5mg tab</i>           |    | <i>aripiprazole 20mg tab</i>    | 53 | <i>25-200mg er cap</i>         |    |
| <i>amphetamine/dextroamph</i>    | 11 | <i>aripiprazole 2mg tab</i>     | 53 | <i>atazanavir 150mg cap</i>    | 54 |
| <i>etamine 7.5mg tab</i>         |    | <i>aripiprazole 30mg tab</i>    | 53 | <i>atazanavir 200mg cap</i>    | 54 |
| AMPHOTERICIN B                   | 33 | <i>aripiprazole 5mg tab</i>     | 53 | <i>atazanavir 300mg cap</i>    | 54 |
| 50MG INJ                         |    | ARISTADA                        | 53 | <i>atenolol 100mg tab</i>      | 57 |
| <i>ampicillin 1000mg inj</i>     | 84 | 1064MG/3.9ML                    |    | <i>atenolol 25mg tab</i>       | 57 |
| <i>ampicillin 100mg/ml inj</i>   | 84 | SYRINGE                         |    | <i>atenolol 50mg tab</i>       | 57 |
| <i>ampicillin 500mg cap</i>      | 84 | ARISTADA                        | 53 | <i>atenolol/chlorthalidone</i> | 37 |
| <i>ampicillin/sulbactam</i>      | 85 | 441MG/1.6ML SYRINGE             |    | <i>100-25mg tab</i>            |    |
| <i>1000-500mg inj</i>            |    | ARISTADA                        | 53 | <i>atenolol/chlorthalidone</i> | 37 |
| <i>ampicillin/sulbactam</i>      | 85 | 662MG/2.4ML SYRINGE             |    | <i>50-25mg tab</i>             |    |
| <i>100-50mg/ml inj</i>           |    | ARISTADA                        | 53 | <i>atomoxetine 100mg cap</i>   | 11 |
| <i>ampicillin/sulbactam</i>      | 85 | 675MG/2.4ML SYRINGE             |    | <i>atomoxetine 10mg cap</i>    | 11 |
| <i>2000-1000mg inj</i>           |    | ARISTADA                        | 53 | <i>atomoxetine 18mg cap</i>    | 11 |
| <i>anagrelide 0.5mg cap</i>      | 75 | 882MG/3.2ML SYRINGE             |    | <i>atomoxetine 25mg cap</i>    | 11 |
| <i>anagrelide 1mg cap</i>        | 75 | <i>armodafinil 150mg tab</i>    | 11 | <i>atomoxetine 40mg cap</i>    | 11 |
| <i>anastrozole 1mg tab</i>       | 42 | <i>armodafinil 200mg tab</i>    | 11 | <i>atomoxetine 60mg cap</i>    | 11 |
|                                  |    | <i>armodafinil 250mg tab</i>    | 11 | <i>atomoxetine 80mg cap</i>    | 11 |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| <i>atorvastatin 10mg tab</i>                          | 34 | AYVAKIT 100MG TAB  | 47 | BAQSIMI 3MG/DOSE                                    | 30 |
| <i>atorvastatin 20mg tab</i>                          | 34 | AYVAKIT 200MG TAB  | 47 | NASAL POWDER  |    |
| <i>atorvastatin 40mg tab</i>                          | 34 | AYVAKIT 25MG TAB   | 47 | BCG LIVE TICE STRAIN                                | 93 |
| <i>atorvastatin 80mg tab</i>                          | 34 | AYVAKIT 300MG TAB  | 47 | 50MG INJ  |    |
| <i>atovaquone 750mg/5ml oral susp</i>                 | 39 | AYVAKIT 50MG TAB   | 47 | <i>benazepril 10mg tab</i>                          | 35 |
| <i>atovaquone/proguanil 250-100mg tab</i>             | 40 | <i>azathioprine 50mg tab</i>                               | 79 | <i>benazepril 20mg tab</i>                          | 35 |
| <i>atovaquone/proguanil 62.5-25mg tab</i>             | 40 | <i>azelaic acid 15% gel</i>                                | 66 | <i>benazepril 40mg tab</i>                          | 35 |
| <i>atropine sulfate 1% ophth soln</i>                 | 83 | <i>azelastine 0.05% ophth soln</i>                         | 83 | <i>benazepril 5mg tab</i>                           | 35 |
| <i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i> | 32 | <i>azelastine 0.1% (137mcg/act) nasal inhaler</i>          | 81 | <i>benazepril/hydrochlorothiazide 10-12.5mg tab</i> | 37 |
| ATROVENT 17MCG HFA INHALER                            | 19 | <i>azithromycin 20mg/ml oral susp</i>                      | 38 | <i>benazepril/hydrochlorothiazide 20-12.5mg tab</i> | 37 |
| ATTRUBY 356MG TAB                                     | 59 | <i>azithromycin 250mg pack (6)</i>                         | 38 | <i>benazepril/hydrochlorothiazide 20-25mg tab</i>   | 37 |
| <i>aubra tab 28-day pack</i>                          | 69 | <i>azithromycin 250mg tab</i>                              | 38 | <i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>  | 37 |
| AUGTYRO 160MG CAP                                     | 43 | <i>azithromycin 40mg/ml oral susp</i>                      | 38 | BENLYSTA 200MG/ML AUTO-INJECTOR                     | 79 |
| AUGTYRO 40MG CAP                                      | 43 | <i>azithromycin 500mg inj</i>                              | 38 | BENLYSTA 200MG/ML SYRINGE                           | 79 |
| AUSTEDO 12MG TAB                                      | 86 | <i>azithromycin 500mg tab</i>                              | 38 | <i>benztropine mesylate 0.5mg tab</i>               | 48 |
| AUSTEDO 6MG TAB                                       | 86 | <i>azithromycin 500mg tab pack (3)</i>                     | 38 | <i>benztropine mesylate 1mg tab</i>                 | 48 |
| AUSTEDO 9MG TAB                                       | 86 | <i>azithromycin 600mg tab</i>                              | 38 | <i>benztropine mesylate 2mg tab</i>                 | 48 |
| AUSTEDO XR 12MG TAE                                   | 86 | <i>aztreonam 1gm inj</i>                                   | 38 | BERINERT 500UNIT INJ                                | 76 |
| AUSTEDO XR 18MG TAE                                   | 86 | <i>aztreonam 2gm inj</i>                                   | 38 | BESREMI 500MCG/ML SYRINGE                           | 47 |
| AUSTEDO XR 24MG TAE                                   | 86 | <i>azurette 28 day pack</i>                                | 69 | <i>betaine 1gm powder for oral soln</i>             | 68 |
| AUSTEDO XR 30MG TAE                                   | 86 | <b>B</b>   |    | <i>betamethasone 0.05% aug cream</i>                | 64 |
| AUSTEDO XR 36MG TAE                                   | 86 | BACITRACIN   | 82 | <i>betamethasone 0.05% aug lotion</i>               | 64 |
| AUSTEDO XR 42MG TAE                                   | 86 | 500UNIT/GM OPHTH OINTMENT                                  |    | <i>betamethasone 0.05% aug ointment</i>             | 64 |
| AUSTEDO XR 48MG TAE                                   | 86 | <i>bacitracin/polymyxin b 0.5-10unit/mg ophth ointment</i> | 82 | <i>betamethasone 0.05% cream</i>                    | 64 |
| AUSTEDO XR 6MG TAB                                    | 86 | <i>baclofen 10mg tab</i>                                   | 80 | BETAMETHASONE 0.05% GEL                             | 64 |
| AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK       | 87 | <i>baclofen 20mg tab</i>                                   | 80 | <i>betamethasone 0.05% lotion</i>                   | 64 |
| AUVELITY 105-45MG ER TAB                              | 26 | <i>baclofen 5mg tab</i>                                    | 81 |   |    |
| <i>aviane tab 28-day pack</i>                         | 69 | <i>balsalazide disodium 750mg cap</i>                      | 74 |   |    |
| AVMAPKI/FAKZYNJA CO-PACK (66)                         | 42 | BALVERSA 3MG TAB   | 43 |   |    |
| AVONEX 30MCG/0.5ML                                    | 87 | BALVERSA 4MG TAB   | 43 |   |    |
| AUTO-INJECTOR   |    | BALVERSA 5MG TAB   | 43 |   |    |
| AVONEX 30MCG/0.5ML SYRINGE                            | 87 | <i>balziva tab 28-day pack</i>                             | 69 |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                      |    |   |    |   |    |
|--------------------------------------|----|---|----|---|----|
| <i>betamethasone 0.05% ointment</i>  | 64 | <i>bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab</i>  | 37 | <i>brimonidine tartrate 0.2% ophth soln</i>             | 82 |
| <i>betamethasone 0.1% cream</i>      | 64 | <i>bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab</i> | 37 | <i>brimonidine tartrate/timolol 0.2-0.5% ophth soln</i> | 82 |
| <i>betamethasone 0.1% ointment</i>   | 64 | <i>bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab</i>   | 37 | BRIVIACT 100MG TAB                                      | 23 |
| BETAMETHASONE 0.1% TOPICAL LOTION    | 64 | <i>blisovi 21 fe tab 1.5/30 28-day pack</i>                   | 69 | BRIVIACT 10MG TAB                                       | 23 |
| BETASERON 0.3MG INJ                  | 87 | <i>blisovi 24 fe tab 1/20 28-day pack</i>                     | 69 | BRIVIACT 10MG/ML ORAL SOLN                              | 23 |
| BETAXOLOL 0.5% OPTH SOLN             | 82 | BOOSTRIX INJ  | 91 | BRIVIACT 25MG TAB                                       | 23 |
| <i>betaxolol 10mg tab</i>            | 57 | BOOSTRIX SYRINGE  | 91 | BRIVIACT 50MG TAB                                       | 23 |
| <i>betaxolol 20mg tab</i>            | 57 | <i>bosentan 125mg tab</i>                                     | 89 | BRIVIACT 75MG TAB                                       | 23 |
| <i>bethanechol chloride 10mg tab</i> | 93 | <i>bosentan 62.5mg tab</i>                                    | 89 | <i>bromocriptine 2.5mg tab</i>                          | 48 |
| <i>bethanechol chloride 25mg tab</i> | 93 | BOSULIF 100MG CAP   | 43 | <i>bromocriptine 5mg cap</i>                            | 48 |
| <i>bethanechol chloride 50mg tab</i> | 93 | BOSULIF 100MG TAB   | 43 | BRUKINSA 80MG CAP                                       | 43 |
| <i>bethanechol chloride 5mg tab</i>  | 93 | BOSULIF 400MG TAB   | 43 | <i>budesonide 0.25mg/2ml inh susp</i>                   | 20 |
| <i>bexarotene 1% gel</i>             | 63 | BOSULIF 500MG TAB   | 43 | <i>budesonide 0.5mg/2ml inh susp</i>                    | 20 |
| <i>bexarotene 75mg cap</i>           | 47 | BOSULIF 50MG CAP  | 43 | <i>budesonide 1mg/2ml inh susp</i>                      | 20 |
| BEXSERO SYRINGE                      | 93 | BRAFTOVI 75MG CAP   | 43 | <i>budesonide 2mg/act rectal foam</i>                   | 16 |
| <i>bicalutamide 50mg tab</i>         | 42 | BREO ELLIPTA 100-25MCG POWDER INHALER                         | 20 | <i>budesonide 3mg dr cap</i>                            | 61 |
| BICILLIN L-A 1200000UNIT/2ML SYRINGE | 84 | BREO ELLIPTA 200-25MCG POWDER INHALER                         | 20 | <i>budesonide 9mg er tab</i>                            | 61 |
| BICILLIN L-A 2400000UNIT/4ML SYRINGE | 84 | BREO ELLIPTA 50-25MCG POWDER INHALER                          | 20 | <i>budesonide/formoterol fumarate 160-45mcg inhaler</i> | 20 |
| BICILLIN L-A 600000UNIT/ML SYRINGE   | 84 | <i>breynga 160-4.5mcg/act inhaler</i>                         | 20 | <i>budesonide/formoterol fumarate 80-45mcg inhaler</i>  | 20 |
| BIKTARVY 30-120-15MG TAB             | 54 | <i>breynga 80-4.5mcg/act inhaler</i>                          | 20 | <i>bumetanide 0.25mg/ml inj</i>                         | 66 |
| BIKTARVY 50-200-25MG TAB             | 54 | BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER                   | 20 | <i>bumetanide 0.5mg tab</i>                             | 66 |
| <i>bimatoprost 0.03% ophth soln</i>  | 83 | <i>briellyn tab 28-day pack</i>                               | 69 | <i>bumetanide 1mg tab</i>                               | 67 |
| <i>bisoprolol fumarate 10mg tab</i>  | 57 | <i>brimonidine tartrate 0.1% ophth soln</i>                   | 82 | <i>bumetanide 2mg tab</i>                               | 67 |
| <i>bisoprolol fumarate 5mg tab</i>   | 57 | <i>brimonidine tartrate 0.15% ophth soln</i>                  | 82 | <i>buprenorphine 10mcg/hr weekly patch</i>              | 16 |
|                                      |    |   |    | <i>buprenorphine 15mcg/hr weekly patch</i>              | 16 |
|                                      |    |   |    | <i>buprenorphine 20mcg/hr weekly patch</i>              | 16 |
|                                      |    |   |    | <i>buprenorphine 2mg sl tab</i>                         | 16 |
|                                      |    |   |    | <i>buprenorphine 5mcg/hr weekly patch</i>               | 16 |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |                                       |    |  |    |
|---|----|---------------------------------------|----|--|----|
| <i>buprenorphine 7.5mcg/hr weekly patch</i>   | 16 | CALCIPOTRIENE 0.005% TOPICAL SOLN     | 64 | <i>carbamazepine 200mg tab</i>                           | 23 |
| <i>buprenorphine 8mg sl tab</i>               | 16 | <i>calcitriol 0.25mcg cap</i>         | 68 | <i>carbamazepine 20mg/ml oral susp</i>                   | 23 |
| <i>buprenorphine/naloxone 12-3mg sl film</i>  | 16 | <i>calcitriol 0.5mcg cap</i>          | 68 | <i>carbamazepine 300mg er cap</i>                        | 23 |
| <i>buprenorphine/naloxone 2-0.5mg sl film</i> | 16 | <i>calcitriol 1mcg/ml oral soln</i>   | 68 | <i>carbamazepine 400mg er tab</i>                        | 23 |
| <i>buprenorphine/naloxone 2-0.5mg sl tab</i>  | 16 | CALQUENCE 100MG TAB                   | 43 | <i>carbidopa 25mg tab</i>                                | 48 |
| <i>buprenorphine/naloxone 4-1mg sl film</i>   | 16 | <i>camila 0.35mg tab 28-day pack</i>  | 85 | <i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>   | 48 |
| <i>buprenorphine/naloxone 8-2mg sl film</i>   | 16 | <i>camreselo tab 91-day pack</i>      | 69 | <i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>  | 48 |
| <i>buprenorphine/naloxone 8-2mg sl tab</i>    | 16 | CAMZYOS 10MG CAP                      | 59 | <i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>    | 48 |
| <i>bupropion 100mg sr (12hr) tab</i>          | 26 | CAMZYOS 15MG CAP                      | 59 | <i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i> | 48 |
| <i>bupropion 100mg tab</i>                    | 26 | CAMZYOS 2.5MG CAP                     | 59 | <i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>  | 48 |
| <i>bupropion 150mg sr (12 hr) tab</i>         | 26 | CAMZYOS 5MG CAP                       | 59 | <i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>    | 48 |
| <i>bupropion 150mg sr (12hr) tab</i>          | 87 | <i>candesartan cilexetil 16mg tab</i> | 36 | CARBIDOPA/LEVODOPA 10-100MG ODT                          | 48 |
| <i>bupropion 200mg sr (12hr) tab</i>          | 26 | <i>candesartan cilexetil 32mg tab</i> | 36 | <i>carbidopa/levodopa 10-100mg tab</i>                   | 48 |
| <i>bupropion 75mg tab</i>                     | 26 | <i>candesartan cilexetil 4mg tab</i>  | 36 | <i>carbidopa/levodopa 25-100mg er tab</i>                | 48 |
| <i>bupropion xl 150mg (24 hr) tab</i>         | 26 | <i>candesartan cilexetil 8mg tab</i>  | 36 | CARBIDOPA/LEVODOPA 25-100MG ODT                          | 48 |
| <i>bupropion xl 300mg (24hr) tab</i>          | 26 | CAPLYTA 10.5MG CAP                    | 49 | <i>carbidopa/levodopa 25-100mg tab</i>                   | 48 |
| <i>buspirone 10mg tab</i>                     | 17 | CAPLYTA 21MG CAP                      | 49 | CARBIDOPA/LEVODOPA 25-250MG ODT                          | 48 |
| <i>buspirone 15mg tab</i>                     | 17 | CAPLYTA 42MG CAP                      | 49 | <i>carbidopa/levodopa 25-250mg tab</i>                   | 49 |
| <i>buspirone 30mg tab</i>                     | 17 | CAPRELSA 100MG TAB                    | 43 | <i>carbidopa/levodopa 50-200mg er tab</i>                | 49 |
| <i>buspirone 5mg tab</i>                      | 17 | CAPRELSA 300MG TAB                    | 43 |  |    |
| <i>buspirone 7.5mg tab</i>                    | 17 | <i>captopril 100mg tab</i>            | 35 |  |    |
|   |    | <i>captopril 12.5mg tab</i>           | 35 |  |    |
|   |    | <i>captopril 25mg tab</i>             | 35 |  |    |
|   |    | <i>captopril 50mg tab</i>             | 35 |  |    |
|   |    | <i>carbamazepine 100mg chew tab</i>   | 23 |  |    |
|   |    | <i>carbamazepine 100mg er cap</i>     | 23 |  |    |
|   |    | <i>carbamazepine 100mg er tab</i>     | 23 |  |    |
|   |    | <i>carbamazepine 200mg er cap</i>     | 23 |  |    |
|   |    | <i>carbamazepine 200mg er tab</i>     | 23 |  |    |
| <b>C</b>                                      |    |                                       |    |  |    |
| <i>cabergoline 0.5mg tab</i>                  | 69 |                                       |    |  |    |
| CABOMETYX 20MG TAE                            | 43 |                                       |    |  |    |
| CABOMETYX 40MG TAE                            | 43 |                                       |    |  |    |
| CABOMETYX 60MG TAE                            | 43 |                                       |    |  |    |
| <i>calcipotriene 0.005% cream</i>             | 64 |                                       |    |  |    |
| <i>calcipotriene 0.005% ointment</i>          | 64 |                                       |    |  |    |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |                                     |    |   |    |
|---|----|-------------------------------------|----|---|----|
| <i>carglumic acid 200mg tab for oral susp</i> | 68 | <i>cefixime 40mg/ml oral susp</i>   | 60 | <i>chlordiazepoxide 25mg cap</i>                                  | 18 |
| <i>carisoprodol 350mg tab</i>                 | 81 | <i>cefoxitin 1gm inj</i>            | 60 | <i>chlordiazepoxide 5mg cap</i>                                   | 18 |
| CARTEOLOL 1% OPHTH SOLN                       | 82 | <i>cefoxitin 200mg/ml inj</i>       | 60 | <i>chlorhexidine gluconate 0.12% mouthwash</i>                    | 62 |
| <i>cartia 120mg er (24hr) cap</i>             | 58 | <i>cefoxitin 2gm inj</i>            | 60 | CHLOROQUINE PHOSPHATE 250MG TAB                                   | 40 |
| <i>cartia 180mg er (24hr) cap</i>             | 58 | <i>cefpodoxime 100mg tab</i>        | 61 | <i>chloroquine phosphate 500mg tab</i>                            | 40 |
| <i>cartia 240mg er (24hr) cap</i>             | 58 | CEFPODOXIME 10MG/ML ORAL SUSP       | 61 | <i>chlorpromazine 100mg tab</i>                                   | 52 |
| <i>cartia 300mg er (24hr) cap</i>             | 58 | <i>cefprozil 250mg tab</i>          | 60 | CHLORPROMAZINE 100MG/ML ORAL SOLN                                 | 52 |
| <i>carvedilol 12.5mg tab</i>                  | 57 | <i>cefprozil 25mg/ml oral susp</i>  | 60 | <i>chlorpromazine 10mg tab</i>                                    | 52 |
| <i>carvedilol 25mg tab</i>                    | 57 | <i>cefprozil 500mg tab</i>          | 60 | <i>chlorpromazine 200mg tab</i>                                   | 52 |
| <i>carvedilol 3.125mg tab</i>                 | 57 | <i>cefprozil 50mg/ml oral susp</i>  | 60 | <i>chlorpromazine 25mg tab</i>                                    | 52 |
| <i>carvedilol 6.25mg tab</i>                  | 57 | <i>ceftazidime 1gm inj</i>          | 61 | CHLORPROMAZINE 30MG/ML ORAL SOLN                                  | 52 |
| <i>caspofungin acetate 50mg inj</i>           | 33 | CEFTAZIDIME 200MG/ML INJ            | 61 | <i>chlorpromazine 50mg tab</i>                                    | 52 |
| <i>caspofungin acetate 70mg inj</i>           | 33 | <i>ceftazidime 2gm inj</i>          | 61 | <i>chlorthalidone 25mg tab</i>                                    | 67 |
| CAYSTON 75MG/ML INH SOLN                      | 88 | <i>ceftriaxone 10gm inj</i>         | 61 | <i>chlorthalidone 50mg tab</i>                                    | 67 |
| CEFACLOR 250MG CAP                            | 60 | <i>ceftriaxone 1gm inj</i>          | 61 | <i>chlorzoxazone 500mg tab</i>                                    | 81 |
| CEFACLOR 500MG CAP                            | 60 | <i>ceftriaxone 250mg inj</i>        | 61 | <i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i> | 34 |
| <i>cefadroxil 100mg/ml oral susp</i>          | 60 | <i>ceftriaxone 500mg inj</i>        | 61 | <i>cholestyramine resin 4gm powder for oral susp</i>              | 34 |
| <i>cefadroxil 500mg cap</i>                   | 60 | <i>cefuroxime 1500mg inj</i>        | 60 | <i>ciclopirox 0.77% cream</i>                                     | 63 |
| <i>cefadroxil 50mg/ml oral susp</i>           | 60 | <i>cefuroxime 250mg tab</i>         | 60 | <i>ciclopirox 0.77% gel</i>                                       | 63 |
| <i>cefazolin 1000mg inj</i>                   | 60 | <i>cefuroxime 500mg tab</i>         | 60 | <i>ciclopirox 0.77% lotion</i>                                    | 63 |
| <i>cefazolin 200mg/ml inj</i>                 | 60 | <i>cefuroxime 750mg inj</i>         | 60 | <i>ciclopirox 1% shampoo</i>                                      | 63 |
| <i>cefazolin 500mg inj</i>                    | 60 | <i>celecoxib 100mg cap</i>          | 13 | <i>ciclopirox 8% topical soln</i>                                 | 63 |
| <i>cefdinir 25mg/ml oral susp</i>             | 60 | <i>celecoxib 200mg cap</i>          | 13 | CILASTATIN/IMIPENEM 250-250MG INJ                                 | 39 |
| <i>cefdinir 300mg cap</i>                     | 60 | <i>celecoxib 400mg cap</i>          | 13 | <i>cilastatin/imipenem 500-500mg inj</i>                          | 39 |
| <i>cefdinir 50mg/ml oral susp</i>             | 60 | <i>celecoxib 50mg cap</i>           | 13 | <i>cilostazol 100mg tab</i>                                       | 75 |
| <i>cefepime 1000mg inj</i>                    | 38 | <i>cephalexin 250mg cap</i>         | 60 | <i>cilostazol 50mg tab</i>  | 75 |
| <i>cefepime 2000mg inj</i>                    | 38 | <i>cephalexin 25mg/ml oral susp</i> | 60 | CIMDUO 300-300MG TAB  | 54 |
| <i>cefixime 20mg/ml oral susp</i>             | 60 | <i>cephalexin 500mg cap</i>         | 60 | <i>cimetidine 200mg tab</i>                                       | 92 |
| <i>cefixime 400mg cap</i>                     | 60 | <i>cephalexin 50mg/ml oral susp</i> | 60 | <i>cimetidine 300mg tab</i>                                       | 92 |
|   |    | <i>cevimeline 30mg cap</i>          | 62 | <i>cimetidine 400mg tab</i>                                       | 92 |
|   |    | CHEMET 100MG CAP                    | 79 |   |    |
|   |    | <i>chlordiazepoxide 10mg cap</i>    | 18 |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| <i>cimetidine 800mg tab</i>                           | 92 | <i>clindamycin 300mg/2ml inj</i>                 | 38 | <i>clomipramine 50mg cap</i>                    | 28 |
| CIMZIA 200MG INJ                                      | 13 | <i>clindamycin 300mg/50ml inj</i>                | 38 | <i>clomipramine 75mg cap</i>                    | 28 |
| CIMZIA 200MG/ML SYRINGE                               | 13 | <i>clindamycin 600mg/4ml inj</i>                 | 38 | <i>clonazepam 0.125mg odt</i>                   | 22 |
| <i>cinacalcet 30mg tab</i>                            | 68 | <i>clindamycin 600mg/50ml inj</i>                | 38 | <i>clonazepam 0.25mg odt</i>                    | 22 |
| <i>cinacalcet 60mg tab</i>                            | 68 | <i>clindamycin 75mg cap</i>                      | 38 | <i>clonazepam 0.5mg odt</i>                     | 22 |
| <i>cinacalcet 90mg tab</i>                            | 68 | <i>clindamycin 75mg/5ml oral soln</i>            | 38 | <i>clonazepam 0.5mg tab</i>                     | 22 |
| <i>ciprofloxacin 0.3% ophth soln</i>                  | 82 | <i>clindamycin 900mg/50ml inj</i>                | 38 | <i>clonazepam 1mg odt</i>                       | 22 |
| <i>ciprofloxacin 250mg tab</i>                        | 73 | <i>clindamycin 900mg/6ml inj</i>                 | 38 | <i>clonazepam 1mg tab</i>                       | 22 |
| CIPROFLOXACIN 2MG/ML INJ                              | 73 | CLINIMIX 4.25/10 INJ                             | 81 | <i>clonazepam 2mg odt</i>                       | 22 |
| <i>ciprofloxacin 500mg tab</i>                        | 73 | CLINIMIX 4.25/5 INJ                              | 81 | <i>clonazepam 2mg tab</i>                       | 22 |
| <i>ciprofloxacin 750mg tab</i>                        | 73 | CLINIMIX 5/15 INJ                                | 81 | <i>clonidine 0.1mg er tab</i>                   | 11 |
| <i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i> | 84 | CLINIMIX 5/20 INJ                                | 81 | <i>clonidine 0.1mg tab</i>                      | 36 |
| <i>citalopram 10mg tab</i>                            | 27 | <i>clinisol 15% inj</i>                          | 81 | <i>clonidine 0.1mg/24hr weekly patch</i>        | 36 |
| <i>citalopram 20mg tab</i>                            | 27 | <i>clobazam 10mg tab</i>                         | 22 | <i>clonidine 0.2mg tab</i>                      | 36 |
| <i>citalopram 2mg/ml oral soln</i>                    | 27 | <i>clobazam 2.5mg/ml oral susp</i>               | 22 | <i>clonidine 0.2mg/24hr weekly patch</i>        | 36 |
| <i>citalopram 40mg tab</i>                            | 27 | <i>clobazam 20mg tab</i>                         | 22 | <i>clonidine 0.3mg tab</i>                      | 36 |
| <i>claravis 10mg cap</i>                              | 62 | <i>clobetasol propionate 0.05% cream</i>         | 64 | <i>clonidine 0.3mg/24hr weekly patch</i>        | 36 |
| <i>claravis 20mg cap</i>                              | 62 | <i>clobetasol propionate 0.05% e cream</i>       | 64 | <i>clopidogrel 75mg tab</i>                     | 75 |
| <i>claravis 30mg cap</i>                              | 62 | <i>clobetasol propionate 0.05% foam</i>          | 64 | <i>clorazepate dipotassium 15mg tab</i>         | 18 |
| <i>claravis 40mg cap</i>                              | 62 | <i>clobetasol propionate 0.05% gel</i>           | 64 | <i>clorazepate dipotassium 3.75mg tab</i>       | 18 |
| <i>clarithromycin 250mg tab</i>                       | 38 | <i>clobetasol propionate 0.05% lotion</i>        | 64 | <i>clorazepate dipotassium 7.5mg tab</i>        | 18 |
| CLARITHROMYCIN 25MG/ML ORAL SUSP                      | 38 | <i>clobetasol propionate 0.05% ointment</i>      | 64 | <i>clotrimazole 1% cream</i>                    | 63 |
| <i>clarithromycin 500mg tab</i>                       | 38 | <i>clobetasol propionate 0.05% shampoo</i>       | 65 | <i>clotrimazole 10mg lozenge</i>                | 62 |
| CLARITHROMYCIN 50MG/ML ORAL SUSP                      | 38 | <i>clobetasol propionate 0.05% topical soln</i>  | 65 | <i>clotrimazole/betamethasone 1-0.05% cream</i> | 63 |
| <i>clindacin 1% pad</i>                               | 62 | <i>clobetasol propionate 0.05% topical spray</i> | 65 | <i>clozapine 100mg odt</i>                      | 51 |
| <i>clindamycin 1% gel</i>                             | 62 | <i>clodan 0.05% shampoo</i>                      | 65 | <i>clozapine 100mg tab</i>                      | 51 |
| <i>clindamycin 1% gel (twice-daily)</i>               | 62 | <i>clomipramine 25mg cap</i>                     | 28 | CLOZAPINE 12.5MG ODT                            | 51 |
| <i>clindamycin 1% lotion</i>                          | 62 |  |    | <i>clozapine 150mg odt</i>                      | 51 |
| <i>clindamycin 1% pad</i>                             | 62 |  |    | <i>clozapine 200mg odt</i>                      | 51 |
| <i>clindamycin 1% topical soln</i>                    | 62 |  |    | <i>clozapine 200mg tab</i>                      | 51 |
| <i>clindamycin 150mg cap</i>                          | 38 |  |    | <i>clozapine 25mg odt</i>                       | 51 |
| <i>clindamycin 2% vaginal cream</i>                   | 94 |  |    | <i>clozapine 25mg tab</i>                       | 51 |
| <i>clindamycin 300mg cap</i>                          | 38 |  |    | <i>clozapine 50mg tab</i>                       | 51 |
|   |    |  |    | COARTEM 20-120MG TAB                            | 40 |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|   |    |   |    |  |    |
|---|----|---|----|--|----|
| COBENFY 20-100MG CAP                            | 49 | COSENTYX 150MG/ML SYRINGE                       | 64 | <i>cyclosporine modified 25mg cap</i>    | 80 |
| COBENFY 20-50MG CAP                             | 49 | COSENTYX 75MG/0.5ML SYRINGE                     | 64 | <i>cyclosporine modified 50mg cap</i>    | 80 |
| COBENFY 30-125MG CAP                            | 49 | COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR       | 64 | <i>cyproheptadine 0.4mg/ml oral soln</i> | 88 |
| COBENFY CAP 28-DAY STARTER KIT PACK (56)        | 49 | COTELLIC 20MG TAB                               | 43 | <i>cyproheptadine 4mg tab</i>            | 88 |
| <i>codeine</i>                                  | 15 | CREON 120000-24000-76000UNI                     | 66 | <i>cyred tab 28-day pack</i>             | 69 |
| <i>phosphate/acetaminophen 15-300mg tab</i>     | 15 | T DR CAP  |    | CYSTADANE 1GM POWDER FOR ORAL SOLN       | 68 |
| CODEINE   | 15 | CREON 15000-3000-9500UNIT                       | 66 | CYSTADROPS 0.37% OPHTH SOLN              | 83 |
| PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN   |    | DR CAP  |    | CYSTAGON 150MG CAP                       | 74 |
| <i>codeine</i>                                  | 15 | CREON 180000-36000-114000U NIT DR CAP           | 66 | CYSTAGON 50MG CAP                        | 74 |
| <i>phosphate/acetaminophen 30-300mg tab</i>     | 15 | CREON 30000-6000-19000UNIT                      | 66 | CYSTARAN 0.44% OPHTH SOLN                | 83 |
| <i>codeine</i>                                  | 15 | DR CAP  |    |  |    |
| <i>phosphate/acetaminophen 60-300mg tab</i>     | 74 | CREON 60000-12000-38000UNIT                     | 66 | <b>D</b>                                 |    |
| <i>colchicine 0.6mg tab</i>                     | 74 | DR CAP  |    | <i>dabigatran etexilate 110mg cap</i>    | 21 |
| <i>colchicine/probenecid 0.5-500mg tab</i>      | 34 | CREON   | 66 | <i>dabigatran etexilate 150mg cap</i>    | 21 |
| <i>colesevelam 625mg tab</i>                    | 34 | <i>cromolyn sodium 20mg/ml oral soln</i>        | 73 | <i>dabigatran etexilate 75mg cap</i>     | 21 |
| <i>colestipol 1gm tab</i>                       | 34 | CROMOLYN SODIUM 4% OPHTH SOLN                   | 83 | <i>dalfampridine 10mg er tab</i>         | 87 |
| <i>colestipol 5000mg granules for oral susp</i> | 39 | <i>cryselle tab 28-day pack</i>                 | 69 | <i>danazol 100mg cap</i>                 | 16 |
| <i>colistin 75mg/ml inj</i>                     | 20 | <i>cyclobenzaprine 10mg tab</i>                 | 81 | <i>danazol 200mg cap</i>                 | 16 |
| COMBIVENT 20-100MCG/ACT INHALER                 |    | <i>cyclobenzaprine 5mg tab</i>                  | 81 | <i>danazol 50mg cap</i>                  | 16 |
| COMETRIQ CAP 100MG DAILY DOSE PACK (56)         | 43 | CYCLOPHOSPHAMIDE 25MG TAB                       | 40 | <i>dantrolene sodium 100mg cap</i>       | 81 |
| COMETRIQ CAP 140MG DAILY DOSE PACK (112)        | 43 | CYCLOPHOSPHAMIDE 50MG TAB                       | 40 | <i>dantrolene sodium 25mg cap</i>        | 81 |
| COMETRIQ CAP 60MG DAILY DOSE PACK (84)          | 43 | <i>cyclosporine 0.05% ophth susp</i>            | 83 | <i>dantrolene sodium 50mg cap</i>        | 81 |
| <i>compro 25mg rectal supp</i>                  | 52 | <i>cyclosporine 100mg cap</i>                   | 79 | <i>dapsone 100mg tab</i>                 | 40 |
| <i>constulose 10gm/15ml oral soln</i>           | 76 | <i>cyclosporine 25mg cap</i>                    | 80 | <i>dapsone 25mg tab</i>                  | 40 |
| COPIKTRA 15MG CAP                               | 43 | <i>cyclosporine modified 100mg cap</i>          | 80 | DAPTACEL INJ                             | 91 |
| COPIKTRA 25MG CAP                               | 43 | <i>cyclosporine modified 100mg/ml oral soln</i> | 80 | <i>daptomycin 500mg inj</i>              | 39 |
| COSENTYX 150MG/ML AUTO-INJECTOR                 | 64 |   |    | <i>darifenacin 15mg er tab</i>           | 92 |
|   |    |   |    | <i>darifenacin 7.5mg er tab</i>          | 92 |
|   |    |   |    | <i>darunavir 600mg tab</i>               | 54 |
|   |    |   |    | <i>darunavir 800mg tab</i>               | 54 |
|   |    |   |    | <i>dasatinib 100mg tab</i>               | 43 |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|                                 |    |                                 |    |                                 |    |
|---------------------------------|----|---------------------------------|----|---------------------------------|----|
| <i>dasatinib 140mg tab</i>      | 43 | <i>desvenlafaxine succinate</i> | 28 | DIACOMIT 500MG                  | 23 |
| <i>dasatinib 20mg tab</i>       | 43 | <i>100mg er tab</i>             |    | POWDER FOR ORAL                 |    |
| <i>dasatinib 50mg tab</i>       | 43 | <i>desvenlafaxine succinate</i> | 28 | SUSP                            |    |
| <i>dasatinib 70mg tab</i>       | 43 | <i>25mg er tab</i>              |    | <i>diazepam 10mg tab</i>        | 18 |
| <i>dasatinib 80mg tab</i>       | 43 | <i>desvenlafaxine succinate</i> | 28 | <i>diazepam 10mg/2ml</i>        | 22 |
| DAURISMO 100MG TAB              | 41 | <i>50mg er tab</i>              |    | <i>rectal gel</i>               |    |
| DAURISMO 25MG TAB               | 41 | DEXAMETHASONE                   | 61 | <i>diazepam 1mg/ml oral</i>     | 18 |
| <i>deblitane 0.35mg tab</i>     | 85 | 0.1MG/ML ORAL SOLN              |    | <i>soln</i>                     |    |
| <i>28-day pack</i>              |    | <i>dexamethasone 0.5mg tab</i>  | 61 | DIAZEPAM                        | 22 |
| <i>deferasirox 180mg tab</i>    | 79 | <i>dexamethasone 0.75mg</i>     | 61 | 2.5MG/0.5ML RECTAL              |    |
| <i>deferasirox 360mg tab</i>    | 79 | <i>tab</i>                      |    | GEL                             |    |
| <i>deferasirox 90mg tab</i>     | 79 | <i>dexamethasone 1.5mg tab</i>  | 61 | <i>diazepam 20mg/4ml</i>        | 22 |
| DELSTRIGO                       | 54 | <i>dexamethasone 1mg tab</i>    | 61 | <i>rectal gel</i>               |    |
| 100-300-300MG TAB               |    | <i>dexamethasone 2mg tab</i>    | 61 | <i>diazepam 2mg tab</i>         | 18 |
| DEPO-SUBQ PROVERA               | 85 | <i>dexamethasone 4mg tab</i>    | 61 | <i>diazepam 5mg tab</i>         | 18 |
| 104MG/0.65ML                    |    | <i>dexamethasone 6mg tab</i>    | 61 | <i>diazepam 5mg/ml oral</i>     | 18 |
| SYRINGE                         |    | DEXAMETHASONE                   | 83 | <i>soln</i>                     |    |
| <i>depo-testosterone</i>        | 16 | PHOSPHATE 0.1%                  |    | <i>diazoxide 50mg/ml oral</i>   | 30 |
| <i>100mg/ml inj</i>             |    | OPHTH SOLN                      |    | <i>susp</i>                     |    |
| <i>depo-testosterone</i>        | 16 | <i>dexamethasone/neomycin</i>   | 83 | <i>diclofenac potassium</i>     | 13 |
| <i>200mg/ml inj</i>             |    | <i>/polymyxin b 0.1% ophth</i>  |    | <i>50mg tab</i>                 |    |
| DESCOVY 120-15MG                | 54 | <i>ointment</i>                 |    | <i>diclofenac sodium 0.1%</i>   | 83 |
| TAB                             |    | <i>dexamethasone/tobramyc</i>   | 83 | <i>ophth soln</i>               |    |
| DESCOVY 200-25MG                | 54 | <i>in 0.3-0.1% ophth susp</i>   |    | <i>diclofenac sodium 1.5%</i>   | 13 |
| TAB                             |    | <i>dexlansoprazole 30mg dr</i>  | 92 | <i>topical soln</i>             |    |
| <i>desipramine 100mg tab</i>    | 28 | <i>cap</i>                      |    | <i>diclofenac sodium 100mg</i>  | 13 |
| <i>desipramine 10mg tab</i>     | 28 | <i>dexlansoprazole 60mg dr</i>  | 92 | <i>er tab</i>                   |    |
| <i>desipramine 150mg tab</i>    | 28 | <i>cap</i>                      |    | <i>diclofenac sodium 25mg</i>   | 13 |
| <i>desipramine 25mg tab</i>     | 28 | <i>dexmethylphenidate</i>       | 11 | <i>dr tab</i>                   |    |
| <i>desipramine 50mg tab</i>     | 28 | <i>10mg tab</i>                 |    | <i>diclofenac sodium 3% gel</i> | 63 |
| <i>desipramine 75mg tab</i>     | 29 | <i>dexmethylphenidate</i>       | 11 | <i>diclofenac sodium 50mg</i>   | 14 |
| <i>desloratadine 5mg tab</i>    | 88 | <i>2.5mg tab</i>                |    | <i>dr tab</i>                   |    |
| <i>desmopressin acetate</i>     | 69 | <i>dexmethylphenidate 5mg</i>   | 11 | <i>diclofenac sodium 75mg</i>   | 14 |
| <i>0.01% (0.01mg/act) nasal</i> |    | <i>tab</i>                      |    | <i>dr tab</i>                   |    |
| <i>spray</i>                    |    | <i>dextroamphetamine</i>        | 11 | <i>dicloxacillin 250mg cap</i>  | 85 |
| <i>desmopressin acetate</i>     | 69 | <i>sulfate 10mg tab</i>         |    | <i>dicloxacillin 500mg cap</i>  | 85 |
| <i>0.1mg tab</i>                |    | <i>dextroamphetamine</i>        | 11 | <i>dicyclomine 10mg cap</i>     | 92 |
| <i>desmopressin acetate</i>     | 69 | <i>sulfate 5mg tab</i>          |    | <i>dicyclomine 20mg tab</i>     | 92 |
| <i>0.2mg tab</i>                |    | DEXTROSE 10% INJ                | 81 | <i>dicyclomine 2mg/ml oral</i>  | 92 |
| <i>desonide 0.05% ointment</i>  | 65 | DIACOMIT 250MG CAP              | 23 | <i>soln</i>                     |    |
| <i>desoximetasone 0.25%</i>     | 65 | DIACOMIT 250MG                  | 23 | DIFICID 200MG TAB               | 39 |
| <i>cream</i>                    |    | POWDER FOR ORAL                 |    | DIFICID 40MG/ML ORAL            | 39 |
| <i>desoximetasone 0.25%</i>     | 65 | SUSP                            |    | SUSP                            |    |
| <i>ointment</i>                 |    | DIACOMIT 500MG CAP              | 23 | <i>diflunisal 500mg tab</i>     | 14 |

