



2026

Formulary

(List of Covered Drugs or “Drug List”)

Peak Advantage Summit (PPO)

Peak Advantage Vista (PPO)

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

26182, Version Number **16**

This formulary was updated on **09/01/2026**. For more recent information or other questions, please contact Peak Health Insurance Customer Care at **1-855-847-1026** (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.

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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 Drug List (formulary) for our plan which is current as of **09/01/2026**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **09/01/2026**. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. 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 **94**. 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 and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Peak Health Insurance’s 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 Customer Care and ask if your drug is covered.

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

- You can ask Customer Care 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 our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Peak Health Insurance’s formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to 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. The transition process is applicable to Part D drugs that are not on the formulary or Part D drugs that are on the formulary but require prior authorization (PA), exceed quality limits (QL), or require step therapy (ST) under our plan's utilization management rules. 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. If you have trouble finding your drug in the list, turn to the Index that begins on page **94**.

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 costs 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 Customer Care. 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 2026:

	30-Day Supply			90-Day Supply		
Tier	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 Drug	\$95	\$100	\$95	\$285	\$300	\$285
Tier 5 – Specialty^a	33% coinsurance	33% coinsurance	Not offered	Not offered	Not offered	Not offered
Insulins^b	\$35	\$35	\$35	\$105	\$105	\$105

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

b: You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier. You won't pay more than \$105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier.

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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine/dextroamphetamine 10mg er cap</i>	2	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>	2	QL=30 EA/30 Days
<i>amphetamine/dextroamphetamine 15mg tab</i>	1	QL=60 EA/30 Days
<i>amphetamine/dextroamphetamine 20mg er cap</i>	2	QL=30 EA/30 Days
<i>amphetamine/dextroamphetamine 20mg tab</i>	1	QL=90 EA/30 Days
<i>amphetamine/dextroamphetamine 25mg er cap</i>	2	QL=30 EA/30 Days
<i>amphetamine/dextroamphetamine 30mg er cap</i>	2	QL=30 EA/30 Days
<i>amphetamine/dextroamphetamine 30mg tab</i>	1	QL=60 EA/30 Days
<i>amphetamine/dextroamphetamine 5mg er cap</i>	2	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>	2	
<i>dextroamphetamine sulfate 5mg tab</i>	2	
<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	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine 100mg cap</i>	2	QL=30 EA/30 Days
<i>atomoxetine 10mg cap</i>	2	QL=60 EA/30 Days
<i>atomoxetine 18mg cap</i>	2	QL=60 EA/30 Days
<i>atomoxetine 25mg cap</i>	2	QL=60 EA/30 Days
<i>atomoxetine 40mg cap</i>	2	QL=60 EA/30 Days
<i>atomoxetine 60mg cap</i>	2	QL=60 EA/30 Days
<i>atomoxetine 80mg cap</i>	2	QL=30 EA/30 Days
<i>clonidine 0.1mg er tab</i>	2	
<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	
STIMULANTS - MISC.		
<i>armodafinil 150mg tab</i>	2	PA QL=30 EA/30 Days
<i>armodafinil 200mg tab</i>	2	PA QL=30 EA/30 Days
<i>armodafinil 250mg tab</i>	2	PA QL=30 EA/30 Days
<i>armodafinil 50mg tab</i>	2	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: 09/01/2026

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate 10mg er tab</i>	2	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
<i>methylphenidate 1mg/ml oral soln</i>	2	QL=1800 ML/30 Days
<i>methylphenidate 20mg er tab</i>	2	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
METHYLPHENIDATE 27MG ER TAB	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
METHYLPHENIDATE 36MG ER TAB	2	QL=30 EA/30 Days
<i>methylphenidate 54mg er osmotic tab</i>	2	QL=30 EA/30 Days
METHYLPHENIDATE 54MG ER TAB	2	QL=30 EA/30 Days
<i>methylphenidate 5mg tab</i>	1	QL=90 EA/30 Days
<i>modafinil 100mg tab</i>	2	PA QL=60 EA/30 Days
<i>modafinil 200mg tab</i>	2	PA QL=60 EA/30 Days
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin 250mg/ml inj</i>	2	
ARIKAYCE 590MG/8.4ML INH SUSP	5	NDS PA QL=235.20 ML/28 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>	2	PA QL=280 ML/28 Days
<i>tobramycin 80mg/2ml inj</i>	2	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide 10mg tab</i>	2	QL=30 EA/30 Days
<i>leflunomide 20mg tab</i>	2	QL=30 EA/30 Days
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
<i>tofacitinib 10mg tab</i>	2	PA QL=60 EA/30 Days
<i>tofacitinib 11mg er tab</i>	5	NDS PA QL=30 EA/30 Days
<i>tofacitinib 1mg/ml oral soln</i>	5	NDS PA QL=300 ML/30 Days
<i>tofacitinib 22mg er tab</i>	5	NDS PA 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: 09/01/2026

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tofacitinib 5mg tab</i>	2	PA QL=60 EA/30 Days
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
CIMZIA 200MG INJ	5	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	5	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE STARTER KIT (6)	5	NDS PA QL=3 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=3 EA/28 Days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<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>	2	QL=60 EA/30 Days
<i>diclofenac sodium 25mg dr tab</i>	1	QL=240 EA/30 Days
<i>diclofenac sodium 50mg dr tab</i>	1	QL=120 EA/30 Days
<i>diclofenac sodium 75mg dr tab</i>	1	QL=60 EA/30 Days
<i>diflunisal 500mg tab</i>	2	QL=90 EA/30 Days
<i>etodolac 200mg cap</i>	2	QL=150 EA/30 Days
<i>etodolac 300mg cap</i>	2	QL=90 EA/30 Days
<i>etodolac 400mg tab</i>	2	QL=60 EA/30 Days
<i>etodolac 500mg tab</i>	2	QL=60 EA/30 Days
FLURBIPROFEN 100MG TAB	2	QL=90 EA/30 Days
<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	

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: 09/01/2026

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam 7.5mg tab</i>	1	
<i>nabumetone 500mg tab</i>	1	QL=120 EA/30 Days
<i>nabumetone 750mg tab</i>	1	QL=60 EA/30 Days
<i>naproxen 250mg tab</i>	1	
<i>naproxen 375mg dr tab</i>	2	QL=120 EA/30 Days
<i>naproxen 375mg tab</i>	1	
<i>naproxen 500mg tab</i>	1	
<i>piroxicam 10mg cap</i>	1	QL=60 EA/30 Days
<i>piroxicam 20mg cap</i>	1	QL=30 EA/30 Days
<i>sulindac 150mg tab</i>	1	QL=60 EA/30 Days
<i>sulindac 200mg tab</i>	1	QL=60 EA/30 Days
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<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
<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	2	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>	2	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