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## ALPHABETICAL LISTING OF DRUGS

|  |    |   |    |   |    |
|--|----|---|----|---|----|
| <i>difluprednate 0.05% ophth susp</i>                      | 83 | <i>disulfiram 250mg tab</i>   | 86 | DOVATO 50-300MG TAB                             | 54 |
| <i>digoxin 0.125mg tab</i>                                 | 59 | <i>disulfiram 500mg tab</i>   | 86 | <i>doxazosin 1mg tab</i>                        | 36 |
| <i>digoxin 0.25mg tab</i>                                  | 59 | <i>divalproex sodium 125mg dr cap</i>                                     | 26 | <i>doxazosin 2mg tab</i>                        | 36 |
| <i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>  | 77 | <i>divalproex sodium 125mg dr tab</i>                                     | 26 | <i>doxazosin 4mg tab</i>                        | 36 |
| <i>dilt 120mg er (24hr) cap</i>                            | 58 | <i>divalproex sodium 250mg dr tab</i>                                     | 26 | <i>doxazosin 8mg tab</i>                        | 36 |
| <i>dilt 180mg er (24hr) cap</i>                            | 58 | <i>divalproex sodium 250mg er tab</i>                                     | 26 | <i>doxepin 100mg cap</i>                        | 29 |
| <i>dilt 240mg er (24hr) cap</i>                            | 58 | <i>divalproex sodium 500mg dr tab</i>                                     | 26 | <i>doxepin 10mg cap</i>                         | 29 |
| <i>diltiazem 120mg er (12hr) cap</i>                       | 58 | <i>divalproex sodium 500mg er tab</i>                                     | 26 | <i>doxepin 10mg/ml oral soln</i>                | 29 |
| <i>diltiazem 120mg er (24hr) cap</i>                       | 58 | <i>dofetilide 0.125mg cap</i>   | 18 | <i>doxepin 150mg cap</i>                        | 29 |
| <i>diltiazem 120mg tab</i>                                 | 58 | <i>dofetilide 0.25mg cap</i>  | 19 | <i>doxepin 25mg cap</i>                         | 29 |
| <i>diltiazem 180mg er (24hr) cap</i>                       | 58 | <i>dofetilide 0.5mg cap</i>   | 19 | <i>doxepin 50mg cap</i>                         | 29 |
| <i>diltiazem 240mg er (24hr) cap</i>                       | 58 | <i>donepezil 10mg odt</i>   | 86 | <i>doxepin 75mg cap</i>                         | 29 |
| <i>diltiazem 300mg er (24hr) cap</i>                       | 58 | <i>donepezil 10mg tab</i>   | 86 | <i>doxy 100mg inj</i>                           | 90 |
| <i>diltiazem 30mg tab</i>                                  | 58 | <i>donepezil 23mg tab</i>   | 86 | <i>doxycycline hyclate 100mg cap</i>            | 90 |
| <i>diltiazem 360mg er (24hr) cap</i>                       | 58 | <i>donepezil 5mg odt</i>  | 86 | <i>doxycycline hyclate 100mg inj</i>            | 90 |
| <i>diltiazem 420mg er (24hr) cap</i>                       | 58 | <i>donepezil 5mg tab</i>  | 86 | <i>doxycycline hyclate 100mg tab</i>            | 90 |
| <i>diltiazem 60mg er (12hr) cap</i>                        | 58 | DOPTELET 20MG TAB   | 75 | <i>doxycycline hyclate 20mg tab</i>             | 90 |
| <i>diltiazem 60mg tab</i>                                  | 58 | DOPTELET TAB 40MG   | 75 | <i>doxycycline hyclate 50mg cap</i>             | 90 |
| <i>diltiazem 90mg er (12hr) cap</i>                        | 58 | DAILY DOSE PACK (10)  |    | <i>doxycycline monohydrate 100mg cap</i>        | 90 |
| <i>diltiazem 90mg tab</i>                                  | 58 | DOPTELET TAB 60MG   | 75 | <i>doxycycline monohydrate 100mg tab</i>        | 90 |
| <i>dimethyl fumarate 120mg dr cap</i>                      | 87 | DAILY DOSE PACK (15)  |    | <i>doxycycline monohydrate 50mg cap</i>         | 90 |
| <i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i> | 87 | <i>dorzolamide 2% ophth soln</i>  | 83 | <i>doxycycline monohydrate 50mg tab</i>         | 90 |
| <i>dimethyl fumarate 240mg dr cap</i>                      | 87 | <i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>                       | 82 | <i>doxycycline monohydrate 5mg/ml oral susp</i> | 90 |
| <i>dipyridamole 25mg tab</i>                               | 75 | <i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i> | 82 | DRIZALMA 20MG DR                                | 28 |
| <i>dipyridamole 50mg tab</i>                               | 75 | <i>dotti 0.025mg/24hr twice weekly patch</i>                              | 72 | SPRINKLE CAP                                    |    |
| <i>dipyridamole 75mg tab</i>                               | 75 | <i>dotti 0.0375mg/24hr twice weekly patch</i>                             | 72 | DRIZALMA 30MG DR                                | 28 |
| <i>disopyramide 100mg cap</i>                              | 18 | <i>dotti 0.05mg/24hr twice weekly patch</i>                               | 72 | SPRINKLE CAP                                    |    |
| <i>disopyramide 150mg cap</i>                              | 18 | <i>dotti 0.075mg/24hr twice weekly patch</i>                              | 72 | DRIZALMA 40MG DR                                | 28 |
|  |    | <i>dotti 0.1mg/24hr twice weekly patch</i>                                | 72 | SPRINKLE CAP                                    |    |
|  |    |   |    | DRIZALMA 60MG DR                                | 28 |
|  |    |   |    | SPRINKLE CAP                                    |    |
|  |    |   |    | dronabinol 10mg cap                             | 33 |
|  |    |   |    | dronabinol 2.5mg cap                            | 33 |

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## ALPHABETICAL LISTING OF DRUGS