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: 09/01/2026

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
OPIOID COMBINATIONS		
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	1	QL=390 EA/30 Days
CODEINE PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN	2	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>hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml oral soln</i>	2	QL=5400 ML/30 Days
<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>	2	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
OPIOID PARTIAL AGONISTS		
<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=120 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=120 EA/30 Days
<i>buprenorphine/naloxone 12-3mg sl film</i>	1	
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 4-1mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl tab</i>	1	QL=120 EA/30 Days
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol 100mg cap</i>	2	
<i>danazol 200mg cap</i>	2	
<i>danazol 50mg cap</i>	2	
<i>testosterone 1% (12.5mg/act) topical gel pump</i>	2	PA QL=300 GM/30 Days
<i>testosterone 1% (25mg) topical gel packet</i>	2	PA QL=300 GM/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone 1% (50mg) topical gel packet</i>	2	PA QL=300 GM/30 Days
<i>testosterone 1.62% (20.25mg/act) topical 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>	2	
<i>testosterone cypionate 200mg/ml (1ml) inj</i>	2	
<i>testosterone cypionate 200mg/ml inj</i>	2	
TESTOSTERONE ENANTHATE 200MG/ML INJ	2	QL=5 ML/28 Days
ANORECTAL AND RELATED PRODUCTS		
RECTAL PRODUCTS - MISC.		
<i>hydrocortisone 1.67mg/ml enema</i>	2	
<i>hydrocortisone 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>nitroglycerin 0.4% rectal ointment</i>	2	QL=30 GM/30 Days
<i>procto-med 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>proctosol 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>proctozone hc 2.5% topical cream</i>	1	QL=60 GM/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200mg tab</i>	2	QL=672 EA/365 Days
<i>ivermectin 3mg tab</i>	2	PA QL=30 EA/90 Days
<i>praziquantel 600mg tab</i>	2	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 10mg tab</i>	2	
<i>isosorbide dinitrate 20mg tab</i>	2	
<i>isosorbide dinitrate 30mg tab</i>	2	
<i>isosorbide dinitrate 5mg tab</i>	2	
<i>isosorbide mononitrate 10mg tab</i>	2	
<i>isosorbide mononitrate 120mg er tab</i>	1	
<i>isosorbide mononitrate 20mg tab</i>	2	
<i>isosorbide mononitrate 30mg er tab</i>	1	
<i>isosorbide mononitrate 60mg er tab</i>	1	
<i>nitro-bid 2% topical ointment</i>	2	
<i>nitroglycerin 0.1mg/hr patch</i>	2	
<i>nitroglycerin 0.2mg/hr patch</i>	2	
<i>nitroglycerin 0.3mg sl tab</i>	1	
<i>nitroglycerin 0.4mg sl tab</i>	1	
<i>nitroglycerin 0.4mg/hr patch</i>	2	
<i>nitroglycerin 0.6mg sl tab</i>	1	
<i>nitroglycerin 0.6mg/hr patch</i>	2	
ANTIANKXIETY AGENTS		
ANTIANKXIETY AGENTS - MISC.		
<i>buspirone 10mg tab</i>	1	
<i>buspirone 15mg tab</i>	1	
<i>buspirone 30mg tab</i>	1	
<i>buspirone 5mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buspirone 7.5mg tab</i>	1	
<i>hydroxyzine 10mg tab</i>	1	
<i>hydroxyzine 25mg tab</i>	1	
<i>hydroxyzine 2mg/ml oral soln</i>	2	
<i>hydroxyzine 50mg tab</i>	1	
<i>hydroxyzine pamoate 25mg cap</i>	1	
<i>hydroxyzine pamoate 50mg cap</i>	1	
BENZODIAZEPINES		
<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=90 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>	2	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>	2	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
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=8 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 10mg/ml inh soln</i>	2	PA_BvD
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>	2	PA_BvD
SPIRIVA RESPIMAT 1.25MCG/ACT INHALER	3	QL=4 GM/30 Days
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
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
QVAR 40MCG REDIHALER	3	QL=10.60 GM/30 Days
QVAR 80MCG REDIHALER	3	QL=21.20 GM/30 Days
SYMPATHOMIMETICS		
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 5mg/ml (0.5%) inh soln</i>	1	PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate 108mcg hfa inhaler (18gm)</i>	2	QL=36 GM/30 Days
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 160-18-4.8MCG/ACT INHALER	3	QL=10.70 GM/30 Days
BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	3	QL=10.70 GM/30 Days
<i>budesonide/formoterol fumarate 160-4.5mcg 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>	2	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 250-50mcg/act powder inhaler</i>	2	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i>	2	QL=60 EA/30 Days
<i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>	1	PA_BvD
STIOLTO 2.5-2.5MCG/ACT INHALER	3	QL=4 GM/30 Days
STRIVERDI 2.5MCG/ACT INHALER	3	QL=4 GM/30 Days
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>	2	QL=60 EA/30 Days
<i>wixela 250-50mcg powder inhaler</i>	2	QL=60 EA/30 Days
<i>wixela 500-50mcg powder inhaler</i>	2	QL=60 EA/30 Days
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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	
<i>jantoven 6mg tab</i>	1	
<i>jantoven 7.5mg tab</i>	1	
<i>rivaroxaban 1mg/ml oral susp</i>	2	QL=620 ML/30 Days
<i>rivaroxaban 2.5mg tab</i>	2	QL=60 EA/30 Days
<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	
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
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10mg tab</i>	2	QL=60 EA/30 Days
<i>clobazam 2.5mg/ml oral susp</i>	2	QL=480 ML/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: 09/01/2026

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobazam 20mg tab</i>	2	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
<i>diazepam 2.5mg/0.5ml rectal gel</i>	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
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
ANTICONVULSANTS - MISC.		
<i>brivaracetam 100mg tab</i>	2	PA_NSO QL=60 EA/30 Days
<i>brivaracetam 10mg tab</i>	2	PA_NSO QL=60 EA/30 Days
<i>brivaracetam 10mg/ml oral soln</i>	2	PA_NSO QL=600 ML/30 Days
<i>brivaracetam 25mg tab</i>	2	PA_NSO QL=60 EA/30 Days
<i>brivaracetam 50mg tab</i>	2	PA_NSO QL=60 EA/30 Days
<i>brivaracetam 75mg tab</i>	2	PA_NSO QL=60 EA/30 Days
<i>carbamazepine 100mg chew tab</i>	2	
<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>	2	
<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
DILANTIN 30MG ER CAP	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPIDIOLEX 100MG/ML ORAL SOLN	5	NDS PA_NSO QL=600 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
<i>gabapentin 100mg cap</i>	1	QL=360 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=135 EA/30 Days
<i>lacosamide 100mg tab</i>	2	QL=60 EA/30 Days
<i>lacosamide 10mg/ml oral soln</i>	2	QL=1200 ML/30 Days
<i>lacosamide 150mg tab</i>	2	QL=60 EA/30 Days
<i>lacosamide 200mg tab</i>	2	QL=60 EA/30 Days
<i>lacosamide 50mg tab</i>	2	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>	2	
<i>lamotrigine 25mg tab</i>	1	
<i>lamotrigine 5mg chew tab</i>	2	
<i>levetiracetam 1000mg tab</i>	1	
<i>levetiracetam 100mg/ml oral soln</i>	2	
<i>levetiracetam 250mg tab</i>	1	
<i>levetiracetam 500mg er tab</i>	2	QL=180 EA/30 Days
<i>levetiracetam 500mg tab</i>	1	
<i>levetiracetam 750mg er tab</i>	2	QL=120 EA/30 Days
<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 0.5mg/ml oral susp</i>	2	PA_NSO QL=720 ML/30 Days
<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
PHENOBARBITAL 100MG TAB	1	QL=120 EA/30 Days
PHENOBARBITAL 15MG TAB	1	QL=120 EA/30 Days
PHENOBARBITAL 16.2MG TAB	1	QL=120 EA/30 Days
PHENOBARBITAL 30MG TAB	1	QL=120 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHENOBARBITAL 32.4MG TAB	1	QL=120 EA/30 Days
PHENOBARBITAL 4MG/ML ORAL SOLN	2	QL=1500 ML/30 Days
PHENOBARBITAL 60MG TAB	1	QL=120 EA/30 Days
PHENOBARBITAL 64.8MG TAB	1	QL=120 EA/30 Days
PHENOBARBITAL 97.2MG TAB	1	QL=120 EA/30 Days
<i>phenytek 200mg er cap</i>	2	
<i>phenytek 300mg er cap</i>	2	
<i>phenytoin 25mg/ml oral susp</i>	1	
<i>phenytoin 50mg chew tab</i>	2	
<i>phenytoin sodium 100mg er cap</i>	2	
<i>pregabalin 100mg cap</i>	1	QL=120 EA/30 Days
<i>pregabalin 150mg cap</i>	1	QL=90 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
<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
SUBVENITE 10MG/ML ORAL SUSP	4	PA_NSO QL=2160 ML/30 Days
<i>topiramate 100mg tab</i>	1	
<i>topiramate 15mg cap</i>	2	
<i>topiramate 200mg tab</i>	1	
<i>topiramate 25mg cap</i>	2	
<i>topiramate 25mg tab</i>	1	
<i>topiramate 25mg/ml oral soln</i>	2	PA_NSO QL=480 ML/30 Days
<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
CARBAMATES		
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
GABA MODULATORS		
TIAGABINE 12MG TAB	2	
TIAGABINE 16MG TAB	2	
<i>tiagabine 2mg tab</i>	2	
<i>tiagabine 4mg tab</i>	2	
<i>vigabatrin 500mg powder for oral soln</i>	5	NDS PA_NSO QL=180 EA/30 Days
<i>vigabatrin 500mg tab</i>	5	NDS PA_NSO QL=180 EA/30 Days
VIGAFYDE 100MG/ML ORAL SOLN	5	NDS PA_NSO QL=720 ML/30 Days
SUCCINIMIDES		
<i>ethosuximide 250mg cap</i>	2	
<i>ethosuximide 50mg/ml oral soln</i>	2	
<i>methsuximide 300mg cap</i>	2	
VALPROIC ACID		
<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 500mg dr tab</i>	1	
<i>valproic acid 250mg cap</i>	1	
<i>valproic acid 50mg/ml oral soln</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
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>	2	
<i>mirtazapine 15mg tab</i>	1	
<i>mirtazapine 30mg odt</i>	2	
<i>mirtazapine 30mg tab</i>	1	
<i>mirtazapine 45mg odt</i>	2	
<i>mirtazapine 45mg tab</i>	1	
<i>mirtazapine 7.5mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
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	QL=180 EA/30 Days
PHENELZINE 15MG TAB	2	
<i>tranylcypromine 10mg tab</i>	2	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram 10mg tab</i>	1	
<i>citalopram 20mg tab</i>	1	
<i>citalopram 2mg/ml oral soln</i>	2	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>	2	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/5ML ORAL SUSP	2	QL=900 ML/30 Days