|                                   |    |                                  |    |                                    |    |
|-----------------------------------|----|----------------------------------|----|------------------------------------|----|
| <i>dronabinol 5mg cap</i>         | 33 | EFAVIRENZ/LAMIVUDIN              | 54 | EMSAM 9MG/24HR                     | 26 |
| <i>drospirenone/ethinyl</i>       | 69 | E/TENOFOVIR                      |    | PATCH                              |    |
| <i>estradiol/inert</i>            |    | DISOPROXIL                       |    | <i>emtricitabine 200mg cap</i>     | 54 |
| <i>ingredients 3-0.02-1mg</i>     |    | FUMARATE                         |    | <i>emtricitabine/rilpivirine/t</i> | 54 |
| <i>tab 28-day pack</i>            |    | 400-300-300MG TAB                |    | <i>enofovir disoproxil</i>         |    |
| <i>drospirenone/ethinyl</i>       | 69 | <i>efavirenz/lamivudine/teno</i> | 54 | <i>fumarate 200-25-300mg</i>       |    |
| <i>estradiol/inert</i>            |    | <i>fovir disoproxil fumarate</i> |    | <i>tab</i>                         |    |
| <i>ingredients 3-0.03-1mg</i>     |    | <i>600-300-300mg tab</i>         |    | <i>emtricitabine/tenofovir</i>     | 54 |
| <i>tab 28-day pack</i>            |    | <i>electrolyte-148 inj</i>       | 78 | <i>disoproxil fumarate</i>         |    |
| <i>droxidopa 100mg cap</i>        | 59 | ELIGARD 22.5MG                   | 42 | <i>100-150mg tab</i>               |    |
| <i>droxidopa 200mg cap</i>        | 59 | SYRINGE                          |    | <i>emtricitabine/tenofovir</i>     | 54 |
| <i>droxidopa 300mg cap</i>        | 59 | ELIGARD 30MG                     | 42 | <i>disoproxil fumarate</i>         |    |
| DULERA 100-5MCG                   | 20 | SYRINGE                          |    | <i>133-200mg tab</i>               |    |
| INHALER                           |    | ELIGARD 45MG                     | 42 | <i>emtricitabine/tenofovir</i>     | 54 |
| DULERA 200-5MCG                   | 20 | SYRINGE                          |    | <i>disoproxil fumarate</i>         |    |
| INHALER                           |    | ELIGARD 7.5MG                    | 42 | <i>167-250mg tab</i>               |    |
| DULERA 50-5MCG                    | 20 | SYRINGE                          |    | <i>emtricitabine/tenofovir</i>     | 54 |
| INHALER                           |    | ELIQUIS 2.5MG TAB                | 21 | <i>disoproxil fumarate</i>         |    |
| <i>duloxetine 20mg dr cap</i>     | 28 | ELIQUIS 5MG 30-DAY               | 21 | <i>200-300mg tab</i>               |    |
| <i>duloxetine 30mg dr cap</i>     | 28 | STARTER PACK (74)                |    | EMTRIVA 10MG/ML                    | 54 |
| <i>duloxetine 60mg dr cap</i>     | 28 | ELIQUIS 5MG TAB                  | 21 | ORAL SOLN                          |    |
| DUPIXENT                          | 19 | ELMIRON 100MG CAP                | 74 | <i>enalapril maleate 10mg</i>      | 35 |
| 200MG/1.14ML                      |    | <i>eltrombopag 12.5mg</i>        | 75 | <i>tab</i>                         |    |
| AUTO-INJECTOR                     |    | <i>powder for oral susp</i>      |    | <i>enalapril maleate 2.5mg</i>     | 35 |
| DUPIXENT                          | 19 | <i>eltrombopag 12.5mg tab</i>    | 75 | <i>tab</i>                         |    |
| 200MG/1.14ML                      |    | <i>eltrombopag 25mg</i>          | 75 | <i>enalapril maleate 20mg</i>      | 35 |
| SYRINGE                           |    | <i>powder for oral susp</i>      |    | <i>tab</i>                         |    |
| DUPIXENT 300MG/2ML                | 19 | <i>eltrombopag 25mg tab</i>      | 75 | <i>enalapril maleate 5mg</i>       | 35 |
| AUTO-INJECTOR                     |    | <i>eltrombopag 50mg tab</i>      | 75 | <i>tab</i>                         |    |
| DUPIXENT 300MG/2ML                | 19 | <i>eltrombopag 75mg tab</i>      | 75 | <i>enalapril</i>                   | 37 |
| SYRINGE                           |    | <i>eluryng</i>                   | 69 | <i>maleate/hydrochlorothiaz</i>    |    |
| <i>dutasteride 0.5mg cap</i>      | 74 | <i>0.120-0.015mg/24hr</i>        |    | <i>ide 10-25mg tab</i>             |    |
| <hr/>                             |    | <i>vaginal system</i>            |    | <i>enalapril</i>                   | 37 |
| <b>E</b>                          |    | EMGALITY 100MG/ML                | 77 | <i>maleate/hydrochlorothiaz</i>    |    |
| <i>econazole nitrate 1%</i>       | 63 | SYRINGE                          |    | <i>ide 5-12.5mg tab</i>            |    |
| <i>cream</i>                      |    | EMGALITY 120MG/ML                | 77 | ENBREL 25MG/0.5ML                  | 13 |
| EDURANT 2.5MG TAB                 | 54 | AUTO-INJECTOR                    |    | INJ                                |    |
| FOR ORAL SUSP                     |    | EMGALITY 120MG/ML                | 77 | ENBREL 25MG/0.5ML                  | 13 |
| EDURANT 25MG TAB                  | 54 | SYRINGE                          |    | SYRINGE                            |    |
| <i>efavirenz 600mg tab</i>        | 54 | EMSAM 12MG/24HR                  | 26 | ENBREL 50MG/ML                     | 13 |
| <i>efavirenz/emtricitabine/te</i> | 54 | PATCH                            |    | AUTO-INJECTOR                      |    |
| <i>nofovir disoproxil</i>         |    | EMSAM 6MG/24HR                   | 26 | ENBREL 50MG/ML                     | 13 |
| <i>fumarate 600-200-300mg</i>     |    | PATCH                            |    | CARTRIDGE                          |    |
| <i>tab</i>                        |    |                                  |    |                                    |    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| ENBREL 50MG/ML SYRINGE                              | 13 | <i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i> | 20 | <i>eslicarbazepine acetate 200mg tab</i>          | 23 |
| <i>endocet 10-325mg tab</i>                         | 15 | <i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>  | 20 | <i>eslicarbazepine acetate 400mg tab</i>          | 23 |
| <i>endocet 2.5-325mg tab</i>                        | 15 | <i>epitol 200mg tab</i>                               | 23 | <i>eslicarbazepine acetate 600mg tab</i>          | 23 |
| <i>endocet 5-325mg tab</i>                          | 15 | <i>eplerenone 25mg tab</i>                            | 38 | <i>eslicarbazepine acetate 800mg tab</i>          | 23 |
| <i>endocet 7.5-325mg tab</i>                        | 15 | EPRONTIA 25MG/ML ORAL SOLN                            | 23 | <i>esomeprazole 20mg dr cap</i>                   | 92 |
| ENGERIX-B 10MCG/0.5ML SYRINGE                       | 93 | ERIVEDGE 150MG CAP                                    | 42 | <i>esomeprazole 40mg dr cap</i>                   | 92 |
| ENGERIX-B 20MCG/ML INJ                              | 93 | ERLEADA 240MG TAB                                     | 42 | <i>estarylla tab 28-day pack</i>                  | 69 |
| <i>enilloring 0.120-0.015mg/24hr vaginal system</i> | 69 | ERLEADA 60MG TAB                                      | 42 | <i>estradiol 0.0025mg/hr weekly patch</i>         | 72 |
| <i>enoxaparin sodium 100mg/1ml syringe</i>          | 22 | <i>erlotinib 100mg tab</i>                            | 41 | <i>estradiol 0.01% vaginal cream</i>              | 94 |
| <i>enoxaparin sodium 120mg/0.8ml syringe</i>        | 22 | <i>erlotinib 150mg tab</i>                            | 41 | <i>estradiol 0.01mg vaginal insert</i>            | 94 |
| <i>enoxaparin sodium 150mg/1ml syringe</i>          | 22 | <i>erlotinib 25mg tab</i>                             | 41 | <i>estradiol 0.01mg/24hr twice weekly patch</i>   | 72 |
| <i>enoxaparin sodium 30mg/0.3ml syringe</i>         | 22 | <i>errin 0.35mg tab 28-day pack</i>                   | 85 | <i>estradiol 0.01mg/24hr weekly patch</i>         | 72 |
| <i>enoxaparin sodium 40mg/0.4ml syringe</i>         | 22 | <i>ertapenem 1gm inj</i>                              | 39 | <i>estradiol 0.025mg/24hr twice weekly patch</i>  | 72 |
| <i>enoxaparin sodium 60mg/0.6ml syringe</i>         | 22 | ERY 2% PAD  | 62 | <i>estradiol 0.025mg/24hr weekly patch</i>        | 72 |
| <i>enoxaparin sodium 80mg/0.8ml syringe</i>         | 22 | <i>erythromycin 0.5% ophth ointment</i>               | 82 | <i>estradiol 0.0375mg/24hr twice weekly patch</i> | 72 |
| <i>enpresse tab 28-day pack</i>                     | 69 | <i>erythromycin 2% gel</i>                            | 62 | <i>estradiol 0.0375mg/24hr weekly patch</i>       | 72 |
| <i>enskyce tab 28-day pack</i>                      | 69 | <i>erythromycin 2% topical soln</i>                   | 62 | <i>estradiol 0.05mg/24hr twice weekly patch</i>   | 72 |
| <i>entacapone 200mg tab</i>                         | 48 | <i>erythromycin 250mg dr tab</i>                      | 39 | <i>estradiol 0.05mg/24hr weekly patch</i>         | 72 |
| <i>entecavir 0.5mg tab</i>                          | 56 | <i>erythromycin 250mg tab</i>                         | 39 | <i>estradiol 0.075mg/24hr twice weekly patch</i>  | 72 |
| <i>entecavir 1mg tab</i>                            | 56 | <i>erythromycin 333mg dr tab</i>                      | 39 | <i>estradiol 0.075mg/24hr weekly patch</i>        | 72 |
| <i>enulose 10gm/15ml oral soln</i>                  | 73 | <i>erythromycin 500mg dr tab</i>                      | 39 | <i>estradiol 0.075mg/24hr twice weekly patch</i>  | 72 |
| ENVARUSUS XR 0.75MG TAB                             | 80 | <i>erythromycin 500mg tab</i>                         | 39 | <i>estradiol 0.5mg tab</i>                        | 73 |
| ENVARUSUS XR 1MG TAB                                | 80 | <i>erythromycin</i>                                   | 39 | <i>estradiol 1mg tab</i>                          | 73 |
| ENVARUSUS XR 4MG TAB                                | 80 | <i>ethylsuccinate 40mg/ml oral susp</i>               | 39 | <i>estradiol 2mg tab</i>                          | 73 |
| EPIDIOLEX 100MG/ML ORAL SOLN                        | 23 | <i>erythromycin</i>                                   | 39 | <i>estradiol valerate 10mg/ml inj</i>             | 73 |
|   |    | <i>escitalopram 10mg tab</i>                          | 27 |   |    |
|   |    | <i>escitalopram 1mg/ml oral soln</i>                  | 27 |   |    |
|   |    | <i>escitalopram 20mg tab</i>                          | 27 |   |    |
|   |    | <i>escitalopram 5mg tab</i>                           | 27 |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                  |    |                                  |    |                                |    |
|----------------------------------|----|----------------------------------|----|--------------------------------|----|
| <i>estradiol valerate</i>        | 73 | <i>ethinyl estradiol/inert</i>   | 70 | <i>etravirine 200mg tab</i>    | 54 |
| <i>20mg/ml inj</i>               |    | <i>ingredients/levonorgestre</i> |    | <i>EULEXIN 125MG CAP</i>       | 42 |
| <i>estradiol valerate</i>        | 73 | <i>l 0.02-1-0.1mg tab 28-day</i> |    | <i>everolimus 0.25mg tab</i>   | 80 |
| <i>40mg/ml inj</i>               |    | <i>pack</i>                      |    | <i>everolimus 0.5mg tab</i>    | 80 |
| <i>estradiol/norethindrone</i>   | 69 | <i>ethinyl estradiol/inert</i>   | 70 | <i>everolimus 0.75mg tab</i>   | 80 |
| <i>acetate 0.5-0.1mg 28-day</i>  |    | <i>ingredients/levonorgestre</i> |    | <i>everolimus 10mg tab</i>     | 43 |
| <i>pack</i>                      |    | <i>l 0.03-1-0.15mg tab</i>       |    | <i>everolimus 1mg tab</i>      | 80 |
| <i>estradiol/norethindrone</i>   | 69 | <i>28-day pack</i>               |    | <i>everolimus 2.5mg tab</i>    | 43 |
| <i>acetate 1-0.5mg 28-day</i>    |    | <i>ethinyl estradiol/inert</i>   | 70 | <i>everolimus 2mg tab for</i>  | 43 |
| <i>pack</i>                      |    | <i>ingredients/levonorgestre</i> |    | <i>oral susp</i>               |    |
| <i>eszopiclone 1mg tab</i>       | 75 | <i>l 0.03-1-0.15mg tab</i>       |    | <i>everolimus 3mg tab for</i>  | 43 |
| <i>eszopiclone 2mg tab</i>       | 76 | <i>91-day pack</i>               |    | <i>oral susp</i>               |    |
| <i>eszopiclone 3mg tab</i>       | 76 | <i>ethinyl estradiol/inert</i>   | 70 | <i>everolimus 5mg tab</i>      | 43 |
| <i>ethambutol 100mg tab</i>      | 40 | <i>ingredients/norgestimate</i>  |    | <i>everolimus 5mg tab for</i>  | 43 |
| <i>ethambutol 400mg tab</i>      | 40 | <i>0.035-1-0.25mg tab</i>        |    | <i>oral susp</i>               |    |
| <i>ethinyl estradiol/ethinyl</i> | 70 | <i>28-day pack</i>               |    | <i>everolimus 7.5mg tab</i>    | 44 |
| <i>estradiol/levonorgestrel</i>  |    | <i>ethinyl</i>                   | 70 | <i>EVOTAZ 300-150MG</i>        | 54 |
| <i>0.01-0.02-0.1mg tab</i>       |    | <i>estradiol/norethindrone</i>   |    | <i>TAB</i>                     |    |
| <i>91-day pack</i>               |    | <i>acetate 0.0025-0.5mg</i>      |    | <i>EVRYSDI 0.75MG/ML</i>       | 81 |
| <i>ethinyl estradiol/ethinyl</i> | 70 | <i>pack</i>                      |    | <i>ORAL SOLN</i>               |    |
| <i>estradiol/levonorgestrel</i>  |    | <i>ethinyl</i>                   | 70 | <i>EVRYSDI 5MG TAB</i>         | 81 |
| <i>0.01-0.03-0.15mg tab</i>      |    | <i>estradiol/norethindrone</i>   |    | <i>exemestane 25mg tab</i>     | 42 |
| <i>91-day pack</i>               |    | <i>acetate 0.005-1mg 28-day</i>  |    | <i>ezetimibe 10mg tab</i>      | 33 |
| <i>ethinyl</i>                   | 70 | <i>pack</i>                      |    |                                |    |
| <i>estradiol/ethynodiol</i>      |    | <i>ethinyl</i>                   | 70 | <b>F</b>                       |    |
| <i>diacetate/inert</i>           |    | <i>estradiol/norethindrone</i>   |    | <i>falmina tab 28-day pack</i> | 70 |
| <i>ingredients 0.035-1-1mg</i>   |    | <i>acetate 0.02-1mg tab</i>      |    | <i>famciclovir 125mg tab</i>   | 56 |
| <i>tab 28-day pack</i>           |    | <i>21-day pack</i>               |    | <i>famciclovir 250mg tab</i>   | 56 |
| <i>ethinyl</i>                   | 70 | <i>ethinyl</i>                   | 70 | <i>famciclovir 500mg tab</i>   | 56 |
| <i>estradiol/ethynodiol</i>      |    | <i>estradiol/norgestimate</i>    |    | <i>famotidine 20mg tab</i>     | 92 |
| <i>diacetate/inert</i>           |    | <i>0.18-25/0.215-25/0.25-25</i>  |    | <i>famotidine 40mg tab</i>     | 92 |
| <i>ingredients 0.05-1-1mg</i>    |    | <i>mg-mcg tab 28-day pack</i>    |    | <i>FANAPT 10MG TAB</i>         | 50 |
| <i>tab 28-day pack</i>           |    | <i>ethinyl</i>                   | 70 | <i>FANAPT 12MG TAB</i>         | 50 |
| <i>ethinyl</i>                   | 70 | <i>estradiol/norgestimate</i>    |    | <i>FANAPT 1MG TAB</i>          | 50 |
| <i>estradiol/etonogestrel</i>    |    | <i>0.18-35/0.215-35/0.25-35</i>  |    | <i>FANAPT 2MG TAB</i>          | 50 |
| <i>0.120-0.015 mg/24hr</i>       |    | <i>mg-mcg tab 28-day pack</i>    |    | <i>FANAPT 4MG TAB</i>          | 50 |
| <i>vaginal system</i>            |    | <i>ethosuximide 250mg cap</i>    | 26 | <i>FANAPT 6MG TAB</i>          | 50 |
| <i>ethinyl estradiol/ferrous</i> | 70 | <i>ethosuximide 50mg/ml</i>      | 26 | <i>FANAPT 8MG TAB</i>          | 50 |
| <i>fumarate/norethindrone</i>    |    | <i>oral soln</i>                 |    | <i>FANAPT TAB TITRATION</i>    | 50 |
| <i>acetate 0.02-75-1mg tab</i>   |    | <i>etodolac 200mg cap</i>        | 14 | <i>PACK (8)</i>                |    |
| <i>28-day pack</i>               |    | <i>etodolac 300mg cap</i>        | 14 | <i>FARXIGA 10MG TAB</i>        | 31 |
|                                  |    | <i>etodolac 400mg tab</i>        | 14 | <i>FARXIGA 5MG TAB</i>         | 31 |
|                                  |    | <i>etodolac 500mg tab</i>        | 14 | <i>FASENRA 10MG/0.5ML</i>      | 19 |
|                                  |    | <i>etravirine 100mg tab</i>      | 54 | <i>SYRINGE</i>                 |    |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| FASENRA 30MG/ML<br>AUTO-INJECTOR                  | 19 | FINTEPLA 2.2MG/ML<br>ORAL SOLN                             | 23 | <i>fluocinolone acetonide</i><br><i>0.025% ointment</i> | 65 |
| FASENRA 30MG/ML<br>SYRINGE                        | 19 | <i>finzala 24 fe chewable tab</i><br><i>28-day pack</i>    | 70 | <i>fluocinonide 0.05% cream</i>                         | 65 |
| <i>febuxostat 40mg tab</i>                        | 74 | FIRDAPSE 10MG TAB  | 40 | <i>fluocinonide 0.05% e</i><br><i>cream</i>             | 65 |
| <i>febuxostat 80mg tab</i>                        | 74 | FIRMAGON 120MG INJ   | 42 | <i>fluocinonide 0.05% gel</i>                           | 65 |
| <i>feirza 1.5/30 28-day pack</i>                  | 70 | FIRMAGON 80MG INJ  | 42 | <i>fluocinonide 0.05%</i><br><i>ointment</i>            | 65 |
| <i>feirza 1/20 28-day pack</i>                    | 70 | <i>flac 0.01% otic soln</i>                                | 83 | <i>fluocinonide 0.05%</i><br><i>topical soln</i>        | 65 |
| <i>felbamate 120mg/ml oral</i><br><i>susp</i>     | 25 | <i>flavoxate 100mg tab</i>                                 | 93 | <i>fluocinonide 0.1% cream</i>                          | 65 |
| <i>felbamate 400mg tab</i>                        | 25 | <i>flecainide acetate 100mg</i><br><i>tab</i>              | 18 | <i>fluorometholone 0.1%</i><br><i>ophth susp</i>        | 83 |
| <i>felbamate 600mg tab</i>                        | 25 | <i>flecainide acetate 150mg</i><br><i>tab</i>              | 18 | FLUOROURACIL 2%<br>TOPICAL SOLN                         | 63 |
| <i>felodipine 10mg er tab</i>                     | 59 | <i>flecainide acetate 50mg</i><br><i>tab</i>               | 18 | <i>fluorouracil 5% cream</i>                            | 63 |
| <i>felodipine 2.5mg er tab</i>                    | 59 | <i>fluconazole 100mg tab</i>                               | 33 | <i>fluorouracil 5% topical</i><br><i>soln</i>           | 63 |
| <i>felodipine 5mg er tab</i>                      | 59 | <i>fluconazole 10mg/ml oral</i><br><i>susp</i>             | 33 | <i>fluoxetine 10mg cap</i>                              | 27 |
| <i>fenofibrate 134mg cap</i>                      | 34 | <i>fluconazole 150mg tab</i>                               | 33 | <i>fluoxetine 20mg cap</i>                              | 27 |
| <i>fenofibrate 145mg tab</i>                      | 34 | <i>fluconazole 200mg tab</i>                               | 33 | <i>fluoxetine 40mg cap</i>                              | 27 |
| <i>fenofibrate 160mg tab</i>                      | 34 | <i>fluconazole 200mg/100ml</i><br><i>inj</i>               | 33 | <i>fluoxetine 4mg/ml oral</i><br><i>soln</i>            | 27 |
| <i>fenofibrate 200mg cap</i>                      | 34 | <i>fluconazole 400mg/200ml</i><br><i>inj</i>               | 33 | <i>fluoxetine 60mg tab</i>                              | 27 |
| <i>fenofibrate 48mg tab</i>                       | 34 | <i>fluconazole 40mg/ml oral</i><br><i>susp</i>             | 33 | FLUPHENAZINE<br>0.5MG/ML ORAL SOLN                      | 52 |
| <i>fenofibrate 54mg tab</i>                       | 34 | <i>fluconazole 50mg tab</i>                                | 33 | <i>fluphenazine 10mg tab</i>                            | 52 |
| <i>fenofibrate 67mg cap</i>                       | 34 | <i>flucytosine 250mg cap</i>                               | 33 | <i>fluphenazine 1mg tab</i>                             | 52 |
| <i>fenofibric acid 135mg dr</i><br><i>cap</i>     | 34 | <i>flucytosine 500mg cap</i>                               | 33 | <i>fluphenazine 2.5mg tab</i>                           | 52 |
| <i>fenofibric acid 45mg dr</i><br><i>cap</i>      | 34 | <i>fludrocortisone acetate</i><br><i>0.1mg tab</i>         | 62 | FLUPHENAZINE<br>2.5MG/ML INJ                            | 52 |
| <i>fentanyl 100mcg/hr patch</i>                   | 14 | <i>flunisolide 25%</i><br><i>(25mcg/act) nasal inhaler</i> | 81 | <i>fluphenazine 5mg tab</i>                             | 52 |
| <i>fentanyl 12mcg/hr patch</i>                    | 14 | <i>fluocinolone acetonide</i><br><i>0.01% cream</i>        | 65 | FLUPHENAZINE<br>5MG/ML ORAL SOLN                        | 53 |
| <i>fentanyl 25mcg/hr patch</i>                    | 14 | <i>fluocinolone acetonide</i><br><i>0.01% otic soln</i>    | 83 | <i>fluphenazine decanoate</i><br><i>25mg/ml inj</i>     | 53 |
| <i>fentanyl 50mcg/hr patch</i>                    | 14 | <i>fluocinolone acetonide</i><br><i>0.01% topical oil</i>  | 65 | FLURBIPROFEN 100MG<br>TAB                               | 14 |
| <i>fentanyl 75mcg/hr patch</i>                    | 14 | <i>fluocinolone acetonide</i><br><i>0.01% topical soln</i> | 65 | FLURBIPROFEN<br>SODIUM 0.03% OPHTH<br>SOLN              | 83 |
| <i>fesoterodine fumarate</i><br><i>4mg er tab</i> | 92 | <i>fluocinolone acetonide</i><br><i>0.025% cream</i>       | 65 | <i>fluticasone propionate</i><br><i>0.005% ointment</i> | 65 |
| <i>fesoterodine fumarate</i><br><i>8mg er tab</i> | 92 |  |    |   |    |
| FETZIMA 120MG ER<br>CAP                           | 28 |  |    |   |    |
| FETZIMA 20MG ER CAP                               | 28 |  |    |   |    |
| FETZIMA 40MG ER CAP                               | 28 |  |    |   |    |
| FETZIMA 80MG ER CAP                               | 28 |  |    |   |    |
| FETZIMA ER CAP                                    | 28 |  |    |   |    |
| TITRATION PACK (28)                               |    |  |    |   |    |
| <i>finasteride 5mg tab</i>                        | 74 |  |    |   |    |
| <i>fingolimod 0.5mg cap</i>                       | 87 |  |    |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |   |    |  |    |
|---|----|---|----|--|----|
| <i>fluticasone propionate</i><br>0.05% cream  | 65 | <i>fosinopril sodium 20mg</i><br>tab                                    | 35 | <i>galantamine</i><br><i>hydrobromide 24mg er</i><br>cap | 86 |
| FLUTICASONE<br>PROPIONATE 110MCG<br>INHALER   | 20 | <i>fosinopril sodium 40mg</i><br>tab                                    | 35 | GALANTAMINE  | 86 |
| FLUTICASONE<br>PROPIONATE 220MCG<br>INHALER   | 20 | <i>fosinopril</i><br><i>sodium/hydrochlorothiazide</i><br>10-12.5mg tab | 37 | HYDROBROMIDE<br>4MG/ML ORAL SOLN                         |    |
| FLUTICASONE<br>PROPIONATE 44MCG<br>INHALER  | 20 | <i>fosinopril</i><br><i>sodium/hydrochlorothiazide</i><br>20-12.5mg tab | 37 | <i>galantamine</i><br><i>hydrobromide 8mg er cap</i>     | 86 |
| <i>fluticasone propionate</i><br>50mcg/act nasal inhaler                              | 81 | FOTIVDA 0.89MG CAP  | 44 | <i>gallifrey 5mg tab</i>                                 | 85 |
| <i>fluticasone</i><br><i>propionate/salmeterol</i><br>100-50mcg/act powder<br>inhaler | 20 | FOTIVDA 1.34MG CAP  | 44 | GAMUNEX 1GM/10ML<br>INJ                                  | 84 |
| <i>fluticasone</i><br><i>propionate/salmeterol</i><br>250-50mcg/act powder<br>inhaler | 21 | FRUZAQLA 1MG CAP  | 41 | GARDASIL 9 INJ   | 93 |
| <i>fluticasone</i><br><i>propionate/salmeterol</i><br>500-50mcg/act powder<br>inhaler | 21 | FRUZAQLA 5MG CAP  | 41 | GARDASIL 9 SYRINGE                                       | 93 |
| <i>fluvoxamine maleate</i><br>100mg tab   | 27 | FUROSCIX 80MG/10ML<br>CARTRIDGE   | 67 | GATTEX 5MG INJ   | 73 |
| <i>fluvoxamine maleate</i><br>25mg tab  | 27 | <i>furosemide 10mg/ml inj</i>   | 67 | GAUZE PAD (2 X 2)  | 77 |
| <i>fluvoxamine maleate</i><br>50mg tab  | 27 | <i>furosemide 10mg/ml oral</i><br>soln                                  | 67 | GAVILYTE-C POWDER<br>FOR ORAL SOLN                       | 76 |
| <i>fondaparinux sodium</i><br>10mg/0.8ml syringe                                      | 22 | <i>furosemide 20mg tab</i>  | 67 | <i>gavilyte-g powder for</i><br><i>oral soln</i>         | 76 |
| <i>fondaparinux sodium</i><br>2.5mg/0.5ml syringe                                     | 22 | <i>furosemide 40mg tab</i>  | 67 | <i>gavilyte-n powder for</i><br><i>oral soln</i>         | 76 |
| <i>fondaparinux sodium</i><br>5mg/0.4ml syringe                                       | 22 | <i>furosemide 80mg tab</i>  | 67 | GAVRETO 100MG CAP  | 44 |
| <i>fondaparinux sodium</i><br>7.5mg/0.6ml syringe                                     | 22 | FUROSEMIDE 8MG/ML<br>ORAL SOLN  | 67 | <i>gefitinib 250mg tab</i>                               | 41 |
| <i>fosamprenavir 700mg tab</i>  | 54 | <i>fyavolv 0.0025-0.5mg tab</i>   | 70 | <i>gemfibrozil 600mg tab</i>                             | 34 |
| <i>fosfomycin 3gm powder</i><br>for oral soln   | 39 | <i>fyavolv 0.005-1mg tab</i>  | 70 | GEMTESA 75MG TAB   | 93 |
| <i>fosinopril sodium 10mg</i><br>tab  | 35 | FYCOMPA 0.5MG/ML<br>ORAL SUSP   | 23 | <i>generlac 10gm/15ml oral</i><br>soln                   | 73 |
|   |    | <b>G</b>  |    |  |    |
|   |    | <i>gabapentin 100mg cap</i>   | 23 | <i>gengraf 100mg cap</i>                                 | 80 |
|   |    | <i>gabapentin 300mg cap</i>   | 23 | <i>gengraf 25mg cap</i>                                  | 80 |
|   |    | <i>gabapentin 400mg cap</i>   | 23 | <i>gentamicin 0.1% cream</i>                             | 63 |
|   |    | <i>gabapentin 50mg/ml oral</i><br>soln                                  | 23 | <i>gentamicin 0.1% ointment</i>                          | 63 |
|   |    | <i>gabapentin 600mg tab</i><br>(Neurontin equiv)                        | 23 | <i>gentamicin 0.3% ophth</i><br>soln                     | 82 |
|   |    | <i>gabapentin 800mg tab</i>   | 23 | GENTAMICIN 0.8MG/ML<br>INJ                               | 12 |
|   |    | <i>galantamine 12mg tab</i>   | 86 | GENTAMICIN 1.2MG/ML<br>INJ                               | 12 |
|   |    | <i>galantamine 4mg tab</i>  | 86 | GENTAMICIN 1.6MG/ML<br>INJ                               | 12 |
|   |    | <i>galantamine 8mg tab</i>  | 86 | GENTAMICIN 1MG/ML<br>INJ                                 | 12 |
|   |    | <i>galantamine</i><br><i>hydrobromide 16mg er</i><br>cap                | 86 | <i>gentamicin 40mg/ml inj</i>                            | 12 |
|   |    |   |    | GENVOYA  | 55 |
|   |    |   |    | 150-150-200-10MG TAB                                     |    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|                                |    |                               |    |                                  |    |
|--------------------------------|----|-------------------------------|----|----------------------------------|----|
| GILOTRIF 20MG TAB              | 41 | <i>glucose</i>                | 78 | <i>glutamine 5000mg</i>          | 75 |
| GILOTRIF 30MG TAB              | 41 | <i>50mg/ml/potassium</i>      |    | <i>powder for oral soln</i>      |    |
| GILOTRIF 40MG TAB              | 41 | <i>chloride</i>               |    | <i>glyburide 1.25mg tab</i>      | 32 |
| <i>glatiramer acetate</i>      | 87 | <i>0.02meq/ml/sodium</i>      |    | GLYBURIDE 1.5MG TAB              | 32 |
| <i>20mg/ml syringe</i>         |    | <i>chloride 2.25mg/ml inj</i> |    | <i>glyburide 2.5mg tab</i>       | 32 |
| <i>glatiramer acetate</i>      | 87 | <i>glucose</i>                | 78 | GLYBURIDE 3MG TAB                | 32 |
| <i>40mg/ml syringe</i>         |    | <i>50mg/ml/potassium</i>      |    | <i>glyburide 5mg tab</i>         | 32 |
| <i>glatopa 20mg/ml syringe</i> | 87 | <i>chloride</i>               |    | GLYBURIDE 6MG TAB                | 32 |
| <i>glatopa 40mg/ml syringe</i> | 87 | <i>0.02meq/ml/sodium</i>      |    | <i>glyburide/metformin</i>       | 29 |
| GLEOSTINE 100MG CAP            | 40 | <i>chloride 4.5mg/ml inj</i>  |    | <i>1.25-250mg tab</i>            |    |
| GLEOSTINE 10MG CAP             | 40 | <i>glucose</i>                | 78 | <i>glyburide/metformin</i>       | 29 |
| GLEOSTINE 40MG CAP             | 41 | <i>50mg/ml/potassium</i>      |    | <i>2.5-500mg tab</i>             |    |
| <i>glimepiride 1mg tab</i>     | 32 | <i>chloride</i>               |    | <i>glyburide/metformin</i>       | 29 |
| <i>glimepiride 2mg tab</i>     | 32 | <i>0.02meq/ml/sodium</i>      |    | <i>5-500mg tab</i>               |    |
| <i>glimepiride 4mg tab</i>     | 32 | <i>chloride 9mg/ml inj</i>    |    | <i>glycopyrrolate 1mg tab</i>    | 92 |
| <i>glipizide 10mg er tab</i>   | 32 | <i>glucose</i>                | 78 | <i>glycopyrrolate 2mg tab</i>    | 92 |
| <i>glipizide 10mg tab</i>      | 32 | <i>50mg/ml/potassium</i>      |    | GLYXAMBI 10-5MG TAB              | 29 |
| <i>glipizide 2.5mg er tab</i>  | 32 | <i>chloride</i>               |    | GLYXAMBI 25-5MG TAB              | 29 |
| <i>glipizide 5mg er tab</i>    | 32 | <i>0.03meq/ml/sodium</i>      |    | GOMEKLI 1MG CAP                  | 44 |
| <i>glipizide 5mg tab</i>       | 32 | <i>chloride 4.5mg/ml inj</i>  |    | GOMEKLI 1MG TAB                  | 44 |
| <i>glipizide/metformin</i>     | 29 | <i>glucose</i>                | 78 | FOR ORAL SUSP                    |    |
| <i>2.5-250mg tab</i>           |    | <i>50mg/ml/potassium</i>      |    | GOMEKLI 2MG CAP                  | 44 |
| <i>glipizide/metformin</i>     | 29 | <i>chloride</i>               |    | <i>granisetron 1mg tab</i>       | 32 |
| <i>2.5-500mg tab</i>           |    | <i>0.04meq/ml/sodium</i>      |    | <i>griseofulvin 125mg tab</i>    | 33 |
| <i>glipizide/metformin</i>     | 29 | <i>chloride 4.5mg/ml inj</i>  |    | <i>griseofulvin 250mg tab</i>    | 33 |
| <i>5-500mg tab</i>             |    | <i>glucose</i>                | 78 | <i>griseofulvin 25mg/ml oral</i> | 33 |
| GLUCOSE                        | 78 | <i>50mg/ml/potassium</i>      |    | <i>susp</i>                      |    |
| 100MG/ML/SODIUM                |    | <i>chloride</i>               |    | <i>griseofulvin 500mg tab</i>    | 33 |
| CHLORIDE 2MG/ML INJ            |    | <i>0.04meq/ml/sodium</i>      |    | <i>guanfacine 1mg er tab</i>     | 11 |
| GLUCOSE                        | 78 | <i>chloride 9mg/ml inj</i>    |    | <i>guanfacine 1mg tab</i>        | 36 |
| 100MG/ML/SODIUM                |    | GLUCOSE                       | 78 | <i>guanfacine 2mg er tab</i>     | 11 |
| CHLORIDE 4.5MG/ML              |    | 50MG/ML/SODIUM                |    | <i>guanfacine 2mg tab</i>        | 36 |
| INJ                            |    | CHLORIDE 2MG/ML INJ           |    | <i>guanfacine 3mg er tab</i>     | 11 |
| <i>glucose 50mg/ml inj</i>     | 81 | GLUCOSE                       | 78 | <i>guanfacine 4mg er tab</i>     | 11 |
| <i>glucose</i>                 | 78 | 50MG/ML/SODIUM                |    | GVOKE 0.5MG/0.1ML                | 30 |
| <i>50mg/ml/potassium</i>       |    | CHLORIDE 4.5MG/ML             |    | AUTO-INJECTOR                    |    |
| <i>chloride</i>                |    | INJ                           |    | GVOKE 1MG/0.2ML                  | 30 |
| <i>0.01meq/ml/sodium</i>       |    | <i>glucose 50mg/ml/sodium</i> | 78 | AUTO-INJECTOR                    |    |
| <i>chloride 4.5mg/ml inj</i>   |    | <i>chloride 9mg/ml inj</i>    |    | GVOKE 1MG/0.2ML INJ              | 30 |
| <i>glucose</i>                 | 78 | GLUCOSE/SODIUM                | 78 | GVOKE 1MG/0.2ML                  | 30 |
| <i>50mg/ml/potassium</i>       |    | CHLORIDE                      |    | SYRINGE                          |    |
| <i>chloride 0.02meq/ml inj</i> |    | 25MG/ML-4.5MG/ML              |    |                                  |    |
|                                |    | INJ                           |    | <b>H</b>                         |    |
|                                |    |                               |    | HADLIMA 40MG/0.4ML               | 13 |