<i>paroxetine 12.5mg er tab</i>	2	QL=30 EA/30 Days
<i>paroxetine 20mg tab</i>	1	
<i>paroxetine 25mg er tab</i>	2	QL=60 EA/30 Days
<i>paroxetine 30mg tab</i>	1	
<i>paroxetine 37.5mg er tab</i>	2	QL=60 EA/30 Days
<i>paroxetine 40mg tab</i>	1	
<i>sertraline 100mg tab</i>	1	
<i>sertraline 20mg/ml oral soln</i>	2	QL=300 ML/30 Days
<i>sertraline 25mg tab</i>	1	
<i>sertraline 50mg tab</i>	1	
SEROTONIN MODULATORS		
EXXUA 18.2MG ER TAB	4	PA_NSO QL=30 EA/30 Days
EXXUA 18.2MG TAB TITRATION PACK (32)	4	PA_NSO QL=32 EA/14 Days
EXXUA 36.3MG ER TAB	4	PA_NSO QL=30 EA/30 Days
EXXUA 54.5MG ER TAB	4	PA_NSO QL=30 EA/30 Days
EXXUA 72.6MG ER TAB	4	PA_NSO QL=30 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
<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
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate 100mg er tab</i>	2	QL=30 EA/30 Days
<i>desvenlafaxine succinate 25mg er tab</i>	2	QL=30 EA/30 Days
<i>desvenlafaxine succinate 50mg er tab</i>	2	QL=30 EA/30 Days
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	QL=60 EA/30 Days
<i>duloxetine 30mg dr cap</i>	1	QL=60 EA/30 Days
<i>duloxetine 60mg dr cap</i>	1	QL=60 EA/30 Days
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	
TRICYCLIC AGENTS		
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amitriptyline 75mg tab</i>	1	
<i>amoxapine 100mg tab</i>	2	
<i>amoxapine 150mg tab</i>	2	
<i>amoxapine 25mg tab</i>	2	
<i>amoxapine 50mg tab</i>	2	
<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	
<i>desipramine 75mg tab</i>	2	
<i>doxepin 100mg cap</i>	2	
<i>doxepin 10mg cap</i>	2	
DOXEPIN 10MG/ML ORAL SOLN	2	
DOXEPIN 150MG CAP	2	
<i>doxepin 25mg cap</i>	2	
<i>doxepin 50mg cap</i>	2	
<i>doxepin 75mg cap</i>	2	
<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	QL=60 EA/30 Days
<i>trimipramine 25mg cap</i>	2	QL=120 EA/30 Days
<i>trimipramine 50mg cap</i>	2	QL=120 EA/30 Days
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>dapagliflozin/metformin 10-1000mg er tab</i>	3	QL=30 EA/30 Days
<i>dapagliflozin/metformin 10-500mg er tab</i>	3	QL=30 EA/30 Days
<i>dapagliflozin/metformin 5-1000mg er tab</i>	3	QL=60 EA/30 Days
<i>dapagliflozin/metformin 5-500mg er tab</i>	3	QL=30 EA/30 Days
<i>glipizide/metformin 2.5-250mg tab</i>	2	QL=240 EA/30 Days
<i>glipizide/metformin 2.5-500mg tab</i>	2	QL=120 EA/30 Days
<i>glipizide/metformin 5-500mg tab</i>	2	QL=120 EA/30 Days
<i>glyburide/metformin 1.25-250mg tab</i>	1	
<i>glyburide/metformin 2.5-500mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 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
<i>metformin/pioglitazone 150-15mg tab</i>	2	QL=90 EA/30 Days
<i>metformin/pioglitazone 850-15mg tab</i>	2	QL=90 EA/30 Days
<i>metformin/sitagliptin phosphate 1000-50mg tab</i>	2	QL=60 EA/30 Days
<i>metformin/sitagliptin phosphate 500-50mg tab</i>	2	QL=60 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
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
DIABETIC OTHER		
<i>acarbose 100mg tab</i>	2	QL=90 EA/30 Days
<i>acarbose 25mg tab</i>	2	QL=90 EA/30 Days
<i>acarbose 50mg tab</i>	2	QL=90 EA/30 Days
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin 850mg tab</i>	1	
<i>mifepristone 300mg tab</i>	5	NDS PA QL=120 EA/30 Days
<i>nateglinide 120mg tab</i>	2	QL=90 EA/30 Days
<i>nateglinide 60mg tab</i>	2	QL=90 EA/30 Days
<i>pioglitazone 15mg tab</i>	1	
<i>pioglitazone 30mg tab</i>	1	
<i>pioglitazone 45mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	2	QL=120 EA/30 Days
<i>repaglinide 1mg tab</i>	2	QL=120 EA/30 Days
<i>repaglinide 2mg tab</i>	2	QL=240 EA/30 Days
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
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
INCRETIN MIMETIC AGENTS		
<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
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 1.5MG TAB	3	PA QL=30 EA/30 Days
OZEMPIC 2MG/3ML PEN INJ	3	PA QL=3 ML/28 Days
OZEMPIC 4MG TAB	3	PA QL=30 EA/30 Days
OZEMPIC 4MG/3ML PEN INJ	3	PA QL=3 ML/28 Days
OZEMPIC 8MG/3ML PEN INJ	3	PA QL=3 ML/28 Days
OZEMPIC 9MG 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
INSULIN		
FIASP 100UNIT/ML CARTRIDGE	3	INS
FIASP 100UNIT/ML INJ	3	INS PA_BvD
FIASP 100UNIT/ML PEN INJ (3ML)	3	INS
HUMALOG 100UNIT/ML CARTRIDGE	3	INS
HUMALOG 100UNIT/ML KWIKPEN (3ML)	3	INS
HUMALOG 200UNIT/ML KWIKPEN (3ML)	3	INS
HUMALOG JUNIOR 100UNIT/ML PEN INJ (3ML)	3	INS
HUMALOG MIX (50/50) 100UNIT/ML PEN INJ (3ML)	3	INS
HUMALOG MIX (75/25) 100UNIT/ML INJ	3	INS

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN (3ML)	3	INS
HUMULIN (70/30) 100UNIT/ML INJ	3	INS
HUMULIN (70/30) 100UNIT/ML PEN INJ (3ML)	3	INS
HUMULIN N 100UNIT/ML INJ	3	INS
HUMULIN N 100UNIT/ML PEN INJ (3ML)	3	INS
HUMULIN R 100UNIT/ML INJ	3	INS
HUMULIN R 500UNIT/ML INJ	3	INS PA_BvD
HUMULIN R 500UNIT/ML PEN INJ (3ML)	3	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	3	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	3	INS
INSULIN GLARGINE-YFGN 100UNIT/ML INJ (BIOCON)	3	INS
INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML) (BIOCON)	3	INS
INSULIN LISPRO 100UNIT/ML INJ	3	INS PA_BvD
INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	3	INS
INSULIN LISPRO JUNIOR 100UNIT/ML PEN INJ (3ML)	3	INS
INSULIN LISPRO PROTAMINE HUMAN (75/25) 100UNIT/ML PEN INJ (3ML)	3	INS
LANTUS 100UNIT/ML INJ	3	INS
LANTUS 100UNIT/ML PEN INJ (3ML)	3	INS
LYUMJEV 100UNIT/ML INJ	3	INS PA_BvD
LYUMJEV 100UNIT/ML PEN INJ (3ML)	3	INS
LYUMJEV 200UNIT/ML PEN INJ (3ML)	3	INS
NOVOLIN MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	3	INS
NOVOLIN MIX (70/30) 100UNIT/ML INJ	3	INS
NOVOLIN N 100UNIT/ML INJ	3	INS
NOVOLIN N 100UNIT/ML PEN INJ (3ML)	3	INS
NOVOLIN R 100UNIT/ML INJ	3	INS
NOVOLIN R 100UNIT/ML PEN INJ (3ML)	3	INS
NOVOLOG 100UNIT/ML CARTRIDGE	3	INS
NOVOLOG 100UNIT/ML INJ	3	INS PA_BvD
NOVOLOG 100UNIT/ML PEN INJ (3ML)	3	INS
NOVOLOG MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	3	INS
NOVOLOG MIX (70/30) 100UNIT/ML 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 (3ML)	3	INS
TRESIBA 200UNIT/ML PEN INJ (3ML)	3	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dapagliflozin 10mg tab (except Prasco Laboratories NDCs)</i>	1	QL=30 EA/30 Days
<i>dapagliflozin 5mg tab (except Prasco Laboratories NDCs)</i>	1	QL=30 EA/30 Days
JARDIANCE 10MG TAB	3	QL=30 EA/30 Days
JARDIANCE 25MG TAB	3	QL=30 EA/30 Days
SULFONYLUREAS		
<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	
<i>glyburide 2.5mg tab</i>	1	
<i>glyburide 5mg tab</i>	1	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
<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
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
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 2mg/2ml syringe</i>	1	
<i>naltrexone 50mg tab</i>	2	
OPVEE 2.7MG/0.1ML NASAL SPRAY	3	
VIVITROL 380MG INJ	5	NDS
ZURNAI 1.5MG/0.5ML AUTO-INJECTOR	3	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron 1mg tab</i>	2	PA_BvD QL=60 EA/30 Days
<i>ondansetron 0.8mg/ml oral soln</i>	2	PA_BvD QL=900 ML/30 Days
<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
ANTIEMETICS - ANTICHOLINERGIC		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
ANTIEMETICS - MISCELLANEOUS		
<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
ANTIFUNGALS		
ANTIFUNGALS		
AMPHOTERICIN B 50MG INJ	2	PA_BvD
<i>amphotericin b liposomal 50mg inj</i>	2	PA_BvD
<i>caspofungin acetate 50mg inj</i>	2	
<i>caspofungin acetate 70mg inj</i>	2	
CRESEMBA 186MG CAP	5	NDS PA
CRESEMBA 74.5MG CAP	5	NDS PA
<i>fluconazole 100mg tab</i>	1	
<i>fluconazole 10mg/ml oral susp</i>	2	
<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>	2	
<i>fluconazole 50mg tab</i>	1	
<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>itraconazole 100mg cap</i>	2	QL=120 EA/30 Days
<i>ketoconazole 200mg tab</i>	2	
<i>micalofungin sodium 100mg inj</i>	2	
<i>micalofungin sodium 50mg inj</i>	2	
<i>nystatin 500000unit tab</i>	2	
<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>terbinafine 250mg tab</i>	1	QL=30 EA/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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
<i>ezetimibe 10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-10mg tab</i>	2	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-20mg tab</i>	2	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-40mg tab</i>	2	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-80mg tab</i>	2	QL=30 EA/30 Days
<i>icosapent ethyl 1000mg cap</i>	2	QL=120 EA/30 Days
<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>	2	QL=60 EA/30 Days
<i>niacin 500mg er tab</i>	2	QL=60 EA/30 Days
<i>niacin 750mg er tab</i>	2	QL=60 EA/30 Days
<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	2	QL=120 EA/30 Days
REPATHA 140MG/ML AUTO-INJECTOR	3	PA QL=2 ML/28 Days
REPATHA 140MG/ML SYRINGE	3	PA QL=2 ML/28 Days
BILE ACID SEQUESTRANTS		
<i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i>	2	
<i>cholestyramine resin 4gm powder for oral susp</i>	2	
<i>colesevelam 625mg tab</i>	2	
<i>colestipol 1gm tab</i>	2	
<i>colestipol 5000mg granules for oral susp</i>	2	
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 43mg 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<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	QL=120 EA/30 Days
<i>captopril 12.5mg tab</i>	2	QL=90 EA/30 Days
<i>captopril 25mg tab</i>	2	QL=90 EA/30 Days
<i>captopril 50mg tab</i>	2	QL=90 EA/30 Days
<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	
PERINDOPRIL ERBUMINE 2MG TAB	2	
<i>perindopril erbumine 4mg tab</i>	2	
PERINDOPRIL ERBUMINE 8MG TAB	2	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16mg tab</i>	2	QL=60 EA/30 Days
<i>candesartan cilexetil 32mg tab</i>	2	QL=30 EA/30 Days
<i>candesartan cilexetil 4mg tab</i>	2	QL=60 EA/30 Days
<i>candesartan cilexetil 8mg tab</i>	2	QL=60 EA/30 Days
<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	QL=30 EA/30 Days
<i>telmisartan 40mg tab</i>	1	QL=30 EA/30 Days
<i>telmisartan 80mg tab</i>	1	QL=30 EA/30 Days
<i>valsartan 160mg tab</i>	1	
<i>valsartan 320mg tab</i>	1	
<i>valsartan 40mg tab</i>	1	
<i>valsartan 80mg tab</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<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>	2	
<i>guanfacine 2mg tab</i>	2	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terazosin 2mg cap</i>	1	
<i>terazosin 5mg cap</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<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	
<i>amlodipine/benazepril 5-20mg cap</i>	1	
<i>amlodipine/benazepril 5-40mg cap</i>	1	
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-12.5-40mg tab</i>	2	QL=30 EA/30 Days
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-25-40mg tab</i>	2	QL=30 EA/30 Days
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-20mg tab</i>	2	QL=30 EA/30 Days
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	2	QL=30 EA/30 Days
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-25-40mg tab</i>	2	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 10-160mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 10-320mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 5-160mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 5-320mg tab</i>	1	QL=30 EA/30 Days
<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	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 20-12.5mg tab</i>	1	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 20-25mg tab</i>	1	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>	1	QL=30 EA/30 Days
<i>bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide 16-12.5mg tab</i>	2	QL=30 EA/30 Days
<i>candesartan cilexetil/hydrochlorothiazide 32-12.5mg tab</i>	2	QL=30 EA/30 Days
<i>candesartan cilexetil/hydrochlorothiazide 32-25mg tab</i>	2	QL=30 EA/30 Days
<i>enalapril maleate/hydrochlorothiazide 10-25mg tab</i>	1	QL=60 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enalapril maleate/hydrochlorothiazide 5-12.5mg tab</i>	1	QL=120 EA/30 Days
<i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i>	2	
<i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i>	2	
<i>hydrochlorothiazide/irbesartan 12.5-150mg tab</i>	1	QL=60 EA/30 Days
<i>hydrochlorothiazide/irbesartan 12.5-300mg tab</i>	1	QL=30 EA/30 Days
<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	QL=30 EA/30 Days