|                                |    |                               |    | AUTO-INJECTOR                    |    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| HADLIMA 40MG/0.4ML SYRINGE                        | 13 | <i>heparin sodium porcine 1000unit/ml inj</i>  | 22 | <i>hydrochlorothiazide 12.5mg tab</i>                         | 67 |
| HADLIMA 40MG/0.8ML AUTO-INJECTOR                  | 13 | <i>heparin sodium porcine 20000unit/ml inj</i> | 22 | <i>hydrochlorothiazide 25mg tab</i>                           | 67 |
| HADLIMA 40MG/0.8ML SYRINGE                        | 13 | <i>heparin sodium porcine 5000unit/ml inj</i>  | 22 | <i>hydrochlorothiazide 50mg tab</i>                           | 67 |
| HAEGARDA 2000UNIT INJ                             | 76 | HEPLISAV-B 20MCG/0.5ML SYRINGE                 | 93 | <i>hydrochlorothiazide/irbesartan 12.5-150mg tab</i>          | 37 |
| HAEGARDA 3000UNIT INJ                             | 76 | HIBERIX 10MCG INJ                              | 93 | <i>hydrochlorothiazide/irbesartan 12.5-300mg tab</i>          | 37 |
| <i>hailey 24 fe tab 28-day pack</i>               | 70 | HUMALOG 100UNIT/ML CARTRIDGE                   | 31 | <i>hydrochlorothiazide/lisinopril 12.5-10mg tab</i>           | 37 |
| <i>halobetasol propionate 0.05% cream</i>         | 65 | HUMALOG 100UNIT/ML                             | 31 | <i>hydrochlorothiazide/lisinopril 12.5-20mg tab</i>           | 37 |
| <i>halobetasol propionate 0.05% ointment</i>      | 65 | KWIKPEN HUMALOG 200UNIT/ML                     | 31 | <i>hydrochlorothiazide/lisinopril 25-20mg tab</i>             | 37 |
| <i>haloette 0.120-0.015mg/24hr vaginal system</i> | 70 | KWIKPEN HUMALOG JUNIOR 100UNIT/ML PEN INJ      | 31 | <i>hydrochlorothiazide/losartan potassium 12.5-100mg tab</i>  | 37 |
| <i>haloperidol 0.5mg tab</i>                      | 49 | HUMALOG MIX (50/50) 100UNIT/ML PEN INJ         | 31 | <i>hydrochlorothiazide/losartan potassium 12.5-50mg tab</i>   | 37 |
| <i>haloperidol 10mg tab</i>                       | 49 | HUMALOG MIX (75/25) 100UNIT/ML INJ             | 31 | <i>hydrochlorothiazide/losartan potassium 25-100mg tab</i>    | 37 |
| <i>haloperidol 1mg tab</i>                        | 49 | HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN         | 31 | <i>hydrochlorothiazide/metoprolol tartrate 25-100mg tab</i>   | 37 |
| <i>haloperidol 20mg tab</i>                       | 49 | HUMULIN (70/30) 100UNIT/ML INJ                 | 31 | <i>hydrochlorothiazide/metoprolol tartrate 25-50mg tab</i>    | 37 |
| <i>haloperidol 2mg tab</i>                        | 49 | HUMULIN (70/30) 100UNIT/ML PEN INJ             | 31 | <i>hydrochlorothiazide/metoprolol tartrate 50-100mg tab</i>   | 37 |
| <i>haloperidol 2mg/ml oral soln</i>               | 49 | HUMULIN N 100UNIT/ML INJ                       | 31 | <i>hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab</i> | 37 |
| <i>haloperidol 5mg tab</i>                        | 49 | HUMULIN N 100UNIT/ML INJ                       | 31 | <i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i> | 37 |
| <i>haloperidol 5mg/ml inj</i>                     | 49 | HUMULIN N 100UNIT/ML PEN INJ                   | 31 | <i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i>   | 37 |
| <i>haloperidol decanoate 100mg/ml (1ml) inj</i>   | 50 | HUMULIN R 100UNIT/ML INJ                       | 31 |   |    |
| <i>haloperidol decanoate 100mg/ml (5ml) inj</i>   | 50 | HUMULIN R 500UNIT/ML INJ                       | 31 |   |    |
| <i>haloperidol decanoate 50mg/ml (1ml) inj</i>    | 50 | HUMULIN R 500UNIT/ML PEN INJ                   | 31 |   |    |
| <i>haloperidol decanoate 50mg/ml (5ml) inj</i>    | 50 | <i>hydralazine 100mg tab</i>                   | 38 |   |    |
| HAVRIX 1440ELU/ML SYRINGE                         | 93 | <i>hydralazine 10mg tab</i>                    | 38 |   |    |
| HAVRIX 720ELU/0.5ML SYRINGE                       | 93 | <i>hydralazine 25mg tab</i>                    | 38 |   |    |
| <i>heather 0.35mg 28-day pack</i>                 | 85 | <i>hydralazine 50mg tab</i>                    | 38 |   |    |
| <i>heparin sodium porcine 10000unit/ml inj</i>    | 22 | <i>hydrochlorothiazide 12.5mg cap</i>          | 67 |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |   |    |  |                 |    |
|---|----|---|----|--|-----------------|----|
| <i>hydrochlorothiazide/spiro<br/>nolactone 25-25mg tab</i>  | 66 | HYDROCORTISONE<br>LOTION 2.5%                   | 65 | ICLUSIG 45MG TAB                           | 44              |    |
| <i>hydrochlorothiazide/tria<br/>mterene 25-37.5mg cap</i>   | 66 | <i>hydromorphone 2mg tab</i>                    | 14 | <i>icosapent ethyl 1000mg<br/>cap</i>      | 33              |    |
| <i>hydrochlorothiazide/tria<br/>mterene 25-37.5mg tab</i>   | 66 | <i>hydromorphone 4mg tab</i>                    | 15 | <i>icosapent ethyl 500mg<br/>cap</i>       | 34              |    |
| <i>hydrochlorothiazide/tria<br/>mterene 50-75mg tab</i>     | 66 | <i>hydroxychloroquine<br/>sulfate 100mg tab</i> | 40 | IDHIFA 100MG TAB                           | 44              |    |
| <i>hydrochlorothiazide/vals<br/>artan 12.5-160mg tab</i>    | 37 | <i>hydroxychloroquine<br/>sulfate 200mg tab</i> | 40 | IDHIFA 50MG TAB                            | 44              |    |
| <i>hydrochlorothiazide/vals<br/>artan 12.5-320mg tab</i>    | 38 | <i>hydroxychloroquine<br/>sulfate 300mg tab</i> | 40 | <i>imatinib 100mg tab</i>                  | 44              |    |
| <i>hydrochlorothiazide/vals<br/>artan 12.5-80mg tab</i>     | 38 | <i>hydroxychloroquine<br/>sulfate 400mg tab</i> | 40 | <i>imatinib 400mg tab</i>                  | 44              |    |
| <i>hydrochlorothiazide/vals<br/>artan 25-160mg tab</i>      | 38 | <i>hydroxyurea 500mg cap</i>                    | 47 | IMBRUVICA 140MG CAP                        | 44              |    |
| <i>hydrochlorothiazide/vals<br/>artan 25-320mg tab</i>      | 38 | <i>hydroxyzine 10mg tab</i>                     | 17 | IMBRUVICA 420MG TAB                        | 44              |    |
| <i>hydrocodone</i>  | 15 | <i>hydroxyzine 25mg tab</i>                     | 17 | IMBRUVICA 70MG CAP                         | 44              |    |
| <i>bitartrate/acetaminophen<br/>0.5-21.7mg/ml oral soln</i> |    | <i>hydroxyzine 2mg/ml oral<br/>soln</i>         | 17 | IMBRUVICA 70MG/ML                          | 44              |    |
| <i>hydrocodone</i>  | 16 | <i>hydroxyzine 50mg tab</i>                     | 17 | ORAL SUSP                                  |                 |    |
| <i>bitartrate/acetaminophen<br/>10-325mg tab</i>            |    | HYDROXYZINE                                     | 17 | <i>imipramine 10mg tab</i>                 | 29              |    |
| <i>hydrocodone</i>  | 16 | PAMOATE 100MG CAP                               |    | <i>imipramine 25mg tab</i>                 | 29              |    |
| <i>bitartrate/acetaminophen<br/>5-325mg tab</i>             |    | <i>hydroxyzine pamoate<br/>25mg cap</i>         | 17 | <i>imipramine 50mg tab</i>                 | 29              |    |
| <i>hydrocodone</i>  | 16 | <i>hydroxyzine pamoate<br/>50mg cap</i>         | 17 | <i>imiquimod 5% cream</i>                  | 66              |    |
| <i>bitartrate/acetaminophen<br/>7.5-325mg tab</i>           |    | <b>I</b>  |    |  | IMKELDI 80MG/ML | 44 |
| <i>hydrocodone</i>  | 16 | <i>ibandronate 150mg tab</i>                    | 67 | ORAL SOLN                                  |                 |    |
| <i>bitartrate/acetaminophen<br/>7.5-325mg tab</i>           |    | IBRANCE 100MG CAP                               | 44 | IMOVAX 2.5UNIT/ML INJ                      | 93              |    |
| <i>hydrocodone</i>  | 16 | IBRANCE 100MG TAB                               | 44 | <i>incassia 0.35mg tab<br/>28-day pack</i> | 85              |    |
| <i>bitartrate/ibuprofen<br/>7.5-200mg tab</i>               |    | IBRANCE 125MG CAP                               | 44 | INCRELEX 40MG/4ML                          | 69              |    |
| <i>hydrocortisone 1% cream</i>                              | 65 | IBRANCE 125MG TAB                               | 44 | INJ  |                 |    |
| <i>hydrocortisone 1.67mg/ml<br/>enema</i>                   | 16 | IBRANCE 75MG CAP                                | 44 | INCRUSE ELLIPTA                            | 19              |    |
| <i>hydrocortisone 10mg tab</i>                              | 61 | IBRANCE 75MG TAB                                | 44 | 62.5MCG/INH POWDER                         |                 |    |
| <i>hydrocortisone 2.5%<br/>cream</i>                        | 17 | IBTROZI 200MG CAP                               | 44 | INHALER                                    |                 |    |
| <i>hydrocortisone 2.5%<br/>ointment</i>                     | 65 | <i>ibu 600mg tab</i>                            | 14 | <i>indapamide 1.25mg tab</i>               | 67              |    |
| <i>hydrocortisone 20mg tab</i>                              | 61 | <i>ibu 800mg tab</i>                            | 14 | <i>indapamide 2.5mg tab</i>                | 67              |    |
| <i>hydrocortisone 5mg tab</i>                               | 61 | <i>ibuprofen 400mg tab</i>                      | 14 | <i>indomethacin 25mg cap</i>               | 14              |    |
|   |    | <i>ibuprofen 600mg tab</i>                      | 14 | <i>indomethacin 50mg cap</i>               | 14              |    |
|   |    | <i>ibuprofen 800mg tab</i>                      | 14 | <i>indomethacin 75mg er<br/>cap</i>        | 14              |    |
|   |    | <i>icatibant 10mg/ml syringe</i>                | 76 | INFANRIX SYRINGE                           | 91              |    |
|   |    | <i>iclevia tab 91-day pack</i>                  | 70 | INGREZZA 40MG CAP                          | 87              |    |
|   |    | ICLUSIG 10MG TAB                                | 44 | INGREZZA 40MG                              | 87              |    |
|   |    | ICLUSIG 15MG TAB                                | 44 | SPRINKLE CAP                               |                 |    |
|   |    | ICLUSIG 30MG TAB                                | 44 | INGREZZA 60MG CAP                          | 87              |    |
|   |    |   |    | INGREZZA 60MG                              | 87              |    |
|   |    |   |    | SPRINKLE CAP                               |                 |    |
|   |    |   |    | INGREZZA 80MG CAP                          | 87              |    |
|   |    |   |    | INGREZZA 80MG                              | 87              |    |
|   |    |   |    | SPRINKLE CAP                               |                 |    |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |  |    |  |    |
|---|----|--|----|--|----|
| INGREZZA CAP                                | 87 | INVEGA TRINZA  | 50 | <i>isosorbide dinitrate 5mg tab</i>        | 17 |
| THERAPY PACK (28)                           |    | 410MG/1.315ML  |    | ISOSORBIDE                                 | 17 |
| INLYTA 1MG TAB                              | 41 | SYRINGE  |    | MONONITRATE 10MG TAB                       |    |
| INLYTA 5MG TAB                              | 41 | INVEGA TRINZA  | 51 | <i>isosorbide mononitrate 120mg er tab</i> | 17 |
| INQOVI 35-100MG TAB                         | 42 | 546MG/1.75ML   |    | ISOSORBIDE MONONITRATE 20MG TAB            |    |
| PACK (5)                                    |    | SYRINGE  |    | <i>isosorbide mononitrate 30mg er tab</i>  | 17 |
| INREBIC 100MG CAP                           | 44 | INVEGA TRINZA  | 51 | <i>isosorbide mononitrate 60mg er tab</i>  | 17 |
| INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML) | 31 | 819MG/2.625ML  |    | <i>isotretinoin 10mg cap</i>               | 62 |
| INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)   | 31 | SYRINGE  |    | <i>isotretinoin 20mg cap</i>               | 62 |
| INSULIN LISPRO 100UNIT/ML INJ               | 31 | IPOL INJ   | 93 | <i>isotretinoin 30mg cap</i>               | 62 |
| INSULIN PEN NEEDLE                          | 77 | <i>ipratropium bromide 0.02% inh soln</i>                    | 19 | <i>isotretinoin 40mg cap</i>               | 62 |
| INSULIN SYRINGE                             | 77 | <i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i> | 81 | <i>isradipine 2.5mg cap</i>                | 59 |
| INSULIN SYRINGE (DISP) U-100 0.3ML          | 77 | <i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i> | 81 | <i>isradipine 5mg cap</i>                  | 59 |
| INSULIN SYRINGE (DISP) U-100 1/2ML          | 77 | <i>ipratropium/butanol 0.5-2.5mg/3ml inh soln</i>            | 21 | ITOVEBI 3MG TAB                            | 44 |
| INSULIN SYRINGE (DISP) U-100 1ML            | 77 | <i>irbesartan 150mg tab</i>                                  | 36 | ITOVEBI 9MG TAB                            | 44 |
| INTELENCE 25MG TAB                          | 55 | <i>irbesartan 300mg tab</i>                                  | 36 | <i>itraconazole 100mg cap</i>              | 33 |
| <i>introvale tab 91-day pack</i>            | 70 | <i>irbesartan 75mg tab</i>                                   | 36 | <i>ivabradine 5mg tab</i>                  | 59 |
| INVEGA HAFYERA 1092MG/3.5ML SYRINGE         | 50 | ISENTRESS 100MG CHEW TAB                                     | 55 | <i>ivabradine 7.5mg tab</i>                | 60 |
| INVEGA HAFYERA 1560MG/5ML SYRINGE           | 50 | ISENTRESS 100MG GRANULES FOR ORAL SUSP                       | 55 | <i>ivermectin 3mg tab</i>                  | 17 |
| INVEGA SUSTENNA 117MG/0.75ML SYRINGE        | 50 | ISENTRESS 25MG CHEW TAB                                      | 55 | IWILFIN 192MG TAB                          | 48 |
| INVEGA SUSTENNA 156MG/ML SYRINGE            | 50 | ISENTRESS 400MG TAB  | 55 | IXIARO 0.012MG/ML SYRINGE                  | 93 |
| INVEGA SUSTENNA 234MG/1.5ML SYRINGE         | 50 | ISENTRESS 600MG TAB  | 55 | <b>J</b>                                   |    |
| INVEGA SUSTENNA 39MG/0.25ML SYRINGE         | 50 | <i>isibloom tab 28-day pack</i>                              | 70 | <i>jaimiess tab 91-day pack</i>            | 70 |
| INVEGA SUSTENNA 78MG/0.5ML SYRINGE          | 50 | <i>isoniazid 100mg tab</i>                                   | 40 | JAKAFI 10MG TAB                            | 44 |
| INVEGA TRINZA 273MG/0.875ML SYRINGE         | 50 | <i>isoniazid 10mg/ml oral soln</i>                           | 40 | JAKAFI 15MG TAB                            | 44 |
|   |    | <i>isoniazid 300mg tab</i>                                   | 40 | JAKAFI 20MG TAB                            | 44 |
|   |    | <i>isosorbide dinitrate 10mg tab</i>                         | 17 | JAKAFI 25MG TAB                            | 44 |
|   |    | <i>isosorbide dinitrate 20mg tab</i>                         | 17 | JAKAFI 5MG TAB                             | 44 |
|   |    | <i>isosorbide dinitrate 30mg tab</i>                         | 17 | <i>jantoven 10mg tab</i>                   | 21 |
|   |    |  |    | <i>jantoven 1mg tab</i>                    | 21 |
|   |    |  |    | <i>jantoven 2.5mg tab</i>                  | 21 |
|   |    |  |    | <i>jantoven 2mg tab</i>                    | 21 |
|   |    |  |    | <i>jantoven 3mg tab</i>                    | 21 |
|   |    |  |    | <i>jantoven 4mg tab</i>                    | 21 |
|   |    |  |    | <i>jantoven 5mg tab</i>                    | 21 |
|   |    |  |    | <i>jantoven 6mg tab</i>                    | 22 |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|  |    |   |    |  |    |
|--|----|---|----|--|----|
| <i>jantoven 7.5mg tab</i>                  | 22 | <i>junel fe tab 1.5/30 28-day pack</i>        | 71 | KEVZARA                                    | 13 |
| JANUMET 50-1000MG TAB                      | 29 | <i>junel fe tab 1/20 28-day pack</i>          | 71 | 150MG/1.14ML<br>AUTO-INJECTOR              |    |
| JANUMET 50-500MG TAB                       | 29 | JYLAMVO 2MG/ML                                | 41 | KEVZARA                                    | 13 |
| JANUMET XR 100-1000MG TAB                  | 29 | ORAL SOLN                                     |    | 150MG/1.14ML<br>SYRINGE                    |    |
| JANUMET XR 50-1000MG TAB                   | 29 | JYNNEOS 0.5ML INJ                             | 93 | KEVZARA                                    | 13 |
| JANUMET XR 50-500MG TAB                    | 29 | <b>K</b>                                      |    | 200MG/1.14ML<br>AUTO-INJECTOR              |    |
| JANUVIA 100MG TAB                          | 30 | KALETRA 80-20MG/ML                            | 55 | KEVZARA                                    | 13 |
| JANUVIA 25MG TAB                           | 30 | ORAL SOLN                                     |    | 200MG/1.14ML<br>SYRINGE                    |    |
| JANUVIA 50MG TAB                           | 30 | KALYDECO 13.4MG                               | 88 | KINRIX SYRINGE                             | 91 |
| JARDIANCE 10MG TAB                         | 31 | ORAL GRANULES                                 |    | <i>kionex 15gm/60ml susp</i>               | 80 |
| JARDIANCE 25MG TAB                         | 31 | KALYDECO 150MG TAB                            | 88 | KISQALI TAB 200MG                          | 44 |
| <i>jasmiel tab 28-day pack</i>             | 70 | KALYDECO 25MG ORAL GRANULES                   | 88 | DAILY DOSE PACK (21)                       |    |
| <i>javygtor 100mg powder for oral soln</i> | 68 | KALYDECO 5.8MG                                | 88 | KISQALI TAB 400MG                          | 44 |
| <i>javygtor 100mg tab</i>                  | 68 | ORAL GRANULES                                 |    | DAILY DOSE PACK (42)                       |    |
| <i>javygtor 500mg powder for oral soln</i> | 68 | KALYDECO 50MG ORAL GRANULES                   | 88 | KISQALI TAB 600MG                          | 44 |
| JAYPIRCA 100MG TAB                         | 44 | KALYDECO 75MG ORAL GRANULES                   | 88 | DAILY DOSE PACK (63)                       |    |
| JAYPIRCA 50MG TAB                          | 44 | <i>kariva tab 28-day pack</i>                 | 71 | KISQALI/FEMARA 400 CO-PACK (70)            | 42 |
| JENTADUETO 2.5-1000MG TAB                  | 29 | KCL/D5W/LR INJ 0.15%                          | 78 | KISQALI/FEMARA 600 CO-PACK (91)            | 43 |
| JENTADUETO 2.5-500MG TAB                   | 29 | <i>kcl/nacl 20meq-0.45% inj</i>               | 78 | KLOR-CON 10MEQ ER TAB                      | 78 |
| JENTADUETO XR 2.5-1000MG TAB               | 29 | <i>kcl/nacl 20meq-0.9% inj</i>                | 78 | <i>klor-con 10meq micro er tab</i>         | 78 |
| JENTADUETO XR 5-1000MG TAB                 | 29 | <i>kcl/nacl 40meq-9% inj</i>                  | 78 | <i>klor-con 15meq micro er tab</i>         | 78 |
| <i>jinteli 0.005-1mg tab</i>               | 70 | <i>kelnor 1mg-35mcg tab 28-day pack</i>       | 71 | <i>klor-con 20meq micro er tab</i>         | 78 |
| JUBBONTI 60MG/ML SYRINGE                   | 67 | <i>kelnor tab 1/50 28-day pack</i>            | 71 | <i>klor-con 20meq powder for oral soln</i> | 78 |
| <i>juleber tab 28-day pack</i>             | 70 | KERENDIA 10MG TAB                             | 69 | KLOR-CON 8MEQ ER TAB                       | 78 |
| JULUCA 50-25MG TAB                         | 55 | KERENDIA 20MG TAB                             | 69 | KLOXXADO 8MG/0.1ML                         | 32 |
| <i>junel 1.5/30 tab 21-day pack</i>        | 71 | KESIMPTA 20MG/0.4ML                           | 87 | NASAL SPRAY                                |    |
| <i>junel 1/20 tab 21-day pack</i>          | 71 | PEN INJ                                       |    | KOSELUGO 10MG CAP                          | 44 |
| <i>junel fe 24 1/20 28-day pack</i>        | 71 | <i>ketoconazole 2% cream</i>                  | 63 | KOSELUGO 25MG CAP                          | 44 |
|  |    | <i>ketoconazole 2% shampoo</i>                | 63 | <i>kourzeq 0.1% oral paste</i>             | 62 |
|  |    | <i>ketoconazole 200mg tab</i>                 | 33 | KRAZATI 200MG TAB                          | 44 |
|  |    | <i>ketorolac tromethamine 0.4% ophth soln</i> | 83 | <i>kurvelo tab 28-day pack</i>             | 71 |
|  |    | <i>ketorolac tromethamine 0.5% ophth soln</i> | 83 |  |    |
|  |    | <i>ketorolac tromethamine 10mg tab</i>        | 14 |  |    |
|  |    |   |    | <b>L</b>                                   |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                   |    |                                 |    |                                  |    |
|-----------------------------------|----|---------------------------------|----|----------------------------------|----|
| <i>labetalol 100mg tab</i>        | 57 | <i>leflunomide 10mg tab</i>     | 12 | <i>levetiracetam 500mg er</i>    | 24 |
| <i>labetalol 200mg tab</i>        | 57 | <i>leflunomide 20mg tab</i>     | 12 | <i>tab</i>                       |    |
| <i>labetalol 300mg tab</i>        | 57 | <i>lenalidomide 10mg cap</i>    | 79 | <i>levetiracetam 500mg tab</i>   | 24 |
| <i>lacosamide 100mg tab</i>       | 24 | <i>lenalidomide 15mg cap</i>    | 79 | <i>levetiracetam 750mg er</i>    | 24 |
| <i>lacosamide 10mg/ml oral</i>    | 24 | <i>lenalidomide 2.5mg cap</i>   | 79 | <i>tab</i>                       |    |
| <i>soln</i>                       |    | <i>lenalidomide 20mg cap</i>    | 79 | <i>levetiracetam 750mg tab</i>   | 24 |
| <i>lacosamide 150mg tab</i>       | 24 | <i>lenalidomide 25mg cap</i>    | 79 | LEVOBUNOLOL 0.5%                 | 82 |
| <i>lacosamide 200mg tab</i>       | 24 | <i>lenalidomide 5mg cap</i>     | 79 | OPHTH SOLN                       |    |
| <i>lacosamide 50mg tab</i>        | 24 | LENVIMA 10MG DAILY              | 41 | <i>levocarnitine 100mg/ml</i>    | 68 |
| <i>lactulose 667mg/ml oral</i>    | 76 | DOSE PACK (30)                  |    | <i>oral soln</i>                 |    |
| <i>soln</i>                       |    | LENVIMA 12MG DAILY              | 41 | <i>levocarnitine 330mg tab</i>   | 68 |
| <i>lamivudine 100mg tab</i>       | 56 | DOSE PACK (90)                  |    | <i>levocetirizine 5mg tab</i>    | 88 |
| <i>lamivudine 10mg/ml oral</i>    | 55 | LENVIMA 14MG DAILY              | 41 | <i>levofloxacin 250mg tab</i>    | 73 |
| <i>soln</i>                       |    | DOSE PACK (60)                  |    | <i>levofloxacin 25mg/ml</i>      | 73 |
| <i>lamivudine 150mg tab</i>       | 55 | LENVIMA 18MG DAILY              | 41 | <i>oral soln</i>                 |    |
| <i>lamivudine 300mg tab</i>       | 55 | DOSE PACK (90)                  |    | <i>levofloxacin 500mg tab</i>    | 73 |
| <i>lamivudine/zidovudine</i>      | 55 | LENVIMA 20MG DAILY              | 41 | <i>levofloxacin</i>              | 73 |
| <i>150-300mg tab</i>              |    | DOSE PACK (60)                  |    | <i>500mg/100ml inj</i>           |    |
| <i>lamotrigine 100mg tab</i>      | 24 | LENVIMA 24MG DAILY              | 41 | <i>levofloxacin 750mg tab</i>    | 73 |
| <i>lamotrigine 150mg tab</i>      | 24 | DOSE PACK (90)                  |    | <i>levofloxacin</i>              | 73 |
| <i>lamotrigine 200mg tab</i>      | 24 | LENVIMA 4MG DAILY               | 41 | <i>750mg/150ml inj</i>           |    |
| <i>lamotrigine 25mg chew</i>      | 24 | DOSE PACK (30)                  |    | <i>levonest tab 28-day pack</i>  | 71 |
| <i>tab</i>                        |    | LENVIMA 8MG DAILY               | 41 | <i>levonorgestrel/ethinyl</i>    | 71 |
| <i>lamotrigine 25mg tab</i>       | 24 | DOSE PACK (60)                  |    | <i>estradiol</i>                 |    |
| <i>lamotrigine 5mg chew tab</i>   | 24 | <i>lessina tab 28-day pack</i>  | 71 | <i>0.05-30/0.075-40/0.125-3</i>  |    |
| <i>lansoprazole 15mg dr cap</i>   | 92 | <i>letrozole 2.5mg tab</i>      | 42 | <i>0mg-mcg tab 28-day pack</i>   |    |
| <i>lansoprazole 30mg dr cap</i>   | 92 | <i>leucovorin 10mg tab</i>      | 48 | <i>levora 0.15/30 tab 28-day</i> | 71 |
| LANTUS 100UNIT/ML                 | 31 | <i>leucovorin 15mg tab</i>      | 48 | <i>pack</i>                      |    |
| INJ                               |    | <i>leucovorin 25mg tab</i>      | 48 | <i>levothyroxine sodium</i>      | 90 |
| LANTUS 100UNIT/ML                 | 31 | <i>leucovorin 5mg tab</i>       | 48 | <i>100mcg tab</i>                |    |
| PEN INJ                           |    | LEUKERAN 2MG TAB                | 41 | <i>levothyroxine sodium</i>      | 90 |
| <i>lapatinib 250mg tab</i>        | 44 | <i>levalbuterol 0.31mg/3ml</i>  | 21 | <i>112mcg tab</i>                |    |
| <i>larin 1.5/30 tab 21-day</i>    | 71 | <i>neb soln</i>                 |    | <i>levothyroxine sodium</i>      | 90 |
| <i>pack</i>                       |    | <i>levalbuterol 0.63mg/3ml</i>  | 21 | <i>125mcg tab</i>                |    |
| <i>larin 1/20 tab 21-day</i>      | 71 | <i>inh soln</i>                 |    | <i>levothyroxine sodium</i>      | 90 |
| <i>pack</i>                       |    | <i>levalbuterol 1.25mg/3ml</i>  | 21 | <i>137mcg tab</i>                |    |
| <i>larin fe tab 1.5/30 28-day</i> | 71 | <i>neb soln</i>                 |    | <i>levothyroxine sodium</i>      | 90 |
| <i>pack</i>                       |    | LEVALBUTEROL                    | 21 | <i>150mcg tab</i>                |    |
| <i>larin fe tab 1/20 28-day</i>   | 71 | 45MCG/ACT INHALER               |    | <i>levothyroxine sodium</i>      | 90 |
| <i>pack</i>                       |    | <i>levetiracetam 1000mg tab</i> | 24 | <i>175mcg tab</i>                |    |
| <i>latanoprost 0.005% ophth</i>   | 83 | <i>levetiracetam 100mg/ml</i>   | 24 | <i>levothyroxine sodium</i>      | 90 |
| <i>soln</i>                       |    | <i>oral soln</i>                |    | <i>200mcg tab</i>                |    |
| LAZCLUZE 240MG TAB                | 41 | <i>levetiracetam 250mg tab</i>  | 24 | <i>levothyroxine sodium</i>      | 90 |
| LAZCLUZE 80MG TAB                 | 41 |                                 |    | <i>25mcg tab</i>                 |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                 |    |                                 |    |                                |    |
|---------------------------------|----|---------------------------------|----|--------------------------------|----|
| <i>levothyroxine sodium</i>     | 90 | <i>liothyronine sodium 5mcg</i> | 91 | LOKELMA 10GM                   | 80 |
| <i>300mcg tab</i>               |    | <i>tab</i>                      |    | POWDER FOR ORAL                |    |
| <i>levothyroxine sodium</i>     | 90 | <i>liraglutide 18mg/3ml pen</i> | 30 | SUSP                           |    |
| <i>50mcg tab</i>                |    | <i>inj</i>                      |    | LOKELMA 5GM                    | 80 |
| <i>levothyroxine sodium</i>     | 90 | <i>lisdexamfetamine</i>         | 11 | POWDER FOR ORAL                |    |
| <i>75mcg tab</i>                |    | <i>dimesylate 10mg cap</i>      |    | SUSP                           |    |
| <i>levothyroxine sodium</i>     | 90 | <i>lisdexamfetamine</i>         | 11 | LONSURF 6.14-15MG              | 43 |
| <i>88mcg tab</i>                |    | <i>dimesylate 20mg cap</i>      |    | TAB                            |    |
| <i>levoxyl 100mcg tab</i>       | 90 | <i>lisdexamfetamine</i>         | 11 | LONSURF 8.19-20MG              | 43 |
| <i>levoxyl 112mcg tab</i>       | 90 | <i>dimesylate 30mg cap</i>      |    | TAB                            |    |
| <i>levoxyl 125mcg tab</i>       | 90 | <i>lisdexamfetamine</i>         | 11 | <i>loperamide 2mg cap</i>      | 32 |
| <i>levoxyl 137mcg tab</i>       | 90 | <i>dimesylate 40mg cap</i>      |    | <i>lopinavir/ritonavir</i>     | 55 |
| <i>levoxyl 150mcg tab</i>       | 90 | <i>lisdexamfetamine</i>         | 11 | <i>100-25mg tab</i>            |    |
| <i>levoxyl 175mcg tab</i>       | 90 | <i>dimesylate 50mg cap</i>      |    | <i>lopinavir/ritonavir</i>     | 55 |
| <i>levoxyl 200mcg tab</i>       | 90 | <i>lisdexamfetamine</i>         | 11 | <i>200-50mg tab</i>            |    |
| <i>levoxyl 25mcg tab</i>        | 90 | <i>dimesylate 60mg cap</i>      |    | <i>lorazepam 0.5mg tab</i>     | 18 |
| <i>levoxyl 50mcg tab</i>        | 90 | <i>lisdexamfetamine</i>         | 11 | <i>lorazepam 1mg tab</i>       | 18 |
| <i>levoxyl 75mcg tab</i>        | 90 | <i>dimesylate 70mg cap</i>      |    | <i>lorazepam 2mg tab</i>       | 18 |
| <i>levoxyl 88mcg tab</i>        | 91 | <i>lisinopril 10mg tab</i>      | 35 | <i>lorazepam 2mg/ml oral</i>   | 18 |
| <i>lidocaine 4% mucous</i>      | 65 | <i>lisinopril 2.5mg tab</i>     | 35 | <i>soln</i>                    |    |
| <i>membrane topical soln</i>    |    | <i>lisinopril 20mg tab</i>      | 35 | LORBRENA 100MG TAB             | 44 |
| <i>lidocaine 5% ointment</i>    | 65 | <i>lisinopril 30mg tab</i>      | 35 | LORBRENA 25MG TAB              | 45 |
| <i>lidocaine 5% patch</i>       | 65 | <i>lisinopril 40mg tab</i>      | 35 | <i>loryna tab 28-day pack</i>  | 71 |
| <i>lidocaine viscous 2%</i>     | 62 | <i>lisinopril 5mg tab</i>       | 35 | <i>losartan potassium</i>      | 36 |
| <i>mucous membrane topical</i>  |    | LITFULO 50MG CAP                | 80 | <i>100mg tab</i>               |    |
| <i>soln</i>                     |    | <i>lithium carbonate 150mg</i>  | 49 | <i>losartan potassium 25mg</i> | 36 |
| <i>lidocaine/prilocaine</i>     | 65 | <i>cap</i>                      |    | <i>tab</i>                     |    |
| <i>2.5-2.5% cream</i>           |    | <i>lithium carbonate 300mg</i>  | 49 | <i>losartan potassium 50mg</i> | 36 |
| <i>lidocan 5% patch</i>         | 66 | <i>cap</i>                      |    | <i>tab</i>                     |    |
| LILETTA 20.1MCG/DAY             | 85 | <i>lithium carbonate 300mg</i>  | 49 | <i>loteprednol etabonate</i>   | 83 |
| INTRAUTERINE SYSTEM             |    | <i>er tab</i>                   |    | <i>0.5% ophth gel</i>          |    |
| <i>linezolid 100mg/5ml oral</i> | 39 | <i>lithium carbonate 300mg</i>  | 49 | <i>loteprednol etabonate</i>   | 83 |
| <i>susp</i>                     |    | <i>tab</i>                      |    | <i>0.5% ophth susp</i>         |    |
| <i>linezolid 600mg tab</i>      | 39 | <i>lithium carbonate 450mg</i>  | 49 | <i>lovastatin 10mg tab</i>     | 34 |
| <i>linezolid 600mg/300ml</i>    | 39 | <i>er tab</i>                   |    | <i>lovastatin 20mg tab</i>     | 34 |
| <i>inj</i>                      |    | LITHIUM CARBONATE               | 49 | <i>lovastatin 40mg tab</i>     | 34 |
| LINZESS 145MCG CAP              | 76 | 600MG CAP                       |    | <i>low-ogestrel tab 28-day</i> | 71 |
| LINZESS 290MCG CAP              | 76 | <i>lithium citrate 60mg/ml</i>  | 49 | <i>pack</i>                    |    |
| LINZESS 72MCG CAP               | 76 | <i>oral soln</i>                |    | <i>loxapine 10mg cap</i>       | 52 |
| <i>liothyronine sodium</i>      | 91 | LIVTENCITY 200MG TAE            | 56 | <i>loxapine 25mg cap</i>       | 52 |
| <i>25mcg tab</i>                |    | <i>lo jaimiess tab 91-day</i>   | 71 | <i>loxapine 50mg cap</i>       | 52 |
| <i>liothyronine sodium</i>      | 91 | <i>pack</i>                     |    | <i>loxapine 5mg cap</i>        | 52 |
| <i>50mcg tab</i>                |    | <i>loestrin fe tab 1/20</i>     | 71 | <i>lubiprostone 24mcg cap</i>  | 76 |
|                                 |    | <i>28-day pack</i>              |    | <i>lubiprostone 8mcg cap</i>   | 76 |