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/telmisartan 12.5-40mg tab</i>	2	QL=30 EA/30 Days
<i>hydrochlorothiazide/telmisartan 12.5-80mg tab</i>	2	QL=60 EA/30 Days
<i>hydrochlorothiazide/telmisartan 25-80mg tab</i>	2	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-160mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-320mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-80mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 25-160mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 25-320mg tab</i>	1	QL=30 EA/30 Days
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren 150mg tab</i>	2	QL=30 EA/30 Days
<i>aliskiren 300mg tab</i>	2	QL=30 EA/30 Days
<i>eplerenone 25mg tab</i>	2	
<i>eplerenone 50mg tab</i>	2	
<i>metyrosine 250mg cap</i>	5	NDS PA
VASODILATORS		
<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	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atovaquone 750mg/5ml oral susp</i>	2	QL=300 ML/30 Days
<i>azithromycin 20mg/ml oral susp</i>	2	
<i>azithromycin 250mg pack (6)</i>	1	
<i>azithromycin 250mg tab</i>	1	
<i>azithromycin 40mg/ml oral susp</i>	2	
<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>ceftaroline fosamil 400mg inj</i>	5	NDS
<i>ceftaroline fosamil 600mg inj</i>	5	NDS
CILASTATIN/IMIPENEM 250-250MG INJ	2	
<i>cilastatin/imipenem 500-500mg 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	
<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>ertapenem 1gm inj</i>	2	
<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>fidaxomicin 200mg tab</i>	2	PA QL=20 EA/10 Days
<i>fosfomycin 3gm powder for oral soln</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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>linezolid 600mg/300ml inj</i>	2	
<i>meropenem 1gm inj</i>	2	
<i>meropenem 500mg inj</i>	2	
<i>methenamine hippurate 1gm tab</i>	2	
<i>metronidazole 250mg tab</i>	1	
<i>metronidazole 500mg tab</i>	1	
<i>metronidazole 5mg/ml inj</i>	2	
<i>nitazoxanide 500mg tab</i>	5	NDS PA QL=6 EA/3 Days
<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 50mg cap</i>	1	
<i>pentamidine isethionate 300mg inj</i>	2	
<i>pentamidine isethionate 300mg/6ml inh soln</i>	2	PA_BvD QL=1 EA/28 Days
<i>tigecycline 50mg inj</i>	2	
<i>tinidazole 250mg tab</i>	2	
<i>tinidazole 500mg tab</i>	2	
<i>trimethoprim 100mg tab</i>	2	
<i>vancomycin 100mg/ml inj</i>	2	
<i>vancomycin 125mg cap</i>	2	QL=120 EA/30 Days
<i>vancomycin 1gm inj</i>	2	
<i>vancomycin 250mg cap</i>	2	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
ANTIMALARIALS		
ANTIMALARIALS		
<i>atovaquone/proguanil 250-100mg tab</i>	2	
<i>atovaquone/proguanil 62.5-25mg tab</i>	2	
CHLOROQUINE PHOSPHATE 250MG TAB	2	
<i>chloroquine phosphate 500mg tab</i>	2	
COARTEM 20-120MG TAB	3	QL=24 EA/3 Days
<i>hydroxychloroquine sulfate 200mg tab</i>	2	QL=90 EA/30 Days
<i>mefloquine 250mg tab</i>	2	
PRIMAQUINE PHOSPHATE 26.3MG TAB	2	
<i>pyrimethamine 25mg tab</i>	5	NDS PA QL=90 EA/30 Days
<i>quinine sulfate 324mg cap</i>	2	PA QL=42 EA/7 Days
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone 100mg tab</i>	2	
<i>dapsone 25mg tab</i>	2	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pyrazinamide 500mg tab</i>	2	
<i>rifabutin 150mg cap</i>	2	
<i>rifampin 150mg cap</i>	2	
<i>rifampin 300mg cap</i>	2	
<i>rifampin 600mg inj</i>	2	
<i>rifapentine 150mg tab</i>	3	
SIRTURO 100MG TAB	5	NDS PA
SIRTURO 20MG TAB	5	NDS PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide 25mg cap</i>	2	PA_BvD
<i>cyclophosphamide 50mg cap</i>	2	PA_BvD
CYCLOPHOSPHAMIDE 50MG TAB	3	PA_BvD
LEUKERAN 2MG TAB	5	NDS
<i>lomustine 100mg cap</i>	2	
<i>lomustine 10mg cap</i>	2	
<i>lomustine 40mg cap</i>	2	
ANTIMETABOLITES		
<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
TABLOID 40MG TAB	5	NDS
XATMEP 2.5MG/ML ORAL SOLN	4	PA_BvD
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
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
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib 100mg tab</i>	2	PA_NSO QL=30 EA/30 Days
<i>erlotinib 150mg tab</i>	2	PA_NSO QL=30 EA/30 Days
<i>erlotinib 25mg tab</i>	2	PA_NSO QL=90 EA/30 Days
<i>gefitinib 250mg tab</i>	5	NDS PA_NSO QL=60 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100MG TAB	5	NDS PA_NSO QL=30 EA/30 Days
DAURISMO 25MG TAB	5	NDS PA_NSO QL=60 EA/30 Days
ERIVEDGE 150MG CAP	5	NDS PA_NSO QL=28 EA/28 Days
ODOMZO 200MG CAP	5	NDS PA_NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<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	QL=30 EA/30 Days
<i>bicalutamide 50mg tab</i>	2	QL=30 EA/30 Days
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
INLURIYO 200MG TAB	5	NDS PA_NSO QL=84 EA/28 Days
<i>letrozole 2.5mg tab</i>	2	QL=30 EA/30 Days
LIFYORLI CAP 125MG 1-DOSE SUPPLY PACK (2)	5	NDS PA_NSO QL=18 EA/28 Days
LIFYORLI CAP 125MG 3-DOSE SUPPLY PACK (6)	5	NDS PA_NSO QL=18 EA/28 Days
LIFYORLI CAP 125MG 9-DOSE SUPPLY PACK (18)	5	NDS PA_NSO QL=18 EA/28 Days
LIFYORLI CAP 150MG 1-DOSE SUPPLY PACK (3)	5	NDS PA_NSO QL=27 EA/28 Days
LIFYORLI CAP 150MG 3-DOSE SUPPLY PACK (9)	5	NDS PA_NSO QL=27 EA/28 Days
LIFYORLI CAP 150MG 9-DOSE SUPPLY PACK (27)	5	NDS PA_NSO QL=27 EA/28 Days
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	5	NDS
<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>	2	PA
NILUTAMIDE 150MG TAB	5	NDS QL=60 EA/30 Days
NUBEQA 300MG TAB	5	NDS PA_NSO QL=120 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
ANTINEOPLASTIC COMBINATIONS		
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
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=56 EA/28 Days
BALVERSA 4MG TAB	5	NDS PA_NSO QL=56 EA/28 Days
BALVERSA 5MG TAB	5	NDS PA_NSO QL=28 EA/28 Days
BOSULIF 100MG CAP	5	NDS PA_NSO QL=180 EA/30 Days
BOSULIF 50MG CAP	5	NDS PA_NSO QL=30 EA/30 Days
<i>bosutinib 100mg tab</i>	5	NDS PA_NSO QL=90 EA/30 Days
<i>bosutinib 400mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
<i>bosutinib 500mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
BRAFTOVI 75MG CAP	5	NDS PA_NSO QL=180 EA/30 Days
BRUKINSA 160MG TAB	5	NDS PA_NSO QL=60 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPIKTRA 15MG CAP	5	NDS PA_NSO QL=56 EA/28 Days
COPIKTRA 25MG CAP	5	NDS PA_NSO QL=56 EA/28 Days
COTELLIC 20MG TAB	5	NDS PA_NSO QL=63 EA/28 Days
<i>dasatinib 100mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 140mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 20mg tab</i>	5	NDS PA_NSO QL=90 EA/30 Days
<i>dasatinib 50mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 70mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 80mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
ENSACOVE 100MG CAP	5	NDS PA_NSO QL=60 EA/30 Days
ENSACOVE 25MG CAP	5	NDS PA_NSO QL=60 EA/30 Days
<i>everolimus 10mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 2.5mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 2mg tab for oral susp</i>	5	NDS PA_NSO QL=150 EA/30 Days
<i>everolimus 3mg tab for oral susp</i>	5	NDS PA_NSO QL=90 EA/30 Days
<i>everolimus 5mg tab</i>	5	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 5mg tab for oral susp</i>	5	NDS PA_NSO QL=60 EA/30 Days
<i>everolimus 7.5mg tab</i>	5	NDS 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=168 EA/28 Days
GOMEKLI 2MG CAP	5	NDS PA_NSO QL=84 EA/28 Days
HYRNUO 10MG TAB	5	NDS PA_NSO QL=120 EA/30 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 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>	2	QL=90 EA/30 Days
<i>imatinib 400mg tab</i>	2	QL=60 EA/30 Days
IMBRUVICA 140MG CAP	5	NDS PA_NSO QL=90 EA/30 Days
IMBRUVICA 140MG TAB	5	NDS PA_NSO QL=28 EA/28 Days
IMBRUVICA 280MG TAB	5	NDS PA_NSO QL=28 EA/28 Days
IMBRUVICA 420MG TAB	5	NDS PA_NSO QL=30 EA/30 Days
IMBRUVICA 70MG CAP	5	NDS PA_NSO QL=28 EA/28 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

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: 09/01/2026

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
KOSELUGO 5MG SPRINKLE CAP	5	NDS PA_NSO QL=600 EA/30 Days
KOSELUGO 7.5MG SPRINKLE CAP	5	NDS PA_NSO QL=360 EA/30 Days
KRAZATI 200MG TAB	5	NDS PA_NSO QL=180 EA/30 Days
<i>lapatinib 250mg tab</i>	5	NDS PA_NSO QL=180 EA/30 Days
LORBRENA 100MG TAB	5	NDS PA_NSO QL=30 EA/30 Days
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
OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16)	5	NDS PA_NSO QL=16 EA/28 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OJEMDA 100MG TAB PACK (500MG ONCE WEEKLY) (20)	5	NDS PA_NSO QL=20 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>	5	NDS PA_NSO QL=120 EA/30 Days
PEMAZYRE 13.5MG TAB	5	NDS PA_NSO QL=28 EA/28 Days
PEMAZYRE 4.5MG TAB	5	NDS PA_NSO QL=28 EA/28 Days
PEMAZYRE 9MG TAB	5	NDS PA_NSO QL=28 EA/28 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
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
SCEMBLIX 100MG TAB	5	NDS PA_NSO QL=120 EA/30 Days
SCEMBLIX 20MG TAB	5	NDS PA_NSO QL=60 EA/30 Days
SCEMBLIX 40MG TAB	5	NDS PA_NSO QL=240 EA/30 Days
<i>sorafenib 200mg tab</i>	5	NDS 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>	5	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 25mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 37.5mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 50mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
TABRECTA 150MG TAB	5	NDS PA_NSO QL=112 EA/28 Days
TABRECTA 200MG TAB	5	NDS PA_NSO QL=112 EA/28 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
TEPMETKO 225MG TAB	5	NDS PA_NSO QL=60 EA/30 Days
TIBSOVO 250MG TAB	5	NDS PA_NSO QL=60 EA/30 Days
TRUQAP 160MG TAB THERAPY PACK	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
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
ZYKADIA 150MG TAB	5	NDS PA_NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
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>	5	NDS PA_NSO QL=300 EA/30 Days
DROXIA 200MG CAP	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DROXIA 300MG CAP	3	
DROXIA 400MG CAP	3	
HERNEXEOS 60MG TAB	5	NDS PA_NSO QL=90 EA/30 Days
<i>hydroxyurea 500mg cap</i>	1	
KOMZIFTI 200MG CAP	5	NDS PA_NSO QL=90 EA/30 Days
MATULANE 50MG CAP	5	NDS
MODEYSO 125MG CAP	5	NDS PA_NSO QL=20 EA/28 Days
<i>pomalidomide 1mg cap</i>	5	NDS PA_NSO QL=21 EA/28 Days
<i>pomalidomide 2mg cap</i>	5	NDS PA_NSO QL=21 EA/28 Days
<i>pomalidomide 3mg cap</i>	5	NDS PA_NSO QL=21 EA/28 Days
<i>pomalidomide 4mg cap</i>	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>	2	
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
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 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 (4)	5	NDS PA_NSO QL=4 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
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192MG TAB	5	NDS PA_NSO QL=240 EA/30 Days
<i>leucovorin 10mg tab</i>	2	
<i>leucovorin 15mg tab</i>	2	
<i>leucovorin 25mg tab</i>	2	
<i>leucovorin 5mg tab</i>	2	
<i>mesna 400mg tab</i>	2	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25mg tab</i>	2	
<i>entacapone 200mg tab</i>	2	QL=300 EA/30 Days
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5mg tab</i>	1	
<i>benztropine mesylate 1mg tab</i>	1	
<i>benztropine mesylate 2mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trihexyphenidyl 2mg tab</i>	1	
<i>trihexyphenidyl 5mg tab</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<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	
<i>carbidopa/levodopa 10-100mg odt</i>	2	
<i>carbidopa/levodopa 10-100mg tab</i>	1	
<i>carbidopa/levodopa 25-100mg er tab</i>	2	
<i>carbidopa/levodopa 25-100mg odt</i>	2	
<i>carbidopa/levodopa 25-100mg tab</i>	1	
<i>carbidopa/levodopa 25-250mg odt</i>	2	
<i>carbidopa/levodopa 25-250mg tab</i>	1	
<i>carbidopa/levodopa 50-200mg er tab</i>	2	
<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	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<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>	2	
<i>selegiline 5mg tab</i>	2	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>divalproex sodium 250mg er tab</i>	1	
<i>divalproex sodium 500mg er tab</i>	1	
<i>lithium carbonate 150mg cap</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>	2	
ANTIPSYCHOTICS - MISC.		
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	
<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>	2	QL=30 EA/30 Days
<i>lurasidone 20mg tab</i>	2	QL=30 EA/30 Days
<i>lurasidone 40mg tab</i>	2	QL=30 EA/30 Days
<i>lurasidone 60mg tab</i>	2	QL=30 EA/30 Days
<i>lurasidone 80mg tab</i>	2	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>	2	
<i>thiothixene 1mg cap</i>	2	
<i>thiothixene 2mg cap</i>	2	
<i>thiothixene 5mg cap</i>	2	
VRAYLAR 0.5MG CAP	4	PA _ NSO QL=30 EA/30 Days
VRAYLAR 0.75MG CAP	4	PA _ NSO QL=30 EA/30 Days
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR 6MG CAP	4	PA _ NSO QL=30 EA/30 Days
<i>ziprasidone 20mg cap</i>	2	
<i>ziprasidone 20mg inj</i>	2	QL=6 EA/3 Days
<i>ziprasidone 40mg cap</i>	2	
<i>ziprasidone 60mg cap</i>	2	
<i>ziprasidone 80mg cap</i>	2	
BENZISOXAZOLES		
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
FANAPT TAB TITRATION PACK B (12)	4	PA _ NSO QL=12 EA/180 Days
FANAPT TAB TITRATION PACK C (8)	4	PA _ NSO QL=8 EA/180 Days
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	5	NDS QL=.75 ML/28 Days
INVEGA SUSTENNA 156MG/ML SYRINGE	5	NDS QL=1 ML/28 Days
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	5	NDS QL=1.50 ML/28 Days
INVEGA SUSTENNA 39MG/0.25ML SYRINGE	4	QL=.25 ML/28 Days
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	5	NDS QL=.50 ML/28 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
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>	2	QL=240 ML/30 Days
<i>risperidone 2mg odt</i>	2	QL=60 EA/30 Days
<i>risperidone 2mg tab</i>	1	
<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 microspheres 12.5mg inj</i>	2	QL=2 EA/28 Days