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## ALPHABETICAL LISTING OF DRUGS

|                                  |    |                                 |    |                                |    |
|----------------------------------|----|---------------------------------|----|--------------------------------|----|
| LUMAKRAS 120MG TAB               | 45 | LYSODREN 500MG TAB              | 42 | MEGESTROL ACETATE              | 85 |
| LUMAKRAS 240MG TAB               | 45 | LYTGOBI TAB 12MG                | 45 | 125MG/ML SUSP                  |    |
| LUMAKRAS 320MG TAB               | 45 | DAILEY DOSE PACK (21)           |    | <i>megestrol acetate 20mg</i>  | 42 |
| LUMIGAN 0.01% OPHTH              | 83 | LYTGOBI TAB 16MG                | 45 | <i>tab</i>                     |    |
| SOLN                             |    | DAILEY DOSE PACK (28)           |    | <i>megestrol acetate 40mg</i>  | 42 |
| LUMRYZ 28-DAY                    | 89 | LYTGOBI TAB 20MG                | 45 | <i>tab</i>                     |    |
| STARTER PACK (28)                |    | DAILEY DOSE PACK (35)           |    | <i>megestrol acetate</i>       | 42 |
| LUMRYZ 4.5GM                     | 89 | <i>lyza 0.35mg tab 28-day</i>   | 85 | <i>40mg/ml oral susp</i>       |    |
| GRANULES FOR ORAL                |    | <i>pack</i>                     |    | MEKINIST 0.05MG/ML             | 45 |
| SUSP                             |    |                                 |    | ORAL SOLN                      |    |
| LUMRYZ 6GM                       | 89 | <b>M</b>                        |    | MEKINIST 0.5MG TAB             | 45 |
| GRANULES FOR ORAL                |    | MAGNESIUM SULFATE               | 78 | MEKINIST 2MG TAB               | 45 |
| SUSP                             |    | 500MG/ML INJ                    |    | MEKTOVI 15MG TAB               | 45 |
| LUMRYZ 7.5GM                     | 89 | <i>magnesium sulfate</i>        | 78 | <i>meleya 0.35mg tab</i>       | 85 |
| GRANULES FOR ORAL                |    | <i>500mg/ml syringe</i>         |    | <i>28-day pack</i>             |    |
| SUSP                             |    | <i>malathion 0.5% lotion</i>    | 66 | <i>meloxicam 15mg tab</i>      | 14 |
| LUMRYZ 9GM                       | 89 | <i>maraviroc 150mg tab</i>      | 55 | <i>meloxicam 7.5mg tab</i>     | 14 |
| GRANULES FOR ORAL                |    | <i>maraviroc 300mg tab</i>      | 55 | <i>memantine 10mg tab</i>      | 86 |
| SUSP                             |    | <i>marlissa tab 28-day pack</i> | 71 | <i>memantine 14mg er cap</i>   | 86 |
| LUPKYNIS 7.9MG CAP               | 80 | MARPLAN 10MG TAB                | 26 | <i>memantine 21mg er cap</i>   | 86 |
| LUPRON 11.25MG                   | 42 | MATULANE 50MG CAP               | 47 | <i>memantine 28mg er cap</i>   | 86 |
| SYRINGE (3 MONTH)                |    | MAVYRET 100-40MG                | 56 | <i>memantine 2mg/ml oral</i>   | 86 |
| LUPRON 3.75MG                    | 42 | TAB                             |    | <i>soln</i>                    |    |
| SYRINGE (1 MONTH)                |    | MAVYRET 50-20MG                 | 56 | <i>memantine 5mg tab</i>       | 86 |
| <i>lurasidone 120mg tab</i>      | 50 | ORAL PELLETT                    |    | <i>memantine 7mg er cap</i>    | 86 |
| <i>lurasidone 20mg tab</i>       | 50 | MAYZENT 0.25MG TAB              | 87 | MENQUADFI INJ                  | 93 |
| <i>lurasidone 40mg tab</i>       | 50 | MAYZENT 1MG TAB                 | 87 | MENVEO INJ                     | 93 |
| <i>lurasidone 60mg tab</i>       | 50 | MAYZENT 2MG TAB                 | 87 | <i>mercaptopurine 20mg/ml</i>  | 41 |
| <i>lurasidone 80mg tab</i>       | 50 | MAYZENT TAB STARTEI             | 87 | <i>susp</i>                    |    |
| <i>lutra tab 28-day pack</i>     | 71 | PACK (12)                       |    | <i>mercaptopurine 50mg tab</i> | 41 |
| <i>lyleq 0.35mg tab 28-day</i>   | 85 | PACK (7)                        |    | <i>meropenem 1gm inj</i>       | 39 |
| <i>pack</i>                      |    | <i>meclizine 12.5mg tab</i>     | 32 | <i>meropenem 500mg inj</i>     | 39 |
| <i>lyllana 0.025mg/24hr</i>      | 73 | <i>meclizine 25mg tab</i>       | 32 | <i>mesalamine 1200mg dr</i>    | 74 |
| <i>twice weekly patch</i>        |    | <i>medroxyprogesterone</i>      | 85 | <i>tab</i>                     |    |
| <i>lyllana 0.0375mg/24hr</i>     | 73 | <i>acetate 10mg tab</i>         |    | <i>mesalamine 1gm rectal</i>   | 74 |
| <i>twice weekly patch</i>        |    | <i>medroxyprogesterone</i>      | 85 | <i>supp</i>                    |    |
| <i>lyllana 0.05mg/24hr twice</i> | 73 | <i>acetate 150mg/ml inj</i>     |    | <i>mesalamine 375mg er cap</i> | 74 |
| <i>weekly patch</i>              |    | <i>medroxyprogesterone</i>      | 85 | <i>mesalamine 400mg dr cap</i> | 74 |
| <i>lyllana 0.075mg/24hr</i>      | 73 | <i>acetate 150mg/ml syringe</i> |    | <i>mesalamine 66.7mg/ml</i>    | 74 |
| <i>twice weekly patch</i>        |    | <i>medroxyprogesterone</i>      | 85 | <i>enema</i>                   |    |
| <i>lyllana 0.1mg/24hr twice</i>  | 73 | <i>acetate 2.5mg tab</i>        |    | <i>mesna 400mg tab</i>         | 48 |
| <i>weekly patch</i>              |    | <i>medroxyprogesterone</i>      | 85 | <i>metaxalone 800mg tab</i>    | 81 |
| LYNPARZA 100MG TAB               | 45 | <i>acetate 5mg tab</i>          |    | <i>metformin 1000mg tab</i>    | 30 |
| LYNPARZA 150MG TAB               | 45 | <i>mefloquine 250mg tab</i>     | 40 | <i>metformin 500mg er tab</i>  | 30 |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|  |    |   |    |   |    |
|--|----|---|----|---|----|
| <i>metformin 500mg tab</i>                 | 30 | <i>methylphenidate 27mg er tab</i>          | 12 | <i>metoprolol tartrate 50mg tab</i>           | 57 |
| <i>metformin 750mg er tab</i>              | 30 | <i>methylphenidate 2mg/ml oral soln</i>     | 12 | <i>metoprolol tartrate 75mg tab</i>           | 57 |
| <i>metformin 850mg tab</i>                 | 30 | <i>methylphenidate 36mg er osmotic tab</i>  | 12 | <i>metronidazole 0.75% cream</i>              | 66 |
| <i>methadone 10mg tab</i>                  | 15 | <i>methylphenidate 36mg er tab</i>          | 12 | <i>metronidazole 0.75% gel</i>                | 66 |
| METHADONE 1MG/ML ORAL SOLN                 | 15 | <i>methylphenidate 54mg er osmotic tab</i>  | 12 | <i>metronidazole 0.75% vaginal gel</i>        | 66 |
| METHADONE 2MG/ML ORAL SOLN                 | 15 | <i>methylphenidate 54mg er tab</i>          | 12 | <i>metronidazole 1% gel</i>                   | 66 |
| <i>methadone 5mg tab</i>                   | 15 | <i>methylphenidate 5mg tab</i>              | 12 | <i>metronidazole 250mg tab</i>                | 39 |
| <i>methazolamide 25mg tab</i>              | 66 | <i>methylprednisolone 16mg tab</i>          | 61 | <i>metronidazole 500mg tab</i>                | 39 |
| <i>methazolamide 50mg tab</i>              | 66 | <i>methylprednisolone 32mg tab</i>          | 61 | <i>metronidazole 5mg/ml inj</i>               | 39 |
| <i>methenamine hippurate 1gm tab</i>       | 39 | <i>methylprednisolone 4mg tab</i>           | 61 | <i>metyrosine 250mg cap</i>                   | 38 |
| <i>methimazole 10mg tab</i>                | 90 | <i>methylprednisolone 4mg tab pack (21)</i> | 61 | <i>mexiletine 150mg cap</i>                   | 18 |
| <i>methimazole 5mg tab</i>                 | 90 | <i>methylprednisolone 8mg tab</i>           | 61 | <i>mexiletine 200mg cap</i>                   | 18 |
| <i>methocarbamol 500mg tab</i>             | 81 | <i>metoclopramide 10mg tab</i>              | 73 | <i>mexiletine 250mg cap</i>                   | 18 |
| <i>methocarbamol 750mg tab</i>             | 81 | <i>metoclopramide 1mg/ml oral soln</i>      | 73 | <i>mibelas 24 fe chewable tab 28-day pack</i> | 71 |
| <i>methotrexate 2.5mg tab</i>              | 41 | <i>metoclopramide 5mg tab</i>               | 73 | <i>micafungin sodium 100mg inj</i>            | 33 |
| METHOTREXATE 25MG/ML INJ                   | 41 | <i>metolazone 10mg tab</i>                  | 67 | <i>micafungin sodium 50mg inj</i>             | 33 |
| <i>methotrexate 50mg/2ml inj</i>           | 41 | <i>metolazone 2.5mg tab</i>                 | 67 | <i>microgestin 1.5/30 tab 21-day pack</i>     | 71 |
| METHOXSALEN 10MG CAP                       | 64 | <i>metolazone 5mg tab</i>                   | 67 | <i>microgestin 1/20 tab 21-day pack</i>       | 71 |
| <i>methsuximide 300mg cap</i>              | 26 | <i>metoprolol succinate 100mg er tab</i>    | 57 | <i>microgestin fe tab 1.5/30 28-day pack</i>  | 71 |
| <i>methylphenidate 10mg er tab</i>         | 12 | <i>metoprolol succinate 200mg er tab</i>    | 57 | <i>microgestin fe tab 1/20 28-day pack</i>    | 71 |
| <i>methylphenidate 10mg tab</i>            | 12 | <i>metoprolol succinate 25mg er tab</i>     | 57 | <i>midodrine 10mg tab</i>                     | 59 |
| <i>methylphenidate 18mg er osmotic tab</i> | 12 | <i>metoprolol succinate 50mg er tab</i>     | 57 | <i>midodrine 2.5mg tab</i>                    | 59 |
| METHYLPHENIDATE 18MG ER TAB                | 12 | <i>metoprolol tartrate 100mg tab</i>        | 57 | <i>midodrine 5mg tab</i>                      | 59 |
| <i>methylphenidate 1mg/ml oral soln</i>    | 12 | <i>metoprolol tartrate 25mg tab</i>         | 57 | <i>mifepristone 300mg tab</i>                 | 30 |
| <i>methylphenidate 20mg er tab</i>         | 12 | <i>metoprolol tartrate 25mg er tab</i>      | 57 | <i>mili tab 28-day pack</i>                   | 71 |
| <i>methylphenidate 20mg tab</i>            | 12 | <i>metoprolol tartrate 37.5mg tab</i>       | 57 | <i>mimvey 28-day pack</i>                     | 71 |
| <i>methylphenidate 27mg er osmotic tab</i> | 12 |   |    | <i>minocycline 100mg cap</i>                  | 90 |
|  |    |   |    | <i>minocycline 50mg cap</i>                   | 90 |
|  |    |   |    | <i>minocycline 75mg cap</i>                   | 90 |
|  |    |   |    | <i>minoxidil 10mg tab</i>                     | 38 |
|  |    |   |    | <i>minoxidil 2.5mg tab</i>                    | 38 |
|  |    |   |    | <i>mirabegron 25mg er tab</i>                 | 93 |
|  |    |   |    | <i>mirabegron 50mg er tab</i>                 | 93 |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|                                 |    |                                 |    |                                |                  |    |
|---------------------------------|----|---------------------------------|----|--------------------------------|------------------|----|
| <i>mirtazapine 15mg odt</i>     | 26 | MORPHINE SULFATE                | 15 | <i>nabumetone 750mg tab</i>    | 14               |    |
| <i>mirtazapine 15mg tab</i>     | 26 | 4MG/ML ORAL SOLN                |    | <i>nadolol 20mg tab</i>        | 57               |    |
| <i>mirtazapine 30mg odt</i>     | 26 | <i>morphine sulfate 60mg er</i> | 15 | <i>nadolol 40mg tab</i>        | 57               |    |
| <i>mirtazapine 30mg tab</i>     | 26 | <i>tab</i>                      |    | <i>nadolol 80mg tab</i>        | 57               |    |
| <i>mirtazapine 45mg odt</i>     | 26 | MOUNJARO                        | 30 | <i>nafacillin 100mg/ml inj</i> | 85               |    |
| <i>mirtazapine 45mg tab</i>     | 26 | 10MG/0.5ML                      |    | <i>nafacillin 1gm inj</i>      | 85               |    |
| <i>mirtazapine 7.5mg tab</i>    | 26 | AUTO-INJECTOR                   |    | <i>nafacillin 2gm inj</i>      | 85               |    |
| <i>misoprostol 100mcg tab</i>   | 92 | MOUNJARO                        | 30 | NALOXONE 0.4MG/ML              | 32               |    |
| <i>misoprostol 200mcg tab</i>   | 92 | 12.5MG/0.5ML                    |    | CARTRIDGE                      |                  |    |
| M-M-R II INJ                    | 93 | AUTO-INJECTOR                   |    | <i>naloxone 0.4mg/ml inj</i>   | 32               |    |
| <i>modafinil 100mg tab</i>      | 12 | MOUNJARO                        | 31 | <i>naloxone 0.4mg/ml</i>       | 32               |    |
| <i>modafinil 200mg tab</i>      | 12 | 15MG/0.5ML                      |    | <i>syringe</i>                 |                  |    |
| <i>moexipril 15mg tab</i>       | 35 | AUTO-INJECTOR                   |    | <i>naloxone 1mg/ml syringe</i> | 32               |    |
| <i>moexipril 7.5mg tab</i>      | 35 | MOUNJARO                        | 31 | <i>naltrexone 50mg tab</i>     | 32               |    |
| MOLINDONE 10MG TAB              | 50 | 2.5MG/0.5ML                     |    | <i>naproxen 250mg tab</i>      | 14               |    |
| MOLINDONE 25MG TAB              | 50 | AUTO-INJECTOR                   |    | <i>naproxen 375mg dr tab</i>   | 14               |    |
| MOLINDONE 5MG TAB               | 50 | MOUNJARO 5MG/0.5ML              | 31 | <i>naproxen 375mg tab</i>      | 14               |    |
| <i>mometasone furoate 0.1%</i>  | 65 | AUTO-INJECTOR                   |    | <i>naproxen 500mg tab</i>      | 14               |    |
| <i>cream</i>                    |    | MOUNJARO                        | 31 | <i>naproxen sodium 275mg</i>   | 14               |    |
| <i>mometasone furoate 0.1%</i>  | 65 | 7.5MG/0.5ML                     |    | <i>tab</i>                     |                  |    |
| <i>lotion</i>                   |    | AUTO-INJECTOR                   |    | <i>naproxen sodium 550mg</i>   | 14               |    |
| <i>mometasone furoate 0.1%</i>  | 65 | MOVANTIK 12.5MG TAB             | 77 | <i>tab</i>                     |                  |    |
| <i>ointment</i>                 |    | MOVANTIK 25MG TAB               | 77 | <i>naratriptan 1mg tab</i>     | 77               |    |
| <i>montelukast 10mg tab</i>     | 19 | <i>moxifloxacin 0.5% ophth</i>  | 82 | <i>naratriptan 2.5mg tab</i>   | 77               |    |
| <i>montelukast 4mg chew</i>     | 19 | <i>soln</i>                     |    | NATACYN 5% OPHTH               | 82               |    |
| <i>tab</i>                      |    | MOXIFLOXACIN                    | 73 | SUSP                           |                  |    |
| <i>montelukast 5mg chew</i>     | 19 | 1.6MG/ML INJ                    |    | <i>nateglinide 120mg tab</i>   | 30               |    |
| <i>tab</i>                      |    | <i>moxifloxacin 400mg tab</i>   | 73 | <i>nateglinide 60mg tab</i>    | 30               |    |
| <i>morphine sulfate 100mg</i>   | 15 | MRESVIA 50MCG/0.5ML             | 94 | NAYZILAM 5MG/0.1ML             | 22               |    |
| <i>er tab</i>                   |    | SYRINGE                         |    | NASAL SPRAY                    |                  |    |
| <i>morphine sulfate 15mg er</i> | 15 | MULTAQ 400MG TAB                | 19 | <i>neбиволol 10mg tab</i>      | 57               |    |
| <i>tab</i>                      |    | <i>mupirocin 2% ointment</i>    | 63 | <i>neбиволol 2.5mg tab</i>     | 57               |    |
| <i>morphine sulfate 15mg</i>    | 15 | <i>mycophenolate mofetil</i>    | 80 | <i>neбиволol 20mg tab</i>      | 57               |    |
| <i>tab</i>                      |    | <i>200mg/ml oral susp</i>       |    | <i>neбиволol 5mg tab</i>       | 57               |    |
| <i>morphine sulfate 200mg</i>   | 15 | <i>mycophenolate mofetil</i>    | 80 | <i>necon 0.5/35 tab 28-day</i> | 71               |    |
| <i>er tab</i>                   |    | <i>250mg cap</i>                |    | <i>pack</i>                    |                  |    |
| <i>morphine sulfate 20mg/ml</i> | 15 | <i>mycophenolate mofetil</i>    | 80 | NEFAZODONE 100MG               | 27               |    |
| <i>oral soln</i>                |    | <i>500mg tab</i>                |    | TAB                            |                  |    |
| MORPHINE SULFATE                | 15 | <i>mycophenolic acid 180mg</i>  | 80 | NEFAZODONE 150MG               | 27               |    |
| 2MG/ML ORAL SOLN                |    | <i>dr tab</i>                   |    | TAB                            |                  |    |
| <i>morphine sulfate 30mg er</i> | 15 | <i>mycophenolic acid 360mg</i>  | 80 | NEFAZODONE 200MG               | 27               |    |
| <i>tab</i>                      |    | <i>dr tab</i>                   |    | TAB                            |                  |    |
| <i>morphine sulfate 30mg</i>    | 15 | <hr/>                           |    |                                | NEFAZODONE 250MG | 27 |
| <i>tab</i>                      |    | N                               |    | TAB                            |                  |    |
|                                 |    | <i>nabumetone 500mg tab</i>     | 14 |                                |                  |    |

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## ALPHABETICAL LISTING OF DRUGS

|  |    |   |    |   |    |
|--|----|---|----|---|----|
| NEFAZODONE 50MG<br>TAB   | 27 | <i>niacin 500mg er tab</i>                        | 34 | <i>nitroglycerin 0.6mg/hr<br/>patch</i>                               | 17 |
| NEMLUVIO 30MG<br>AUTO-INJECTOR                                   | 79 | <i>niacin 750mg er tab</i>                        | 34 | NIVESTYM<br>300MCG/0.5ML  | 75 |
| <i>neomycin sulfate 500mg<br/>tab</i>                            | 12 | NICOTROL 10MG/ML<br>NASAL INHALER                 | 87 | SYRINGE   |    |
| <i>neomycin/bacitracin/poly<br/>myxin</i>                        | 82 | <i>nifedipine 30mg er tab</i>                     | 59 | NIVESTYM 300MCG/ML<br>INJ   | 75 |
| <i>5mg-400unit-10000unit<br/>ophth ointment</i>                  |    | <i>nifedipine 30mg osmotic<br/>er tab</i>         | 59 | NIVESTYM<br>480MCG/0.8ML  | 75 |
| NEOMYCIN/POLYMYXI<br>N B/GRAMICIDIN                              | 82 | <i>nifedipine 60mg er tab</i>                     | 59 | SYRINGE   |    |
| 1.75-10000-0.025MG-UN<br>T-MG/ML OPHTH SOLN                      |    | <i>nifedipine 60mg osmotic<br/>er tab</i>         | 59 | NIVESTYM<br>480MCG/1.6ML INJ  | 75 |
| <i>neomycin/polymyxin/bacit<br/>racin/hydrocortisone</i>         | 83 | <i>nifedipine 90mg er tab</i>                     | 59 | <i>nora-be 0.35mg tab</i>   | 85 |
| <i>ophth 1% ointment</i>   |    | <i>nifedipine 90mg osmotic<br/>er tab</i>         | 59 | <i>28-day pack</i>  |    |
| <i>neomycin/polymyxin/dexa<br/>methasone 0.1% ophth<br/>susp</i> | 83 | <i>nikki tab 28-day pack</i>                      | 71 | NORDITROPIN<br>10MG/1.5ML PEN INJ                                     | 68 |
| <i>neomycin/polymyxin/hydr<br/>ocortisone</i>                    | 84 | <i>nilotinib 150mg cap</i>                        | 45 | NORDITROPIN<br>15MG/1.5ML PEN INJ                                     | 68 |
| <i>3.5-10000unit-1% otic<br/>soln</i>                            |    | <i>nilotinib 200mg cap</i>                        | 45 | NORDITROPIN<br>30MG/3ML PEN INJ                                       | 68 |
| <i>neomycin/polymyxin/hydr<br/>ocortisone</i>                    | 84 | <i>nilotinib 50mg cap</i>                         | 45 | NORDITROPIN<br>5MG/1.5ML PEN INJ                                      | 68 |
| <i>3.5-10000unit-1% otic<br/>susp</i>                            |    | <i>nilutamide 150mg tab</i>                       | 42 | <i>norelgestromin/ethinyl<br/>estradiol 150-35<br/>mcg/24hr patch</i> | 71 |
| <i>neo-polycin</i>   | 82 | <i>nimodipine 30mg cap</i>                        | 59 | <i>norethindrone 0.35mg<br/>28-day pack</i>                           | 85 |
| <i>5mg-400unit-10000unit<br/>ophth ointment</i>                  |    | NINLARO 2.3MG CAP                                 | 45 | <i>norethindrone acetate</i>  | 85 |
| <i>neo-polycin hc ophth<br/>ointment</i>                         | 83 | NINLARO 3MG CAP                                   | 45 | <i>5mg tab</i>  |    |
| NERLYNX 40MG TAB   | 45 | NINLARO 4MG CAP                                   | 45 | <i>nortrel 0.5/35 tab 28-day<br/>pack</i>                             | 71 |
| NEVIRAPINE 10MG/ML<br>ORAL SUSP                                  | 55 | <i>nitazoxanide 500mg tab</i>                     | 39 | <i>nortrel 1/35 tab 21-day<br/>pack</i>                               | 71 |
| <i>nevirapine 200mg tab</i>                                      | 55 | NITRO-BID 2%                                      | 17 | <i>nortrel 1/35 tab 28-day<br/>pack</i>                               | 71 |
| <i>nevirapine 400mg er tab</i>                                   | 55 | OINTMENT  |    | <i>nortrel 7/7/7 tab 28-day<br/>pack</i>                              | 71 |
| NEXLETOL 180MG TAB   | 34 | <i>nitrofurantoin</i>                             | 39 | <i>nortriptyline 10mg cap</i>   | 29 |
| NEXLIZET 180-10MG<br>TAB   | 34 | <i>macro/nitrofurantoin<br/>mono 100mg cap</i>    | 40 | <i>nortriptyline 25mg cap</i>   | 29 |
| NEXPLANON 68MG<br>IMPLANT  | 85 | <i>nitrofurantoin</i>                             | 40 | <i>nortriptyline 2mg/ml oral<br/>soln</i>                             | 29 |
| <i>niacin 1000mg er tab</i>                                      | 34 | <i>nitrofurantoin<br/>macrocrystals 100mg cap</i> | 40 | <i>nortriptyline 50mg cap</i>   | 29 |
|  |    | <i>nitrofurantoin<br/>macrocrystals 50mg cap</i>  | 40 | <i>nortriptyline 75mg cap</i>   | 29 |
|  |    | <i>nitroglycerin 0.1mg/hr<br/>patch</i>           | 17 |   |    |
|  |    | <i>nitroglycerin 0.2mg/hr<br/>patch</i>           | 17 |   |    |
|  |    | <i>nitroglycerin 0.3mg sl tab</i>                 | 17 |   |    |
|  |    | <i>nitroglycerin 0.4% rectal<br/>ointment</i>     | 17 |   |    |
|  |    | <i>nitroglycerin 0.4mg sl tab</i>                 | 17 |   |    |
|  |    | <i>nitroglycerin 0.4mg/hr<br/>patch</i>           | 17 |   |    |
|  |    | <i>nitroglycerin 0.6mg sl tab</i>                 | 17 |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| NORVIR 100MG ORAL POWDER  | 55 | OCTAGAM 2GM/20ML INJ                           | 84 | <i>olmesartan medoxomil 20mg tab</i>                | 36 |
| NUBEQA 300MG TAB  | 42 | <i>octreotide 0.05mg/ml inj</i>                | 68 | <i>olmesartan medoxomil 40mg tab</i>                | 36 |
| NUCALA 100MG INJ  | 19 | <i>octreotide 0.1mg/ml inj</i>                 | 68 | <i>olmesartan medoxomil 5mg tab</i>                 | 36 |
| NUCALA 100MG/ML AUTO-INJECTOR   | 19 | <i>octreotide 0.2mg/ml inj</i>                 | 68 | <i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i> | 81 |
| NUCALA 100MG/ML SYRINGE   | 19 | <i>octreotide 0.5mg/ml inj</i>                 | 68 |   |    |
| NUCALA 40MG/0.4ML SYRINGE   | 19 | ODEFSEY 200-25-25MG TAB                        | 55 | OLUMIANT 1MG TAB                                    | 12 |
| NUDEXTA 20-10MG CAP   | 87 | ODOMZO 200MG CAP                               | 42 | OLUMIANT 2MG TAB                                    | 12 |
| NUPLAZID 10MG TAB   | 50 | OFEV 100MG CAP                                 | 88 | OLUMIANT 4MG TAB                                    | 12 |
| NUPLAZID 34MG CAP   | 50 | OFEV 150MG CAP                                 | 88 | <i>omega-3 acid ethyl esters (usp) 1gm cap</i>      | 34 |
| <i>nyamyc 100000unit/gm topical powder</i>                            | 63 | <i>ofloxacin 0.3% ophth soln</i>               | 82 | <i>omeprazole 10mg dr cap</i>                       | 92 |
| <i>nylia 1/35 tab 28-day pack</i>                                     | 71 | <i>ofloxacin 0.3% otic soln</i>                | 84 | <i>omeprazole 20mg dr cap</i>                       | 92 |
| <i>nylia 7/7/7 tab 28-day pack</i>                                    | 71 | OGSIVEO 100MG TAB 7-DAY PACK (14)              | 45 | <i>omeprazole 40mg dr cap</i>                       | 92 |
| <i>nystatin 100000 unit/gm ointment</i>                               | 63 | OGSIVEO 150MG TAB 7-DAY PACK (14)              | 45 | OMNITROPE 10MG/1.5ML CARTRIDGE                      | 68 |
| <i>nystatin 100000unit/gm topical powder</i>                          | 63 | OGSIVEO 50MG TAB                               | 45 | OMNITROPE 5.8MG INJ                                 | 68 |
| <i>nystatin 100000unit/ml cream</i>                                   | 63 | OJEMDA 100MG TAB                               | 45 | OMNITROPE 5MG/1.5ML CARTRIDGE                       | 68 |
| <i>nystatin 100000unit/ml oral susp</i>                               | 62 | OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16) | 45 | <i>ondansetron 0.8mg/ml oral soln</i>               | 32 |
| <i>nystatin 500000unit tab</i>  | 33 | OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24) | 45 | <i>ondansetron 4mg odt</i>                          | 32 |
| <i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% ointment</i> | 63 | OJEMDA 25MG/ML POWDER FOR ORAL SUSP            | 45 | <i>ondansetron 4mg tab</i>                          | 32 |
| <i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i>     | 63 | OJJAARA 100MG TAB                              | 45 | <i>ondansetron 8mg odt</i>                          | 32 |
| <i>nystop 100000unit/gm topical powder</i>                            | 63 | OJJAARA 150MG TAB                              | 45 | <i>ondansetron 8mg tab</i>                          | 32 |
| NYVEPRIA 6MG/0.6ML SYRINGE  | 75 | OJJAARA 200MG TAB                              | 45 | ONUREG 200MG TAB                                    | 41 |
| <b>O</b>  |    | <i>olanzapine 10mg inj</i>                     | 52 | ONUREG 300MG TAB                                    | 41 |
| <i>ocella tab 28-day pack</i>   | 71 | <i>olanzapine 10mg odt</i>                     | 52 | OPIPZA 10MG ORAL FILM                               | 53 |
| OCTAGAM 1GM/20ML INJ  | 84 | <i>olanzapine 10mg tab</i>                     | 52 | OPIPZA 2MG ORAL FILM                                | 53 |
|   |    | <i>olanzapine 15mg odt</i>                     | 52 | OPIPZA 5MG ORAL FILM                                | 53 |
|   |    | <i>olanzapine 15mg tab</i>                     | 52 | OPSUMIT 10MG TAB                                    | 89 |
|   |    | <i>olanzapine 2.5mg tab</i>                    | 52 | OPVEE 2.7MG/0.1ML NASAL SPRAY                       | 32 |
|   |    | <i>olanzapine 20mg odt</i>                     | 52 | ORENCIA 125MG/ML AUTO-INJECTOR                      | 14 |
|   |    | <i>olanzapine 20mg tab</i>                     | 52 | ORENCIA 125MG/ML SYRINGE                            | 14 |
|   |    | <i>olanzapine 5mg odt</i>                      | 52 |   |    |
|   |    | <i>olanzapine 5mg tab</i>                      | 52 |   |    |
|   |    | <i>olanzapine 7.5mg tab</i>                    | 52 |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|  |    |  |    |   |    |
|--|----|--|----|---|----|
| ORENCIA 50MG/0.4ML SYRINGE               | 14 | <i>oxybutynin chloride 1mg/ml oral soln</i>  | 92 | <i>pacerone 400mg tab</i>   | 19 |
| ORENCIA 87.5MG/0.7ML SYRINGE             | 14 | <i>oxybutynin chloride 5mg er tab</i>        | 92 | <i>paliperidone 1.5mg er tab</i>  | 51 |
| ORGOVYX 120MG TAB                        | 42 | <i>oxybutynin chloride 5mg tab</i>           | 92 | <i>paliperidone 3mg er tab</i>  | 51 |
| ORKAMBI 125-100MG ORAL GRANULES          | 88 | <i>oxycodone 10mg tab</i>                    | 15 | <i>paliperidone 6mg er tab</i>  | 51 |
| ORKAMBI 125-100MG TAB                    | 88 | <i>oxycodone 15mg tab</i>                    | 15 | <i>paliperidone 9mg er tab</i>  | 51 |
| ORKAMBI 125-200MG TAB                    | 88 | <i>oxycodone 1mg/ml oral soln</i>            | 15 | PANRETIN 0.1% GEL   | 63 |
| ORKAMBI 188-150MG ORAL GRANULES          | 88 | <i>oxycodone 20mg tab</i>                    | 15 | <i>pantoprazole 20mg dr tab</i>   | 92 |
| ORKAMBI 94-75MG ORAL GRANULES            | 88 | <i>oxycodone 30mg tab</i>                    | 15 | <i>pantoprazole 40mg dr tab</i>   | 92 |
| <i>orphenadrine citrate 100mg er tab</i> | 81 | <i>oxycodone 5mg tab</i>                     | 15 | <i>paricalcitol 1mcg cap</i>  | 68 |
| <i>orquidea 0.35mg tab 28-day pack</i>   | 85 | <i>oxycodone/acetaminophen 10-325mg tab</i>  | 16 | <i>paricalcitol 2mcg cap</i>  | 68 |
| ORSERDU 345MG TAB                        | 42 | <i>oxycodone/acetaminophen 2.5-325mg tab</i> | 16 | <i>paricalcitol 4mcg cap</i>  | 68 |
| ORSERDU 86MG TAB                         | 42 | <i>oxycodone/acetaminophen 5-325mg tab</i>   | 16 | <i>paroxetine 10mg tab</i>  | 27 |
| <i>oseltamivir 30mg cap</i>              | 56 | <i>oxycodone/acetaminophen 7.5-325mg tab</i> | 16 | PAROXETINE 10MG/ML SUSP   | 27 |
| <i>oseltamivir 45mg cap</i>              | 56 | OXYCONTIN 10MG ER TAB                        | 15 | <i>paroxetine 12.5mg er tab</i>   | 27 |
| <i>oseltamivir 6mg/ml oral susp</i>      | 56 | OXYCONTIN 15MG ER TAB                        | 15 | <i>paroxetine 20mg tab</i>  | 27 |
| <i>oseltamivir 75mg cap</i>              | 56 | OXYCONTIN 20MG ER TAB                        | 15 | <i>paroxetine 25mg er tab</i>   | 27 |
| OTEZLA 20MG TAB                          | 64 | OXYCONTIN 30MG ER TAB                        | 15 | <i>paroxetine 30mg tab</i>  | 27 |
| OTEZLA 30MG TAB                          | 64 | OXYCONTIN 40MG ER TAB                        | 15 | <i>paroxetine 37.5mg er tab</i>   | 27 |
| OTEZLA TAB 28-DAY STARTER PACK (55)      | 64 | OXYCONTIN 60MG ER TAB                        | 15 | <i>paroxetine 40mg tab</i>  | 27 |
| <i>oxacillin 100mg/ml inj</i>            | 85 | OXYCONTIN 80MG ER TAB                        | 15 | PAXLOVID 150MG/100MG TAB PACK (20)  |    |
| <i>oxacillin 1gm inj</i>                 | 85 | OZEMPIC 2.68MG/ML PEN INJ                    | 31 | PAXLOVID 150MG/100MG TAB PACK (30)  |    |
| <i>oxacillin 2gm inj</i>                 | 85 | OZEMPIC 2MG/3ML PEN INJ                      | 31 | PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11)                     |    |
| <i>oxaprozin 600mg tab</i>               | 14 | OZEMPIC 4MG/3ML PEN INJ                      | 31 | <i>pazopanib 200mg tab</i>  | 45 |
| <i>oxcarbazepine 150mg tab</i>           | 24 |  |    | PEDIARIX SYRINGE  | 91 |
| <i>oxcarbazepine 300mg tab</i>           | 24 | <b>P</b>                                     |    | PEDVAXHIB   | 93 |
| <i>oxcarbazepine 600mg tab</i>           | 24 | <i>pacerone 100mg tab</i>                    | 19 | 7.5MCG/0.5ML INJ  |    |
| <i>oxcarbazepine 60mg/ml oral susp</i>   | 24 | <i>pacerone 200mg tab</i>                    | 19 | <i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>                 | 76 |
| <i>oxybutynin chloride 10mg er tab</i>   | 92 |  |    | <i>peg 3350/electrolyte powder for oral soln</i>                            | 76 |
| <i>oxybutynin chloride 15mg er tab</i>   | 92 |  |    | <i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i> | 76 |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|                                |    |                                 |    |                                 |    |
|--------------------------------|----|---------------------------------|----|---------------------------------|----|
| PEGASYS                        | 56 | PERINDOPRIL                     | 35 | <i>pioglitazone 15mg tab</i>    | 30 |
| 180MCG/0.5ML                   |    | ERBUMINE 8MG TAB                |    | <i>pioglitazone 30mg tab</i>    | 30 |
| SYRINGE                        |    | <i>periogard 0.12%</i>          | 62 | <i>pioglitazone 45mg tab</i>    | 30 |
| PEGASYS 180MCG/ML              | 56 | <i>mouthwash</i>                |    | <i>piperacillin/tazobactam</i>  | 85 |
| INJ                            |    | <i>permethrin 5% cream</i>      | 66 | <i>2000-250mg inj</i>           |    |
| PEMAZYRE 13.5MG TAB            | 45 | <i>perphenazine 16mg tab</i>    | 53 | <i>piperacillin/tazobactam</i>  | 85 |
| PEMAZYRE 4.5MG TAB             | 45 | <i>perphenazine 2mg tab</i>     | 53 | <i>3000-375mg inj</i>           |    |
| PEMAZYRE 9MG TAB               | 45 | <i>perphenazine 4mg tab</i>     | 53 | <i>piperacillin/tazobactam</i>  | 85 |
| PENBRAYA INJ                   | 93 | <i>perphenazine 8mg tab</i>     | 53 | <i>36-4.5gm inj</i>             |    |
| <i>penicillamine 250mg tab</i> | 79 | PERSERIS 120MG                  | 51 | <i>piperacillin/tazobactam</i>  | 85 |
| <i>penicillin g potassium</i>  | 84 | SYRINGE                         |    | <i>4000-500mg inj</i>           |    |
| <i>1000000unit/ml inj</i>      |    | PERSERIS 90MG                   | 51 | PIQRAY TAB 200MG                | 45 |
| PENICILLIN G SODIUM            | 84 | SYRINGE                         |    | DAILY DOSE PACK (28)            |    |
| 100000UNIT/ML INJ              |    | PHENELZINE 15MG TAB             | 27 | PIQRAY TAB 250MG                | 45 |
| <i>penicillin v potassium</i>  | 84 | <i>phenobarbital 100mg tab</i>  | 24 | DAILY DOSE PACK (56)            |    |
| <i>250mg tab</i>               |    | <i>phenobarbital 15mg tab</i>   | 24 | PIQRAY TAB 300MG                | 45 |
| PENICILLIN V                   | 84 | <i>phenobarbital 16.2mg tab</i> | 24 | DAILY DOSE PACK (56)            |    |
| POTASSIUM 25MG/ML              |    | <i>phenobarbital 30mg tab</i>   | 24 | <i>pirfenidone 267mg cap</i>    | 88 |
| ORAL SOLN                      |    | <i>phenobarbital 32.4mg tab</i> | 24 | <i>pirfenidone 267mg tab</i>    | 88 |
| <i>penicillin v potassium</i>  | 84 | <i>phenobarbital 4mg/ml</i>     | 24 | <i>pirfenidone 801mg tab</i>    | 88 |
| <i>500mg tab</i>               |    | <i>oral soln</i>                |    | <i>piroxicam 10mg cap</i>       | 14 |
| PENICILLIN V                   | 84 | <i>phenobarbital 60mg tab</i>   | 24 | <i>piroxicam 20mg cap</i>       | 14 |
| POTASSIUM 50MG/ML              |    | <i>phenobarbital 64.8mg tab</i> | 24 | PLASMA-LYTE A INJ               | 78 |
| ORAL SOLN                      |    | <i>phenobarbital 97.2mg tab</i> | 24 | PLEGRIDY                        | 87 |
| PENMENVY INJ                   | 93 | <i>phenytoin 25mg/ml oral</i>   | 24 | 125MCG/0.5ML                    |    |
| PENTACEL                       | 91 | <i>susp</i>                     |    | AUTO-INJECTOR                   |    |
| 96-30-68UNIT/ML INJ            |    | <i>phenytoin 50mg chew tab</i>  | 24 | PLEGRIDY                        | 87 |
| <i>pentamidine isethionate</i> | 39 | <i>phenytoin sodium 100mg</i>   | 24 | 125MCG/0.5ML                    |    |
| <i>300mg inj</i>               |    | <i>er cap</i>                   |    | SYRINGE                         |    |
| <i>pentamidine isethionate</i> | 39 | PIFELTRO 100MG TAB              | 55 | <i>plenamine 15% inj</i>        | 82 |
| <i>300mg/6ml inh soln</i>      |    | <i>pilocarpine 1% ophth</i>     | 83 | PODOFILOX 0.5%                  | 66 |
| <i>pentoxifylline 400mg er</i> | 60 | <i>soln</i>                     |    | TOPICAL SOLN                    |    |
| <i>tab</i>                     |    | <i>pilocarpine 2% ophth</i>     | 83 | <i>polycin 0.5-10unit/mg</i>    | 82 |
| <i>perampanel 10mg tab</i>     | 24 | <i>soln</i>                     |    | <i>ophth ointment</i>           |    |
| <i>perampanel 12mg tab</i>     | 24 | <i>pilocarpine 4% ophth</i>     | 83 | <i>polymyxin b/trimethoprim</i> | 82 |
| <i>perampanel 2mg tab</i>      | 24 | <i>soln</i>                     |    | <i>10000 unit/ml-0.1%</i>       |    |
| <i>perampanel 4mg tab</i>      | 24 | <i>pilocarpine 5mg tab</i>      | 62 | <i>ophth soln</i>               |    |
| <i>perampanel 6mg tab</i>      | 24 | <i>pilocarpine 7.5mg tab</i>    | 62 | POMALYST 1MG CAP                | 47 |
| <i>perampanel 8mg tab</i>      | 24 | <i>pimecrolimus 1% cream</i>    | 65 | POMALYST 2MG CAP                | 47 |
| PERINDOPRIL                    | 35 | PIMOZIDE 1MG TAB                | 87 | POMALYST 3MG CAP                | 47 |
| ERBUMINE 2MG TAB               |    | PIMOZIDE 2MG TAB                | 87 | POMALYST 4MG CAP                | 47 |
| <i>perindopril erbumine</i>    | 35 | <i>pimtrea tab 28-day pack</i>  | 71 | <i>portia tab 28-day pack</i>   | 71 |
| <i>4mg tab</i>                 |    | <i>pindolol 10mg tab</i>        | 57 | <i>posaconazole 100mg dr</i>    | 33 |
|                                |    | <i>pindolol 5mg tab</i>         | 57 | <i>tab</i>                      |    |

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## ALPHABETICAL LISTING OF DRUGS

|  |    |   |    |   |    |
|--|----|---|----|---|----|
| <i>posaconazole 40mg/ml oral susp</i>                | 33 | <i>pramipexole 0.25mg tab</i>             | 49 | <i>pregabalin 300mg cap</i>               | 25 |
| <i>potassium chloride 1.33meq/ml oral soln</i>       | 78 | <i>pramipexole 0.5mg tab</i>              | 49 | <i>pregabalin 50mg cap</i>                | 25 |
| <i>potassium chloride 10meq er cap</i>               | 78 | <i>pramipexole 0.75mg tab</i>             | 49 | <i>pregabalin 75mg cap</i>                | 25 |
| <i>potassium chloride 10meq er tab</i>               | 79 | <i>pramipexole 1.5mg tab</i>              | 49 | PREMARIN 0.3MG TAB                        | 73 |
| <i>potassium chloride 10meq micro er tab</i>         | 79 | <i>pramipexole 1mg tab</i>                | 49 | PREMARIN 0.45MG TAB                       | 73 |
| POTASSIUM CHLORIDE 10MEQ/100ML INJ                   | 79 | <i>prasugrel 10mg tab</i>                 | 75 | PREMARIN 0.625MG TAB                      | 73 |
| POTASSIUM CHLORIDE 15MEQ ER TAB                      | 79 | <i>prasugrel 5mg tab</i>                  | 75 | PREMARIN                                  | 94 |
| <i>potassium chloride 15meq micro er tab</i>         | 79 | <i>pravastatin sodium 10mg tab</i>        | 34 | 0.625MG/GM VAGINAL CREAM                  |    |
| <i>potassium chloride 2.67meq/ml oral soln</i>       | 79 | <i>pravastatin sodium 20mg tab</i>        | 34 | PREMARIN 0.9MG TAB                        | 73 |
| <i>potassium chloride 20meq er tab</i>               | 79 | <i>pravastatin sodium 40mg tab</i>        | 34 | PREMARIN 1.25MG TAB                       | 73 |
| <i>potassium chloride 20meq micro er tab</i>         | 79 | <i>pravastatin sodium 80mg tab</i>        | 34 | PREMPHASE 28-DAY PACK                     | 71 |
| <i>potassium chloride 20meq powder for oral soln</i> | 79 | <i>praziquantel 600mg tab</i>             | 17 | PREMPRO 0.3/1.5MG 28-DAY PACK             | 72 |
| POTASSIUM CHLORIDE 20MEQ/100ML INJ                   | 79 | <i>prazosin 1mg cap</i>                   | 36 | PREMPRO 0.45/1.5MG 28-DAY PACK            | 72 |
| <i>potassium chloride 2meq/ml (20ml) inj</i>         | 79 | <i>prazosin 2mg cap</i>                   | 36 | PREMPRO 0.625/2.5MG 28-DAY PACK           | 72 |
| <i>potassium chloride 2meq/ml inj</i>                | 79 | <i>prazosin 5mg cap</i>                   | 36 | PREMPRO 0.625/5MG 28-DAY PACK             | 72 |
| POTASSIUM CHLORIDE 40MEQ/100ML INJ                   | 79 | PREDNISOLONE 1% OPHTH SOLN                | 83 | PREMPRO 0.625/5MG 28-DAY PACK             | 72 |
| <i>potassium chloride 8meq er cap</i>                | 79 | <i>prednisolone 1mg/ml oral soln</i>      | 61 | <i>prevalite 4gm powder for oral susp</i> | 34 |
| <i>potassium chloride 8meq er tab</i>                | 79 | <i>prednisolone 3mg/ml oral soln</i>      | 61 | PREVYMIS 120MG ORAL PELLETT               | 56 |
| <i>potassium citrate 10meq er tab</i>                | 74 | <i>prednisolone 5mg/ml oral soln</i>      | 61 | PREVYMIS 240MG TAB                        | 56 |
| <i>potassium citrate 15meq er tab</i>                | 74 | <i>prednisolone acetate 1% ophth susp</i> | 83 | PREVYMIS 480MG TAB                        | 56 |
| <i>potassium citrate 5meq er tab</i>                 | 74 | <i>prednisone 10mg tab</i>                | 61 | PREZCOBIX 150-800MG TAB                   | 55 |
| <i>pramipexole 0.125mg tab</i>                       | 49 | <i>prednisone 1mg tab</i>                 | 61 | PREZISTA 100MG/ML ORAL SUSP               | 55 |
|  |    | PREDNISONE 1MG/ML ORAL SOLN               | 61 | PREZISTA 150MG TAB                        | 55 |
|  |    | <i>prednisone 2.5mg tab</i>               | 61 | PREZISTA 75MG TAB                         | 55 |
|  |    | <i>prednisone 20mg tab</i>                | 61 | PRIFTIN 150MG TAB                         | 40 |
|  |    | <i>prednisone 50mg tab</i>                | 61 | PRIMAQUINE                                | 40 |
|  |    | <i>prednisone 5mg tab</i>                 | 61 | PHOSPHATE 26.3MG TAB                      |    |
|  |    | <i>pregabalin 100mg cap</i>               | 24 | <i>primidone 250mg tab</i>                | 25 |
|  |    | <i>pregabalin 150mg cap</i>               | 24 | <i>primidone 50mg tab</i>                 | 25 |
|  |    | <i>pregabalin 200mg cap</i>               | 24 | PRIORIX INJ                               | 94 |
|  |    | <i>pregabalin 20mg/ml oral soln</i>       | 24 | PRIVIGEN 20GM/200ML INJ                   | 84 |
|  |    | <i>pregabalin 225mg cap</i>               | 24 |   |    |
|  |    | <i>pregabalin 25mg cap</i>                | 25 | <i>probenecid 500mg tab</i>               | 74 |

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## ALPHABETICAL LISTING OF DRUGS

|  |    |  |    |                                       |    |
|--|----|--|----|---------------------------------------|----|
| <i>prochlorperazine 10mg tab</i>           | 53 | PROPRANOLOL<br>8MG/ML ORAL SOLN            | 58 | QVAR 80MCG<br>REDIHALER               | 20 |
| <i>prochlorperazine 25mg rectal supp</i>   | 53 | <i>propylthiouracil 50mg tab</i>           | 90 | <b>R</b>                              |    |
| <i>prochlorperazine 5mg tab</i>            | 53 | PROQUAD INJ                                | 94 | RABAVERT 2.5UNIT/ML<br>INJ            | 94 |
| <i>procto-med 2.5% cream</i>               | 17 | PROSOL 20% INJ                             | 82 | <i>rabeprazole sodium 20mg dr tab</i> | 92 |
| <i>proctosol 2.5% cream</i>                | 17 | <i>protriptyline 10mg tab</i>              | 29 | RADICAVA 105MG/5ML<br>ORAL SUSP       | 81 |
| <i>proctozone hc 2.5% cream</i>            | 17 | <i>protriptyline 5mg tab</i>               | 29 | RALDESY 10MG/ML<br>ORAL SOLN          | 27 |
| <i>progesterone 100mg cap</i>              | 85 | PULMOZYME 1MG/ML<br>INH SOLN               | 88 | <i>raloxifene 60mg tab</i>            | 67 |
| <i>progesterone 200mg cap</i>              | 85 | PURIXAN<br>2000MG/100ML ORAL<br>SUSP       | 41 | <i>ramelteon 8mg tab</i>              | 76 |
| PROGRAF 0.2MG<br>GRANULES FOR ORAL<br>SUSP | 80 | <i>pyrazinamide 500mg tab</i>              | 40 | <i>ramipril 1.25mg cap</i>            | 35 |
| PROGRAF 1MG<br>GRANULES FOR ORAL<br>SUSP   | 80 | <i>pyridostigmine bromide<br/>60mg tab</i> | 40 | <i>ramipril 10mg cap</i>              | 35 |
| PROLASTIN 1000MG INJ                       | 88 | <i>pyrimethamine 25mg tab</i>              | 40 | <i>ramipril 2.5mg cap</i>             | 35 |
| <i>promethazine 1.25mg/ml oral soln</i>    | 88 | <b>Q</b>                                   |    | <i>ramipril 5mg cap</i>               | 35 |
| <i>promethazine 12.5mg tab</i>             | 88 | QINLOCK 50MG TAB                           | 45 | <i>ranolazine 1000mg er tab</i>       | 60 |
| <i>promethazine 25mg tab</i>               | 88 | QUADRACEL INJ                              | 91 | <i>ranolazine 500mg er tab</i>        | 60 |
| <i>promethazine 50mg tab</i>               | 88 | QUADRACEL SYRINGE                          | 91 | <i>rasagiline 0.5mg tab</i>           | 49 |
| <i>propafenone 150mg tab</i>               | 18 | <i>quetiapine 100mg tab</i>                | 52 | <i>rasagiline 1mg tab</i>             | 49 |
| <i>propafenone 225mg er cap</i>            | 18 | <i>quetiapine 150mg er tab</i>             | 52 | <i>reclipsen tab 28-day pack</i>      | 72 |
| <i>propafenone 225mg tab</i>               | 18 | <i>quetiapine 200mg er tab</i>             | 52 | RECOMBIVAX<br>10MCG/ML INJ            | 94 |
| <i>propafenone 300mg tab</i>               | 18 | <i>quetiapine 200mg tab</i>                | 52 | RECOMBIVAX<br>10MCG/ML SYRINGE        | 94 |
| <i>propafenone 325mg er cap</i>            | 18 | <i>quetiapine 25mg tab</i>                 | 52 | RECOMBIVAX<br>40MCG/ML INJ            | 94 |
| <i>propafenone 425mg er cap</i>            | 18 | <i>quetiapine 300mg er tab</i>             | 52 | RECOMBIVAX<br>5MCG/0.5ML INJ          | 94 |
| <i>propranolol 10mg tab</i>                | 58 | <i>quetiapine 300mg tab</i>                | 52 | RECOMBIVAX<br>5MCG/0.5ML SYRINGE      | 94 |
| <i>propranolol 120mg er cap</i>            | 58 | <i>quetiapine 400mg er tab</i>             | 52 | RELENZA 5MG/BLISTER<br>POWDER INHALER | 56 |
| <i>propranolol 160mg er cap</i>            | 58 | <i>quetiapine 400mg tab</i>                | 52 | <i>repaglinide 0.5mg tab</i>          | 30 |
| <i>propranolol 20mg tab</i>                | 58 | <i>quetiapine 50mg er tab</i>              | 52 | <i>repaglinide 1mg tab</i>            | 30 |
| <i>propranolol 40mg tab</i>                | 58 | <i>quetiapine 50mg tab</i>                 | 52 | <i>repaglinide 2mg tab</i>            | 30 |
| PROPRANOLOL<br>4MG/ML ORAL SOLN            | 58 | <i>quinapril 10mg tab</i>                  | 35 | REPATHA 140MG/ML<br>AUTO-INJECTOR     | 34 |
| <i>propranolol 60mg er cap</i>             | 58 | <i>quinapril 20mg tab</i>                  | 35 | REPATHA 140MG/ML<br>SYRINGE           | 34 |
| <i>propranolol 60mg tab</i>                | 58 | <i>quinapril 40mg tab</i>                  | 35 | REPATHA 420MG/3.5ML<br>CARTRIDGE      | 34 |
| <i>propranolol 80mg er cap</i>             | 58 | <i>quinapril 5mg tab</i>                   | 35 |                                       |    |
| <i>propranolol 80mg tab</i>                | 58 | QUINIDINE SULFATE<br>200MG TAB             | 18 |                                       |    |
|  |    | QUINIDINE SULFATE<br>300MG TAB             | 18 |                                       |    |
|  |    | <i>quinine sulfate 324mg cap</i>           | 40 |                                       |    |
|  |    | QVAR 40MCG<br>REDIHALER                    | 20 |                                       |    |

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## ALPHABETICAL LISTING OF DRUGS

|                               |    |  |    |   |    |
|-------------------------------|----|--|----|---|----|
| RETACRIT<br>10000UNIT/ML INJ  | 75 | RIMANTADINE 100MG<br>TAB                         | 56 | <i>rivastigmine 13.3mg/24hr<br/>patch</i> | 86 |
| RETACRIT<br>20000UNIT/2ML INJ | 75 | RINVOQ 15MG ER TAB                               | 12 | <i>rivastigmine 3mg cap</i>               | 86 |
| RETACRIT<br>20000UNIT/ML INJ  | 75 | RINVOQ 1MG/ML ORAL<br>SOLN                       | 12 | <i>rivastigmine 4.5mg cap</i>             | 86 |
| RETACRIT 2000UNIT/ML<br>INJ   | 75 | RINVOQ 30MG ER TAB                               | 12 | <i>rivastigmine 4.6mg/24hr<br/>patch</i>  | 86 |
| RETACRIT 3000UNIT/ML<br>INJ   | 75 | RINVOQ 45MG ER TAB                               | 12 | <i>rivastigmine 6mg cap</i>               | 86 |
| RETACRIT<br>40000UNIT/ML INJ  | 75 | <i>risedronate sodium<br/>150mg tab</i>          | 67 | <i>rivastigmine 9.5mg/24hr<br/>patch</i>  | 86 |
| RETACRIT 4000UNIT/ML<br>INJ   | 75 | <i>risedronate sodium 30mg<br/>tab</i>           | 67 | <i>rizatriptan 10mg odt</i>               | 77 |
| RETEVMO 120MG TAB             | 45 | <i>risedronate sodium 35mg<br/>tab</i>           | 67 | <i>rizatriptan 10mg tab</i>               | 77 |
| RETEVMO 160MG TAB             | 45 | <i>risedronate sodium 35mg<br/>tab pack (12)</i> | 67 | <i>rizatriptan 5mg odt</i>                | 77 |
| RETEVMO 40MG TAB              | 45 | <i>risedronate sodium 35mg<br/>tab pack (4)</i>  | 67 | <i>rizatriptan 5mg tab</i>                | 77 |
| RETEVMO 80MG TAB              | 45 | <i>risedronate sodium 5mg<br/>tab</i>            | 67 | ROCKLATAN                                 | 83 |
| REVUFORJ 110MG TAB            | 47 | RISPERIDONE 0.25MG<br>ODT                        | 51 | 0.02-0.005% OPTH<br>SOLN                  |    |
| REVUFORJ 160MG TAB            | 47 | <i>risperidone 0.25mg tab</i>                    | 51 | <i>roflumilast 0.5mg tab</i>              | 89 |
| REVUFORJ 25MG TAB             | 47 | <i>risperidone 0.5mg odt</i>                     | 51 | <i>roflumilast 250mcg tab</i>             | 89 |
| REXULTI 0.25MG TAB            | 53 | <i>risperidone 0.5mg tab</i>                     | 51 | ROMVIMZA 14MG CAP                         | 46 |
| REXULTI 0.5MG TAB             | 53 | <i>risperidone 1mg odt</i>                       | 51 | ROMVIMZA 20MG CAP                         | 46 |
| REXULTI 1MG TAB               | 53 | <i>risperidone 1mg tab</i>                       | 51 | ROMVIMZA 30MG CAP                         | 46 |
| REXULTI 2MG TAB               | 53 | <i>risperidone 1mg odt</i>                       | 51 | <i>ropinirole 0.25mg tab</i>              | 49 |
| REXULTI 3MG TAB               | 54 | <i>risperidone 1mg tab</i>                       | 51 | <i>ropinirole 0.5mg tab</i>               | 49 |
| REXULTI 4MG TAB               | 54 | <i>risperidone 1mg/ml oral<br/>soln</i>          | 51 | <i>ropinirole 1mg tab</i>                 | 49 |
| REYATAZ 50MG ORAL<br>POWDER   | 55 | <i>risperidone 2mg odt</i>                       | 51 | <i>ropinirole 2mg tab</i>                 | 49 |
| REZDIFFRA 100MG TAB           | 73 | <i>risperidone 2mg tab</i>                       | 51 | <i>ropinirole 3mg tab</i>                 | 49 |
| REZDIFFRA 60MG TAB            | 73 | <i>risperidone 37.5mg inj</i>                    | 51 | <i>ropinirole 4mg tab</i>                 | 49 |
| REZDIFFRA 80MG TAB            | 73 | <i>risperidone 3mg odt</i>                       | 51 | <i>ropinirole 5mg tab</i>                 | 49 |
| REZLIDHIA 150MG CAP           | 45 | <i>risperidone 3mg tab</i>                       | 51 | <i>rosuvastatin calcium<br/>10mg tab</i>  | 34 |
| REZUROCK 200MG TAB            | 79 | <i>risperidone 4mg odt</i>                       | 51 | <i>rosuvastatin calcium<br/>20mg tab</i>  | 34 |
| RHOPRESSA 0.02%<br>OPHTH SOLN | 82 | <i>risperidone 4mg tab</i>                       | 51 | <i>rosuvastatin calcium<br/>40mg tab</i>  | 34 |
| RIBAVIRIN 200MG CAP           | 56 | <i>risperidone 50mg inj</i>                      | 51 | <i>rosuvastatin calcium 5mg<br/>tab</i>   | 34 |
| RIBAVIRIN 200MG TAB           | 56 | <i>risperidone microspheres<br/>12.5mg inj</i>   | 51 | ROTARIX                                   | 94 |
| <i>rifabutin 150mg cap</i>    | 40 | <i>risperidone microspheres<br/>25mg inj</i>     | 51 | 667000UNIT/ML ORAL<br>SUSP                |    |
| <i>rifampin 150mg cap</i>     | 40 | <i>ritonavir 100mg tab</i>                       | 55 | ROTATEQ ORAL SUSP                         | 94 |
| <i>rifampin 300mg cap</i>     | 40 | <i>rivaroxaban 2.5mg tab</i>                     | 21 | <i>roweepra 500mg tab</i>                 | 25 |
| <i>rifampin 600mg inj</i>     | 40 | <i>rivastigmine 1.5mg cap</i>                    | 86 | ROZLYTREK 100MG<br>CAP                    | 46 |
| <i>riluzole 50mg tab</i>      | 81 |  |    |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|  |    |  |    |   |    |
|--|----|--|----|---|----|
| ROZLYTREK 200MG CAP                              | 46 | SECUADO 7.6MG/24HR PATCH               | 52 | <i>sirolimus 1mg tab</i>  | 80 |
| ROZLYTREK 50MG ORAL PELLETT                      | 46 | <i>selegiline 5mg cap</i>              | 49 | <i>sirolimus 1mg/ml oral soln</i>   | 80 |
| RUBRACA 200MG TAB                                | 46 | <i>selegiline 5mg tab</i>              | 49 | <i>sirolimus 2mg tab</i>  | 80 |
| RUBRACA 250MG TAB                                | 46 | <i>selenium sulfide 2.5% shampoo</i>   | 66 | SIRTURO 100MG TAB   | 40 |
| RUBRACA 300MG TAB                                | 46 | SELZENTRY 20MG/ML ORAL SOLN            | 55 | SIRTURO 20MG TAB  | 40 |
| <i>rufinamide 200mg tab</i>                      | 25 | <i>sertraline 100mg tab</i>            | 27 | SKYRIZI 150MG/ML AUTO-INJECTOR  | 64 |
| <i>rufinamide 400mg tab</i>                      | 25 | <i>sertraline 20mg/ml oral soln</i>    | 27 | SKYRIZI 150MG/ML SYRINGE  | 64 |
| <i>rufinamide 40mg/ml oral susp</i>              | 25 | <i>sertraline 25mg tab</i>             | 27 | SKYRIZI 180MG/1.2ML CARTRIDGE   | 74 |
| RUKOBIA 600MG ER TAB                             | 55 | <i>sertraline 50mg tab</i>             | 27 | SKYRIZI 360MG/2.4ML CARTRIDGE   | 74 |
| RYBELSUS 14MG TAB                                | 31 | <i>setlakin tab 91-day pack</i>        | 72 | <i>sodium chloride 0.45% inj</i>  | 79 |
| RYBELSUS 3MG TAB                                 | 31 | <i>sharobel 0.35mg tab 28-day pack</i> | 85 | <i>sodium chloride 0.9% inj</i>   | 79 |
| RYBELSUS 7MG TAB                                 | 31 | SHINGRIX                               | 94 | <i>sodium chloride 0.9% irrigation soln</i>   | 74 |
| RYDAPT 25MG CAP                                  | 46 | 50MCG/0.5ML INJ                        |    | <i>sodium chloride 3% inj</i>   | 79 |
| <b>S</b>   |    | SIGNIFOR 0.3MG/ML INJ                  | 68 | <i>sodium chloride 50mg/ml inj</i>  | 79 |
| <i>sacubitril/valsartan 24-26mg tab</i>          | 60 | SIGNIFOR 0.6MG/ML INJ                  | 68 | SODIUM OXYBATE 500MG/ML ORAL SOLN   | 89 |
| <i>sacubitril/valsartan 49-51mg tab</i>          | 60 | SIGNIFOR 0.9MG/ML INJ                  | 68 | <i>sodium phenylbutyrate 3gm/tsp oral powder</i>  | 68 |
| <i>sacubitril/valsartan 97-103mg tab</i>         | 60 | <i>sildenafil 20mg tab</i>             | 89 | <i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>  |    |
| <i>sajazir 30mg/3ml syringe</i>                  | 76 | <i>silodosin 4mg cap</i>               | 74 | <i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit</i>         | 76 |
| <i>salmon calcitonin 200unit/act nasal spray</i> | 67 | <i>silodosin 8mg cap</i>               | 74 | <i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)</i> | 76 |
| SANTYL 250UNIT/GM OINTMENT                       | 66 | <i>silver sulfadiazine 1% cream</i>    | 66 | SOFOSBUVIR/VELPATAS VIR 400-100MG TAB   | 56 |
| <i>sapropterin 100mg powder for oral soln</i>    | 68 | SIMBRINZA 0.2-1% OPHTH SUSP            | 82 | SOGROYA 10MG/1.5ML PEN INJ  | 68 |
| <i>sapropterin 100mg tab</i>                     | 68 | SIMLANDI 20MG/0.2ML SYRINGE            | 13 | SOGROYA 15MG/1.5ML PEN INJ  | 68 |
| <i>sapropterin 500mg powder for oral soln</i>    | 68 | SIMLANDI 40MG/0.4ML AUTO-INJECTOR      | 13 |   |    |
| SCSEMBLIX 100MG TAB                              | 46 | SIMLANDI 40MG/0.4ML SYRINGE            | 13 |   |    |
| SCSEMBLIX 20MG TAB                               | 46 | SIMLANDI 80MG/0.8ML AUTO-INJECTOR      | 13 |   |    |
| SCSEMBLIX 40MG TAB                               | 46 | SIMLANDI 80MG/0.8ML SYRINGE            | 13 |   |    |
| <i>scopolamine 1mg/72hr patch</i>                | 32 | <i>simvastatin 10mg tab</i>            | 35 |   |    |
| SECUADO 3.8MG/24HR PATCH                         | 52 | <i>simvastatin 20mg tab</i>            | 35 |   |    |
| SECUADO 5.7MG/24HR PATCH                         | 52 | <i>simvastatin 40mg tab</i>            | 35 |   |    |
|  |    | <i>simvastatin 5mg tab</i>             | 35 |   |    |
|  |    | <i>simvastatin 80mg tab</i>            | 35 |   |    |
|  |    | <i>sirolimus 0.5mg tab</i>             | 80 |   |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                  |    |                                 |    |                              |    |
|----------------------------------|----|---------------------------------|----|------------------------------|----|
| SOGROYA 5MG/1.5ML                | 68 | STIOLTO                         | 21 | <i>sumatriptan 20mg/act</i>  | 77 |
| PEN INJ                          |    | 2.5-2.5MCG/ACT                  |    | <i>nasal spray</i>           |    |
| <i>solifenacin succinate</i>     | 92 | INHALER                         |    | <i>sumatriptan 25mg tab</i>  | 77 |
| <i>10mg tab</i>                  |    | STIVARGA 40MG TAB               | 46 | <i>sumatriptan 4mg/0.5ml</i> | 77 |
| <i>solifenacin succinate 5mg</i> | 92 | STREPTOMYCIN 1GM                | 12 | <i>cartridge</i>             |    |
| <i>tab</i>                       |    | INJ                             |    | <i>sumatriptan 50mg tab</i>  | 77 |
| SOLTAMOX 10MG/5ML                | 42 | STRIBILD                        | 55 | <i>sumatriptan 5mg/act</i>   | 77 |
| ORAL SOLN                        |    | 150-150-200-300MG               |    | <i>nasal spray</i>           |    |
| SOMAVERT 10MG INJ                | 69 | TAB                             |    | <i>sumatriptan 6mg/0.5ml</i> | 77 |
| SOMAVERT 15MG INJ                | 69 | STRIVERDI 2.5MCG/ACT            | 21 | <i>auto-injector</i>         |    |
| SOMAVERT 20MG INJ                | 69 | INHALER                         |    | <i>sumatriptan 6mg/0.5ml</i> | 77 |
| SOMAVERT 25MG INJ                | 69 | <i>subvenite 100mg tab</i>      | 25 | <i>cartridge</i>             |    |
| SOMAVERT 30MG INJ                | 69 | <i>subvenite 150mg tab</i>      | 25 | <i>sumatriptan 6mg/0.5ml</i> | 77 |
| <i>sorafenib 200mg tab</i>       | 46 | <i>subvenite 200mg tab</i>      | 25 | <i>inj</i>                   |    |
| <i>sotalol 120mg tab</i>         | 58 | <i>subvenite 25mg tab</i>       | 25 | <i>sunitinib 12.5mg cap</i>  | 46 |
| <i>sotalol 160mg tab</i>         | 58 | SUCRAID 8500UNIT/ML             | 66 | <i>sunitinib 25mg cap</i>    | 46 |
| <i>sotalol 240mg tab</i>         | 58 | ORAL SOLN                       |    | <i>sunitinib 37.5mg cap</i>  | 46 |
| <i>sotalol 80mg tab</i>          | 58 | <i>sucralfate 1000mg tab</i>    | 92 | <i>sunitinib 50mg cap</i>    | 46 |
| <i>sotalol af 120mg tab</i>      | 58 | <i>sucralfate 100mg/ml oral</i> | 92 | SUNLENCA 300MG TAB           | 55 |
| <i>sotalol af 160mg tab</i>      | 58 | <i>susp</i>                     |    | SUNLENCA 300MG TAB           | 55 |
| <i>sotalol af 80mg tab</i>       | 58 | SUFLAVE SOLN PACK               | 76 | THERAPY PACK (4)             |    |
| <i>spironolactone 100mg tab</i>  | 67 | <i>sulfacetamide sodium</i>     | 62 | SUNLENCA 300MG TAB           | 55 |
| <i>spironolactone 25mg tab</i>   | 67 | <i>10% lotion</i>               |    | THERAPY PACK (5)             |    |
| <i>spironolactone 50mg tab</i>   | 67 | SULFACETAMIDE                   | 82 | SUNOSI 150MG TAB             | 89 |
| <i>sprintec tab 28-day pack</i>  | 72 | SODIUM 10% OPHTH                |    | SUNOSI 75MG TAB              | 89 |
| SPRITAM 250MG TAB                | 25 | SOLN                            |    | <i>syeda tab 28-day pack</i> | 72 |
| FOR ORAL SUSP                    |    | SULFACETAMIDE/PRED              | 83 | SYMDEKO TAB 4-WEEK           | 88 |
| SPRITAM 500MG TAB                | 25 | NISOLONE 10-0.25%               |    | PACK (56)                    |    |
| FOR ORAL SUSP                    |    | OPHTH SOLN                      |    | SYMDEKO TAB                  | 88 |
| <i>sps 15gm/60ml susp</i>        | 80 | <i>sulfadiazine 500mg tab</i>   | 89 | 50-75MG/75MG PACK            |    |
| <i>sronyx tab 28-day pack</i>    | 72 | <i>sulfamethoxazole/trimeth</i> | 89 | (56)                         |    |
| <i>ssd 1% cream</i>              | 66 | <i>oprim 200-40mg/5ml oral</i>  |    | SYMPAZAN 10MG ORAL           | 22 |
| STELARA 45MG/0.5ML               | 64 | <i>susp</i>                     |    | FILM                         |    |
| INJ                              |    | <i>sulfamethoxazole/trimeth</i> | 89 | SYMPAZAN 20MG ORAL           | 23 |
| STELARA 45MG/0.5ML               | 64 | <i>oprim 400-80mg tab</i>       |    | FILM                         |    |
| SYRINGE                          |    | <i>sulfamethoxazole/trimeth</i> | 89 | SYMPAZAN 5MG ORAL            | 23 |
| STELARA 90MG/ML                  | 64 | <i>oprim 800-160mg tab</i>      |    | FILM                         |    |
| SYRINGE                          |    | <i>sulfasalazine 500mg dr</i>   | 74 | SYMTUZA                      | 55 |
| STEQEYMA 90MG/ML                 | 64 | <i>tab</i>                      |    | 150-800-200-10MG TAB         |    |
| SYRINGE                          |    | <i>sulfasalazine 500mg tab</i>  | 74 | SYNJARDY                     | 29 |
| STIMUFEND 6MG/0.6ML              | 75 | <i>sulindac 150mg tab</i>       | 14 | 12.5-1000MG TAB              |    |
| SYRINGE                          |    | <i>sulindac 200mg tab</i>       | 14 | SYNJARDY 12.5-500MG          | 29 |
|                                  |    | <i>sumatriptan 100mg tab</i>    | 77 | TAB                          |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                 |    |  |    |  |    |
|---------------------------------|----|--|----|--|----|
| SYNJARDY 5-1000MG<br>TAB        | 29 | <i>tacrolimus 1mg cap</i>                    | 80 | <i>tenofovir disoproxil<br/>fumarate 300mg tab</i> | 55 |
| SYNJARDY 5-500MG<br>TAB         | 29 | <i>tacrolimus 5mg cap</i>                    | 80 | TEPMETKO 225MG TAB                                 | 46 |
| SYNJARDY XR<br>10-1000MG TAB    | 29 | <i>tadalafil 2.5mg tab</i>                   | 74 | <i>terazosin 10mg cap</i>                          | 36 |
| SYNJARDY XR<br>12.5-1000MG TAB  | 29 | <i>tadalafil 20mg tab</i>                    | 89 | <i>terazosin 1mg cap</i>                           | 36 |
| SYNJARDY XR<br>25-1000MG TAB    | 30 | <i>tadalafil 5mg tab</i>                     | 74 | <i>terazosin 2mg cap</i>                           | 36 |
| SYNJARDY XR<br>5-1000MG TAB     | 30 | TAFINLAR 10MG TAB                            | 46 | <i>terazosin 5mg cap</i>                           | 36 |
| SYNTHROID 100MCG<br>TAB         | 91 | FOR ORAL SUSP                                |    | <i>terbinafine 250mg tab</i>                       | 33 |
| SYNTHROID 112MCG<br>TAB         | 91 | TAFINLAR 50MG CAP                            | 46 | <i>terbutaline sulfate 2.5mg<br/>tab</i>           | 21 |
| SYNTHROID 125MCG<br>TAB         | 91 | TAFINLAR 75MG CAP                            | 46 | <i>terbutaline sulfate 5mg<br/>tab</i>             | 21 |
| SYNTHROID 137MCG<br>TAB         | 91 | TAGRISO 40MG TAB                             | 41 | <i>terconazole 0.4% vaginal<br/>cream</i>          | 94 |
| SYNTHROID 150MCG<br>TAB         | 91 | TAGRISO 80MG TAB                             | 41 | <i>terconazole 0.8% vaginal<br/>cream</i>          | 94 |
| SYNTHROID 175MCG<br>TAB         | 91 | TAKHZYRO 300MG/2ML<br>INJ                    | 76 | <i>terconazole 80mg vaginal<br/>insert</i>         | 94 |
| SYNTHROID 200MCG<br>TAB         | 91 | TAKHZYRO 300MG/2ML                           | 76 | <i>teriflunomide 14mg tab</i>                      | 87 |
| SYNTHROID 25MCG<br>TAB          | 91 | SYRINGE                                      |    | <i>teriflunomide 7mg tab</i>                       | 87 |
| SYNTHROID 300MCG<br>TAB         | 91 | TALZENNA 0.1MG CAP                           | 46 | TERIPARATIDE                                       | 68 |
| SYNTHROID 50MCG<br>TAB          | 91 | TALZENNA 0.25MG CAP                          | 46 | 0.02MG/ACT PEN INJ                                 |    |
| SYNTHROID 75MCG<br>TAB          | 91 | TALZENNA 0.35MG CAP                          | 46 | <i>testosterone 1%</i>                             | 16 |
| SYNTHROID 88MCG<br>TAB          | 91 | TALZENNA 0.5MG CAP                           | 46 | <i>(12.5mg/act) gel pump</i>                       |    |
| <b>T</b>                        |    | TALZENNA 0.75MG CAP                          | 46 | <i>testosterone 1% (25mg)<br/>gel packet</i>       | 16 |
| TABLOID 40MG TAB                | 41 | TALZENNA 1MG CAP                             | 46 | <i>testosterone 1% (50mg)<br/>gel packet</i>       | 16 |
| TABRECTA 150MG TAB              | 46 | <i>tamoxifen 10mg tab</i>                    | 42 | TESTOSTERONE 1.62%<br>(1.25GM) GEL PACKET          | 16 |
| TABRECTA 200MG TAB              | 46 | <i>tamoxifen 20mg tab</i>                    | 42 | <i>testosterone 1.62%</i>                          | 16 |
| <i>tacrolimus 0.03%</i>         | 65 | <i>tamsulosin 0.4mg cap</i>                  | 74 | <i>(2.5gm) gel packet</i>                          |    |
| <i>ointment</i>                 |    | <i>tarina 24 fe tab 1/20<br/>28-day pack</i> | 72 | <i>testosterone 1.62%</i>                          | 16 |
| <i>tacrolimus 0.1% ointment</i> | 65 | <i>tarina fe tab 1/20 28-day<br/>pack</i>    | 72 | <i>(20.25mg/act) gel pump</i>                      |    |
| <i>tacrolimus 0.5mg cap</i>     | 80 | <i>tazarotene 0.1% cream</i>                 | 64 | <i>testosterone 30mg/act<br/>topical soln</i>      | 16 |
|                                 |    | <i>tazicef 1gm inj</i>                       | 61 | <i>testosterone cypionate</i>                      | 16 |
|                                 |    | <i>tazicef 2gm inj</i>                       | 61 | <i>100mg/ml inj</i>                                |    |
|                                 |    | TAZICEF 6GM INJ                              | 61 | <i>testosterone cypionate</i>                      | 16 |
|                                 |    | TAZVERIK 200MG TAB                           | 46 | <i>200mg/ml (1ml) inj</i>                          |    |
|                                 |    | TEFLARO 400MG INJ                            | 39 | <i>testosterone cypionate</i>                      | 16 |
|                                 |    | TEFLARO 600MG INJ                            | 39 | <i>200mg/ml inj</i>                                |    |
|                                 |    | <i>telmisartan 20mg tab</i>                  | 36 |  |    |
|                                 |    | <i>telmisartan 40mg tab</i>                  | 36 |  |    |
|                                 |    | <i>telmisartan 80mg tab</i>                  | 36 |  |    |
|                                 |    | <i>temazepam 15mg cap</i>                    | 76 |  |    |
|                                 |    | <i>temazepam 30mg cap</i>                    | 76 |  |    |
|                                 |    | TENIVAC 4-10UNIT/ML<br>INJ                   | 91 |  |    |
|                                 |    | TENIVAC 4-10UNIT/ML<br>SYRINGE               | 91 |  |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                    |    |  |    |   |    |
|------------------------------------|----|--|----|---|----|
| TESTOSTERONE                       | 16 | <i>tiagabine 4mg tab</i>               | 26 | <i>topiramate 25mg cap</i>                    | 25 |
| ENANTHATE 200MG/ML INJ             |    | TIBSOVO 250MG TAB                      | 46 | <i>topiramate 25mg tab</i>                    | 25 |
| <i>tetrabenazine 12.5mg tab</i>    | 87 | <i>ticagrelor 60mg tab</i>             | 75 | <i>topiramate 50mg tab</i>                    | 25 |
| <i>tetrabenazine 25mg tab</i>      | 87 | <i>ticagrelor 90mg tab</i>             | 75 | <i>toremifene 60mg tab</i>                    | 42 |
| <i>tetracycline 250mg cap</i>      | 90 | TICOVAC                                | 94 | <i>torpenz 10mg tab</i>                       | 46 |
| <i>tetracycline 500mg cap</i>      | 90 | 1.2MCG/0.25ML SYRINGE                  |    | <i>torpenz 2.5mg tab</i>                      | 46 |
| THALOMID 100MG CAP                 | 79 | TICOVAC 2.4MCG/0.5ML SYRINGE           | 94 | <i>torpenz 5mg tab</i>                        | 46 |
| THALOMID 50MG CAP                  | 79 | <i>tigecycline 50mg inj</i>            | 39 | <i>torpenz 7.5mg tab</i>                      | 46 |
| THEOPHYLLINE 100MG ER TAB          | 89 | <i>timolol 0.25% ophth gel</i>         | 82 | <i>torse mide 100mg tab</i>                   | 67 |
| THEOPHYLLINE 200MG ER TAB          | 89 | <i>timolol 0.25% ophth soln</i>        | 82 | <i>torse mide 10mg tab</i>                    | 67 |
| <i>theophylline 300mg er tab</i>   | 89 | <i>timolol 0.5% ophth gel</i>          | 82 | <i>torse mide 20mg tab</i>                    | 67 |
| <i>theophylline 400mg er tab</i>   | 89 | <i>timolol 0.5% ophth soln</i>         | 82 | <i>torse mide 5mg tab</i>                     | 67 |
| <i>theophylline 450mg er tab</i>   | 89 | <i>timolol 10mg tab</i>                | 58 | TOUJEO 300UNIT/ML PEN INJ (1.5ML)             | 31 |
| <i>theophylline 600mg er tab</i>   | 89 | <i>timolol 5mg tab</i>                 | 58 | TOUJEO MAX 300UNIT/ML PEN INJ (3ML)           | 31 |
| <i>thioridazine 100mg tab</i>      | 53 | <i>tinidazole 250mg tab</i>            | 39 | TPN ELECTROLYTES INJ                          | 78 |
| <i>thioridazine 10mg tab</i>       | 53 | <i>tinidazole 500mg tab</i>            | 39 | TRADJENTA 5MG TAB                             | 30 |
| <i>thioridazine 25mg tab</i>       | 53 | TIVICAY 50MG TAB                       | 55 | <i>tramadol 100mg er tab</i>                  | 15 |
| <i>thioridazine 50mg tab</i>       | 53 | TIVICAY 5MG TAB FOR ORAL SUSP          | 55 | <i>tramadol 200mg er tab</i>                  | 15 |
| <i>thiothixene 10mg cap</i>        | 50 | <i>tizanidine 2mg cap</i>              | 81 | <i>tramadol 300mg er tab</i>                  | 15 |
| <i>thiothixene 1mg cap</i>         | 50 | <i>tizanidine 2mg tab</i>              | 81 | <i>tramadol 50mg tab</i>                      | 15 |
| <i>thiothixene 2mg cap</i>         | 50 | <i>tizanidine 4mg cap</i>              | 81 | <i>tramadol/acetaminophen 37.5-325mg tab</i>  | 16 |
| <i>thiothixene 5mg cap</i>         | 50 | <i>tizanidine 4mg tab</i>              | 81 | <i>trandolapril 1mg tab</i>                   | 35 |
| <i>tiadylt 120mg er (24hr) cap</i> | 59 | <i>tizanidine 6mg cap</i>              | 81 | <i>trandolapril 2mg tab</i>                   | 35 |
| <i>tiadylt 180mg er (24hr) cap</i> | 59 | <i>tobramycin 0.3% ophth soln</i>      | 82 | <i>trandolapril 4mg tab</i>                   | 35 |
| <i>tiadylt 240mg er (24hr) cap</i> | 59 | TOBRAMYCIN 10MG/ML INJ                 | 12 | <i>tranexamic acid 650mg tab</i>              | 75 |
| <i>tiadylt 300mg er (24hr) cap</i> | 59 | <i>tobramycin 300mg/5ml inh soln</i>   | 12 | <i>tranylcypramine 10mg tab</i>               | 27 |
| <i>tiadylt 360mg er (24hr) cap</i> | 59 | <i>tobramycin 80mg/2ml inj</i>         | 12 | TRAVASOL 10% INJ                              | 82 |
| <i>tiadylt 420mg er (24hr) cap</i> | 59 | <i>tolterodine tartrate 1mg tab</i>    | 92 | <i>travoprost 0.004% ophth soln</i>           | 83 |
| <i>tiagabine 12mg tab</i>          | 25 | <i>tolterodine tartrate 2mg er cap</i> | 92 | <i>trazodone 100mg tab</i>                    | 27 |
| <i>tiagabine 16mg tab</i>          | 25 | <i>tolterodine tartrate 2mg tab</i>    | 93 | <i>trazodone 150mg tab</i>                    | 27 |
| <i>tiagabine 2mg tab</i>           | 25 | <i>tolterodine tartrate 4mg er cap</i> | 93 | <i>trazodone 50mg tab</i>                     | 27 |
|                                    |    | <i>topiramate 100mg tab</i>            | 25 | TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER | 21 |
|                                    |    | <i>topiramate 15mg cap</i>             | 25 | TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER | 21 |
|                                    |    | <i>topiramate 200mg tab</i>            | 25 |   |    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

## ALPHABETICAL LISTING OF DRUGS

|                                |    |                                   |    |                                  |    |
|--------------------------------|----|-----------------------------------|----|----------------------------------|----|
| TRELSTAR 11.25MG INJ           | 42 | <i>triamcinolone acetonide</i>    | 65 | <i>trimipramine 25mg cap</i>     | 29 |
| TRELSTAR 22.5MG INJ            | 42 | <i>0.5% ointment</i>              |    | <i>trimipramine 50mg cap</i>     | 29 |
| TRELSTAR 3.75MG INJ            | 42 | <i>triazolam 0.125mg tab</i>      | 76 | TRINTELLIX 10MG TAB              | 27 |
| TREMFYA 100MG/ML               | 64 | <i>triazolam 0.25mg tab</i>       | 76 | TRINTELLIX 20MG TAB              | 27 |
| AUTO-INJECTOR                  |    | <i>tridacaine 5% patch</i>        | 66 | TRINTELLIX 5MG TAB               | 27 |
| TREMFYA 100MG/ML               | 64 | <i>triderm 0.5% cream</i>         | 65 | <i>tri-sprintec tab 28-day</i>   | 72 |
| SYRINGE                        |    | <i>trientine 250mg cap</i>        | 79 | <i>pack</i>                      |    |
| TREMFYA 200MG/2ML              | 64 | <i>tri-estarylla tab 28-day</i>   | 72 | TRIUMEQ                          | 55 |
| AUTO-INJECTOR                  |    | <i>pack</i>                       |    | 600-50-300MG TAB                 |    |
| TREMFYA 200MG/2ML              | 74 | <i>trifluoperazine 10mg tab</i>   | 53 | TRIUMEQ 60-5-30MG                | 55 |
| AUTO-INJECTOR                  |    | <i>trifluoperazine 1mg tab</i>    | 53 | TAB FOR ORAL SUSP                |    |
| INDUCTION PACK FOR             |    | <i>trifluoperazine 2mg tab</i>    | 53 | <i>tri-vylibra lo tab 28-day</i> | 72 |
| CROHNS (2)                     |    | <i>trifluoperazine 5mg tab</i>    | 53 | <i>pack</i>                      |    |
| TREMFYA 200MG/2ML              | 64 | TRIFLURIDINE 1%                   | 82 | <i>tri-vylibra tab 28-day</i>    | 72 |
| SYRINGE                        |    | OPHTH SOLN                        |    | <i>pack</i>                      |    |
| TRESIBA 100UNIT/ML             | 31 | <i>trihexyphenidyl 2mg tab</i>    | 48 | <i>tropium chloride 20mg</i>     | 93 |
| INJ                            |    | <i>trihexyphenidyl 5mg tab</i>    | 48 | <i>tab</i>                       |    |
| TRESIBA 100UNIT/ML             | 31 | TRIJARDY XR                       | 30 | <i>tropium chloride 60mg</i>     | 93 |
| PEN INJ                        |    | 10-5-1000MG TAB                   |    | <i>er cap</i>                    |    |
| TRESIBA 200UNIT/ML             | 31 | TRIJARDY XR                       | 30 | TRULANCE 3MG TAB                 | 77 |
| PEN INJ                        |    | 12.5-2.5-1000MG TAB               |    | TRULICITY                        | 31 |
| <i>tretinoin 0.01% gel</i>     | 63 | TRIJARDY XR                       | 30 | 0.75MG/0.5ML                     |    |
| <i>tretinoin 0.025% cream</i>  | 63 | 25-5-1000MG TAB                   |    | AUTO-INJECTOR                    |    |
| <i>tretinoin 0.025% gel</i>    | 63 | TRIJARDY XR                       | 30 | TRULICITY                        | 31 |
| <i>tretinoin 0.05% cream</i>   | 63 | 5-2.5-1000MG TAB                  |    | 1.5MG/0.5ML                      |    |
| <i>tretinoin 0.1% cream</i>    | 63 | TRIKAFTA                          | 88 | AUTO-INJECTOR                    |    |
| <i>tretinoin 10mg cap</i>      | 47 | 100-50-75MG/150MG                 |    | TRULICITY 3MG/0.5ML              | 31 |
| <i>triamcinolone acetonide</i> | 65 | TAB PACK (84)                     |    | AUTO-INJECTOR                    |    |
| <i>0.025% cream</i>            |    | TRIKAFTA                          | 88 | TRULICITY                        | 31 |
| <i>triamcinolone acetonide</i> | 65 | 100-50-75MG/75MG                  |    | 4.5MG/0.5ML                      |    |
| <i>0.025% lotion</i>           |    | GRANULES PACK (56)                |    | AUTO-INJECTOR                    |    |
| <i>triamcinolone acetonide</i> | 65 | TRIKAFTA                          | 88 | TRUMENBA SYRINGE                 | 93 |
| <i>0.025% ointment</i>         |    | 50-37.5-25MG/75MG                 |    | TRUQAP 160MG TAB                 | 46 |
| <i>triamcinolone acetonide</i> | 65 | TAB PACK (84)                     |    | TRUQAP 200MG TAB                 | 46 |
| <i>0.1% cream</i>              |    | TRIKAFTA                          | 88 | TUKYSA 150MG TAB                 | 47 |
| <i>triamcinolone acetonide</i> | 65 | 80-40-60MG/59.5MG                 |    | TUKYSA 50MG TAB                  | 47 |
| <i>0.1% lotion</i>             |    | GRANULES PACK (56)                |    | TURALIO 125MG CAP                | 46 |
| <i>triamcinolone acetonide</i> | 65 | <i>tri-lo- estarylla tab</i>      | 72 | <i>turqoz tab 28-day pack</i>    | 72 |
| <i>0.1% ointment</i>           |    | <i>28-day pack</i>                |    | TWINRIX SYRINGE                  | 94 |
| <i>triamcinolone acetonide</i> | 62 | <i>tri-lo-sprintec tab 28-day</i> | 72 | TYBOST 150MG TAB                 | 55 |
| <i>0.1% oral paste</i>         |    | <i>pack</i>                       |    | TYENNE 162MG/0.9ML               | 13 |
| <i>triamcinolone acetonide</i> | 65 | <i>trimethoprim 100mg tab</i>     | 39 | AUTO-INJECTOR                    |    |
| <i>0.5% cream</i>              |    | <i>tri-mili tab 28-day pack</i>   | 72 | TYENNE 162MG/0.9ML               | 13 |
|                                |    | <i>trimipramine 100mg cap</i>     | 29 | SYRINGE                          |    |

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## ALPHABETICAL LISTING OF DRUGS

|                                |    |                                 |    |                                 |    |
|--------------------------------|----|---------------------------------|----|---------------------------------|----|
| TYMLOS                         | 68 | <i>valganciclovir 450mg tab</i> | 56 | <i>varenicline 1mg tab pack</i> | 87 |
| 3120MCG/1.56ML PEN             |    | <i>valganciclovir 50mg/ml</i>   | 56 | (56)                            |    |
| INJ                            |    | <i>oral soln</i>                |    | VARIVAX                         | 94 |
| TYPHIM VI                      | 93 | <i>valproic acid 250mg cap</i>  | 26 | 1350PFU/0.5ML INJ               |    |
| 25MCG/0.5ML INJ                |    | <i>valproic acid 50mg/ml</i>    | 26 | VAXCHORA SUSP                   | 93 |
| TYPHIM VI                      | 93 | <i>oral soln</i>                |    | VELIVET TAB 28-DAY              | 72 |
| 25MCG/0.5ML SYRINGE            |    | <i>valsartan 160mg tab</i>      | 36 | PACK                            |    |
| <b>U</b>                       |    | <i>valsartan 320mg tab</i>      | 36 | VELTASSA 16.8GM                 | 80 |
| UBRELVY 100MG TAB              | 77 | <i>valsartan 40mg tab</i>       | 36 | POWDER FOR ORAL                 |    |
| UBRELVY 50MG TAB               | 77 | <i>valsartan 80mg tab</i>       | 36 | SUSP                            |    |
| <i>unithroid 100mcg tab</i>    | 91 | VALTOCO 10MG                    | 23 | VELTASSA 1GM                    | 80 |
| <i>unithroid 112mcg tab</i>    | 91 | (10MG/0.1ML) NASAL              |    | POWDER FOR ORAL                 |    |
| <i>unithroid 125mcg tab</i>    | 91 | SPRAY DOSE PACK                 |    | SUSP                            |    |
| <i>unithroid 137mcg tab</i>    | 91 | VALTOCO 15MG                    | 23 | VELTASSA 25.2GM                 | 80 |
| <i>unithroid 150mcg tab</i>    | 91 | (7.5MG/0.1ML) NASAL             |    | POWDER FOR ORAL                 |    |
| <i>unithroid 175mcg tab</i>    | 91 | SPRAY DOSE PACK                 |    | SUSP                            |    |
| <i>unithroid 200mcg tab</i>    | 91 | VALTOCO 20MG                    | 23 | VELTASSA 8.4GM                  | 80 |
| <i>unithroid 25mcg tab</i>     | 91 | (10MG/0.1ML) NASAL              |    | POWDER FOR ORAL                 |    |
| <i>unithroid 300mcg tab</i>    | 91 | SPRAY DOSE PACK                 |    | SUSP                            |    |
| <i>unithroid 50mcg tab</i>     | 91 | VALTOCO 5MG                     | 23 | VEMLIDY 25MG TAB                | 56 |
| <i>unithroid 75mcg tab</i>     | 91 | (5MG/0.1ML) NASAL               |    | VENCLEXTA 100MG                 | 47 |
| <i>unithroid 88mcg tab</i>     | 91 | SPRAY DOSE PACK                 |    | TAB                             |    |
| <i>ursodiol 250mg tab</i>      | 73 | <i>valtya tab 1/50 28-day</i>   | 72 | VENCLEXTA 10MG TAB              | 47 |
| <i>ursodiol 300mg cap</i>      | 73 | <i>pack</i>                     |    | VENCLEXTA 50MG TAB              | 47 |
| <i>ursodiol 500mg tab</i>      | 73 | <i>vancomycin 100mg/ml inj</i>  | 39 | VENCLEXTA TAB                   | 48 |
| UZEDY 100MG/0.28ML             | 51 | <i>vancomycin 125mg cap</i>     | 39 | STARTER PACK (42)               |    |
| SYRINGE                        |    | <i>vancomycin 1gm inj</i>       | 39 | <i>venlafaxine 100mg tab</i>    | 28 |
| UZEDY 125MG/0.35ML             | 51 | <i>vancomycin 250mg cap</i>     | 39 | <i>venlafaxine 150mg er cap</i> | 28 |
| SYRINGE                        |    | <i>vancomycin 500mg inj</i>     | 39 | <i>venlafaxine 25mg tab</i>     | 28 |
| UZEDY 150MG/0.42ML             | 51 | <i>vancomycin 750mg inj</i>     | 39 | <i>venlafaxine 37.5mg er</i>    | 28 |
| SYRINGE                        |    | VANFLYTA 17.7MG TAB             | 46 | <i>cap</i>                      |    |
| UZEDY 200MG/0.56ML             | 51 | VANFLYTA 26.5MG TAB             | 46 | <i>venlafaxine 37.5mg tab</i>   | 28 |
| SYRINGE                        |    | VAQTA 25UNIT/0.5ML              | 94 | <i>venlafaxine 50mg tab</i>     | 28 |
| UZEDY 250MG/0.7ML              | 51 | INJ                             |    | <i>venlafaxine 75mg er cap</i>  | 28 |
| SYRINGE                        |    | VAQTA 25UNIT/0.5ML              | 94 | <i>venlafaxine 75mg tab</i>     | 28 |
| UZEDY 50MG/0.14ML              | 51 | SYRINGE                         |    | VENTOLIN 108MCG HFA             | 21 |
| SYRINGE                        |    | VAQTA 50UNIT/ML INJ             | 94 | INHALER                         |    |
| UZEDY 75MG/0.21ML              | 51 | VAQTA 50UNIT/ML                 | 94 | <i>verapamil 120mg er cap</i>   | 59 |
| SYRINGE                        |    | SYRINGE                         |    | <i>verapamil 120mg er tab</i>   | 59 |
|                                |    | <i>varenicline 0.5mg tab</i>    | 87 | <i>verapamil 120mg tab</i>      | 59 |
| <b>V</b>                       |    | <i>varenicline 0.5mg/1mg</i>    | 87 | <i>verapamil 180mg er cap</i>   | 59 |
| <i>valacyclovir 1000mg tab</i> | 56 | <i>first month pack (53)</i>    |    | <i>verapamil 180mg er tab</i>   | 59 |
| <i>valacyclovir 500mg tab</i>  | 56 | <i>varenicline 1mg tab</i>      | 87 | <i>verapamil 240mg er cap</i>   | 59 |
| VALCHLOR 0.016% GEL            | 63 |                                 |    | <i>verapamil 240mg er tab</i>   | 59 |

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## ALPHABETICAL LISTING OF DRUGS

|  |    |                                       |    |  |    |
|--|----|---------------------------------------|----|--|----|
| VERAPAMIL 360MG ER CAP                       | 59 | VIZIMPRO 15MG TAB                     | 41 | <i>wixela 100-50mcg</i>                    | 21 |
| <i>verapamil 40mg tab</i>                    | 59 | VIZIMPRO 30MG TAB                     | 41 | <i>powder inhaler</i>                      |    |
| <i>verapamil 80mg tab</i>                    | 59 | VIZIMPRO 45MG TAB                     | 41 | <i>wixela 250-50mcg</i>                    | 21 |
| VERQUVO 10MG TAB                             | 60 | VONJO 100MG CAP                       | 47 | <i>powder inhaler</i>                      |    |
| VERQUVO 2.5MG TAB                            | 60 | VORANIGO 10MG TAB                     | 47 | <i>wixela 500-50mcg</i>                    | 21 |
| VERQUVO 5MG TAB                              | 60 | VORANIGO 40MG TAB                     | 47 | <i>powder inhaler</i>                      |    |
| VERSACLOZ 50MG/ML ORAL SUSP                  | 52 | <i>voriconazole 200mg inj</i>         | 33 | WYOST 120MG/1.7ML INJ                      | 68 |
| VERZENIO 100MG TAB                           | 46 | <i>voriconazole 200mg tab</i>         | 33 |  |    |
| VERZENIO 150MG TAB                           | 46 | <i>voriconazole 40mg/ml oral susp</i> | 33 | <b>X</b>                                   |    |
| VERZENIO 200MG TAB                           | 46 | <i>voriconazole 50mg tab</i>          | 33 | XALKORI 150MG ORAL PELLET                  | 47 |
| VERZENIO 50MG TAB                            | 47 | VOSEVI 400-100-100MG TAB              | 56 | XALKORI 200MG CAP                          | 47 |
| <i>vestura tab 3-0.02mg 28-day pack</i>      | 72 | VOWST 30000000UNIT CAP                | 74 | XALKORI 20MG ORAL PELLET                   | 47 |
| <i>vienva tab 28-day pack</i>                | 72 | VRAYLAR 1.5MG CAP                     | 50 | XALKORI 250MG CAP                          | 47 |
| <i>vigabatrin 500mg powder for oral soln</i> | 26 | VRAYLAR 3MG CAP                       | 50 | XALKORI 50MG ORAL PELLET                   | 47 |
| <i>vigabatrin 500mg tab</i>                  | 26 | VRAYLAR 4.5MG CAP                     | 50 | XARELTO 10MG TAB                           | 21 |
| <i>vigadrone 500mg powder for oral soln</i>  | 26 | VRAYLAR 6MG CAP                       | 50 | XARELTO 15MG TAB                           | 21 |
| <i>vigadrone 500mg tab</i>                   | 26 | <i>vyfemla tab 28-day pack</i>        | 72 | XARELTO 1MG/ML ORAL SUSP                   | 21 |
| VIGAFYDE 100MG/ML ORAL SOLN                  | 26 | <i>vylibra tab 28-day pack</i>        | 72 | XARELTO 2.5MG TAB                          | 21 |
| <i>vigpoder 500mg powder for oral soln</i>   | 26 | VYNDAMAX 61MG CAP                     | 60 | XARELTO 20MG TAB                           | 21 |
| <i>vilazodone 10mg tab</i>                   | 27 | VYNDAQEL 20MG CAP                     | 60 | XARELTO TAB STARTER PACK (51)              | 21 |
| <i>vilazodone 20mg tab</i>                   | 28 | <b>W</b>                              |    | XATMEP 2.5MG/ML ORAL SOLN                  | 41 |
| <i>vilazodone 40mg tab</i>                   | 28 | <i>warfarin sodium 10mg tab</i>       | 22 | XCOPRI 100MG TAB                           | 25 |
| VIMKUNYA 40MCG/0.8ML SYRINGE                 | 94 | <i>warfarin sodium 1mg tab</i>        | 22 | XCOPRI 150MG TAB                           | 25 |
| VIRACEPT 250MG TAB                           | 55 | <i>warfarin sodium 2.5mg tab</i>      | 22 | XCOPRI 200MG TAB                           | 25 |
| VIRACEPT 625MG TAB                           | 55 | <i>warfarin sodium 2mg tab</i>        | 22 | XCOPRI 25MG TAB                            | 25 |
| VIREAD 150MG TAB                             | 55 | <i>warfarin sodium 3mg tab</i>        | 22 | XCOPRI 50MG TAB                            | 25 |
| VIREAD 200MG TAB                             | 56 | <i>warfarin sodium 4mg tab</i>        | 22 | XCOPRI TAB 100/150MG MAINTENANCE PACK (56) | 25 |
| VIREAD 250MG TAB                             | 56 | <i>warfarin sodium 5mg tab</i>        | 22 | XCOPRI TAB 12.5/25MG TITRATION PACK (28)   | 25 |
| VIREAD 40MG/GM ORAL POWDER                   | 56 | <i>warfarin sodium 6mg tab</i>        | 22 | XCOPRI TAB 150/200MG PACK (56)             | 25 |
| VITRAKVI 100MG CAP                           | 47 | <i>warfarin sodium 7.5mg tab</i>      | 22 | XCOPRI TAB 150/200MG TITRATION PACK (28)   | 25 |
| VITRAKVI 20MG/ML ORAL SOLN                   | 47 | WELIREG 40MG TAB                      | 48 | XCOPRI TAB 50/100MG TITRATION PACK (28)    | 25 |
| VITRAKVI 25MG CAP                            | 47 | WINREVAIR 45MG INJ                    | 89 |  |    |
| VIVITROL 380MG INJ                           | 32 | WINREVAIR 45MG INJ (2 VIAL PACK)      | 89 |  |    |
| VIVOTIF DR CAP                               | 93 | WINREVAIR 60MG INJ                    | 89 |  |    |
|  |    | WINREVAIR 60MG INJ (2 VIAL PACK)      | 89 |  |    |

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## ALPHABETICAL LISTING OF DRUGS

|   |    |  |    |                                 |    |
|---|----|--|----|---------------------------------|----|
| XDEMVIY 0.25% OPHTH SOLN                | 82 | XPOVIO TAB 40MG ONCE WEEKLY CARTON (16)  | 48 | ZEJULA 300MG TAB                | 47 |
| XELJANZ 10MG TAB                        | 12 | XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)   | 48 | ZELBORAF 240MG TAB              | 47 |
| XELJANZ 1MG/ML ORAL SOLN                | 12 | XPOVIO TAB 40MG TWICE WEEKLY CARTON (8)  | 48 | ZEMAIRA 1000MG INJ              | 88 |
| XELJANZ 5MG TAB                         | 12 | XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)   | 48 | zenatane 10mg cap               | 63 |
| XELJANZ XR 11MG TAB                     | 13 | XPOVIO TAB 60MG TWICE WEEKLY CARTON (24) | 48 | zenatane 20mg cap               | 63 |
| XELJANZ XR 22MG TAB                     | 13 | XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)   | 48 | zenatane 30mg cap               | 63 |
| XERMELO 250MG TAB                       | 32 | XPOVIO TAB 80MG TWICE WEEKLY CARTON (32) | 48 | zenatane 40mg cap               | 63 |
| XIFAXAN 550MG TAB                       | 39 | XTANDI 40MG CAP                          | 42 | zidovudine 100mg cap            | 56 |
| XIGDUO XR 10-1000MG TAB                 | 30 | XTANDI 40MG TAB                          | 42 | zidovudine 10mg/ml oral soln    | 56 |
| XIGDUO XR 10-500MG TAB                  | 30 | XTANDI 80MG TAB                          | 42 | zidovudine 300mg tab            | 56 |
| XIGDUO XR 2.5-1000MG TAB                | 30 | <i>xulane 150-35mcg/24hr patch</i>       | 72 | ZIMHI 5MG/0.5ML SYRINGE         | 32 |
| XIGDUO XR 5-1000MG TAB                  | 30 | <b>Y</b>                                 |    | ziprasidone 20mg cap            | 50 |
| XIGDUO XR 5-500MG TAB                   | 30 | YESINTEK 90MG/ML SYRINGE                 | 64 | ziprasidone 20mg inj            | 50 |
| XIIDRA 5% OPHTH SOLN                    | 83 | YF-VAX INJ                               | 94 | ziprasidone 40mg cap            | 50 |
| XOFLUZA 40MG TAB                        | 57 | <i>yuvafem 10mcg vaginal insert</i>      | 94 | ziprasidone 60mg cap            | 50 |
| XOFLUZA 80MG TAB                        | 57 | <b>Z</b>                                 |    | ziprasidone 80mg cap            | 50 |
| XOLAIR 150MG INJ                        | 19 | <i>zafemy 150-35mcg/24hr patch</i>       | 72 | ZOLINZA 100MG CAP               | 47 |
| XOLAIR 150MG/ML AUTO-INJECTOR           | 19 | <i>zafirlukast 10mg tab</i>              | 19 | zolmitriptan 2.5mg tab          | 77 |
| XOLAIR 150MG/ML SYRINGE                 | 19 | <i>zafirlukast 20mg tab</i>              | 19 | zolmitriptan 5mg tab            | 77 |
| XOLAIR 300MG/2ML AUTO-INJECTOR          | 19 | <i>zaleplon 10mg cap</i>                 | 76 | zolpidem tartrate 10mg tab      | 76 |
| XOLAIR 300MG/2ML SYRINGE                | 19 | <i>zaleplon 5mg cap</i>                  | 76 | zolpidem tartrate 12.5mg er tab | 76 |
| XOLAIR 75MG/0.5ML AUTO-INJECTOR         | 19 | ZAVZPRET 10MG/ACT NASAL SPRAY            | 77 | zolpidem tartrate 5mg tab       | 76 |
| XOLAIR 75MG/0.5ML SYRINGE               | 19 | ZEJULA 100MG TAB                         | 47 | zolpidem tartrate 6.25mg er tab | 76 |
| XOPENEX 45MCG INHALER                   | 21 | ZEJULA 200MG TAB                         | 47 | ZONISADE 100MG/5ML ORAL SUSP    | 25 |
| XOSPATA 40MG TAB                        | 47 |  |    | zonisamide 100mg cap            | 25 |
| XPOVIO TAB 100MG ONCE WEEKLY CARTON (8) | 48 |  |    | zonisamide 25mg cap             | 25 |
|   |    |  |    | zonisamide 50mg cap             | 25 |
|   |    |  |    | zovia 1mg-35mcg tab 28-day pack | 72 |
|   |    |  |    | ZTALMY 50MG/ML ORAL SUSP        | 25 |
|   |    |  |    | ZURZUVAE 20MG CAP               | 26 |
|   |    |  |    | ZURZUVAE 25MG CAP               | 26 |
|   |    |  |    | ZURZUVAE 30MG CAP               | 26 |
|   |    |  |    | ZYDELIG 100MG TAB               | 47 |
|   |    |  |    | ZYDELIG 150MG TAB               | 47 |
|   |    |  |    | ZYKADIA 150MG TAB               | 47 |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Last Updated Date: 10/01/2025

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