<i>risperidone microspheres 25mg inj</i>	2	QL=2 EA/28 Days
<i>risperidone microspheres 37.5mg inj</i>	2	QL=2 EA/28 Days
<i>risperidone microspheres 50mg inj</i>	2	QL=2 EA/28 Days
DIBENZAPINES		
<i>asenapine 10mg sl tab</i>	2	QL=60 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>clozapine 12.5mg odt</i>	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	
<i>loxapine 10mg cap</i>	2	
<i>loxapine 25mg cap</i>	2	
<i>loxapine 50mg cap</i>	2	
<i>loxapine 5mg cap</i>	2	
<i>olanzapine 10mg inj</i>	2	QL=3 EA/1 Days
<i>olanzapine 10mg odt</i>	2	QL=60 EA/30 Days
<i>olanzapine 10mg tab</i>	2	
<i>olanzapine 15mg odt</i>	2	QL=30 EA/30 Days
<i>olanzapine 15mg tab</i>	2	
<i>olanzapine 2.5mg tab</i>	2	
<i>olanzapine 20mg odt</i>	2	QL=30 EA/30 Days
<i>olanzapine 20mg tab</i>	2	
<i>olanzapine 5mg odt</i>	2	QL=30 EA/30 Days
<i>olanzapine 5mg tab</i>	2	
<i>olanzapine 7.5mg tab</i>	2	
<i>quetiapine 100mg tab</i>	1	
<i>quetiapine 150mg er tab</i>	2	QL=30 EA/30 Days
<i>quetiapine 200mg er tab</i>	2	QL=30 EA/30 Days
<i>quetiapine 200mg tab</i>	1	
<i>quetiapine 25mg tab</i>	1	
<i>quetiapine 300mg er tab</i>	2	QL=60 EA/30 Days
<i>quetiapine 300mg tab</i>	1	
<i>quetiapine 400mg er tab</i>	2	QL=60 EA/30 Days
<i>quetiapine 400mg tab</i>	1	
<i>quetiapine 50mg er tab</i>	2	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
PHENOTHIAZINES		
<i>chlorpromazine 100mg tab</i>	2	
<i>chlorpromazine 100mg/ml oral soln</i>	2	
<i>chlorpromazine 10mg tab</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlorpromazine 200mg tab</i>	2	
<i>chlorpromazine 25mg tab</i>	2	
<i>chlorpromazine 30mg/ml oral soln</i>	2	
<i>chlorpromazine 50mg tab</i>	2	
<i>compro 25mg rectal supp</i>	2	
FLUPHENAZINE 0.5MG/ML ORAL SOLN	2	
<i>fluphenazine 10mg tab</i>	2	
<i>fluphenazine 1mg tab</i>	2	
<i>fluphenazine 2.5mg tab</i>	2	
FLUPHENAZINE 2.5MG/ML INJ	2	
<i>fluphenazine 5mg tab</i>	2	
FLUPHENAZINE 5MG/ML ORAL SOLN	2	
<i>fluphenazine decanoate 25mg/ml inj</i>	2	
<i>perphenazine 16mg tab</i>	2	
<i>perphenazine 2mg tab</i>	2	
<i>perphenazine 4mg tab</i>	2	
<i>perphenazine 8mg tab</i>	2	
<i>prochlorperazine 10mg tab</i>	1	
<i>prochlorperazine 25mg rectal supp</i>	2	
<i>prochlorperazine 5mg tab</i>	1	
<i>thioridazine 100mg tab</i>	2	
<i>thioridazine 10mg tab</i>	2	
<i>thioridazine 25mg tab</i>	2	
<i>thioridazine 50mg tab</i>	2	
<i>trifluoperazine 10mg tab</i>	2	
<i>trifluoperazine 1mg tab</i>	2	
<i>trifluoperazine 2mg tab</i>	2	
<i>trifluoperazine 5mg tab</i>	2	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA 300MG INJ	5	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 300MG/1.5ML SYRINGE	5	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 400MG INJ	5	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 400MG/2ML 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>	2	
<i>aripiprazole 15mg odt</i>	2	PA _NSO QL=60 EA/30 Days
<i>aripiprazole 15mg tab</i>	2	
<i>aripiprazole 1mg/ml oral soln</i>	2	QL=900 ML/30 Days
<i>aripiprazole 20mg tab</i>	2	
<i>aripiprazole 2mg tab</i>	2	
<i>aripiprazole 30mg tab</i>	2	
<i>aripiprazole 5mg tab</i>	2	
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
REXULTI 3MG TAB	4	PA_NSO QL=30 EA/30 Days
REXULTI 4MG TAB	4	PA_NSO QL=30 EA/30 Days
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen 10mg tab</i>	1	
<i>baclofen 20mg tab</i>	1	
<i>baclofen 5mg tab</i>	1	
<i>carisoprodol 350mg tab</i>	1	
<i>chlorzoxazone 500mg tab</i>	2	QL=180 EA/30 Days
<i>cyclobenzaprine 10mg tab</i>	1	
<i>cyclobenzaprine 5mg tab</i>	1	
<i>dantrolene sodium 100mg cap</i>	2	
<i>dantrolene sodium 25mg cap</i>	2	
<i>dantrolene sodium 50mg cap</i>	2	
<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>	2	
<i>pyridostigmine bromide 60mg tab</i>	2	
<i>tizanidine 2mg tab</i>	1	
<i>tizanidine 4mg tab</i>	1	
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
<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>	2	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
GENVOYA 150-150-200-10MG TAB	5	QL=30 EA/30 Days
IDVYNZO 100-0.25MG TAB	5	QL=30 EA/30 Days
INTELENCE 25MG TAB	3	QL=120 EA/30 Days
ISENTRESS 100MG CHEW TAB	5	QL=180 EA/30 Days
ISENTRESS 100MG GRANULES FOR ORAL SUSP	5	QL=60 EA/30 Days
ISENTRESS 25MG CHEW TAB	3	QL=180 EA/30 Days
ISENTRESS 400MG TAB	5	QL=60 EA/30 Days
ISENTRESS 600MG TAB	5	QL=60 EA/30 Days
JULUCA 50-25MG TAB	5	QL=30 EA/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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nevirapine 200mg tab</i>	2	QL=60 EA/30 Days
<i>nevirapine 400mg er tab</i>	2	QL=30 EA/30 Days
ODEFSEY 200-25-25MG TAB	5	QL=30 EA/30 Days
PIFELTRO 100MG TAB	5	QL=30 EA/30 Days
PREZCOBIX 150-675MG TAB	5	QL=30 EA/30 Days
PREZCOBIX 150-800MG TAB	5	QL=30 EA/30 Days
PREZISTA 100MG/ML ORAL SUSP	5	QL=400 ML/30 Days
PREZISTA 150MG TAB	5	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>rilpivirine 25mg tab</i>	5	QL=30 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
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
VIREAD 200MG TAB	5	QL=30 EA/30 Days
VIREAD 250MG TAB	5	QL=30 EA/30 Days
VIREAD 40MG/GM ORAL POWDER	5	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
HEPATITIS AGENTS		
<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=84 EA/28 Days
MAVYRET 50-20MG ORAL PELLET	5	NDS PA QL=140 EA/28 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	2	QL=210 EA/30 Days
RIBAVIRIN 200MG TAB	2	QL=210 EA/30 Days
SOFOSBUVIR/VELPATASVIR 400-100MG TAB	5	NDS PA QL=28 EA/28 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOSEVI 400-100-100MG TAB	5	NDS PA QL=28 EA/28 Days
HERPES AGENTS		
<i>acyclovir 200mg cap</i>	1	
<i>acyclovir 400mg tab</i>	1	
<i>acyclovir 40mg/ml oral susp</i>	2	
<i>acyclovir 50mg/ml inj</i>	2	PA_BvD
<i>acyclovir 800mg tab</i>	1	
<i>famciclovir 125mg tab</i>	2	QL=60 EA/30 Days
<i>famciclovir 250mg tab</i>	2	QL=60 EA/30 Days
<i>famciclovir 500mg tab</i>	2	QL=90 EA/30 Days
<i>valacyclovir 1000mg tab</i>	1	QL=120 EA/30 Days
<i>valacyclovir 500mg tab</i>	1	QL=60 EA/30 Days
INFLUENZA AGENTS		
<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/365 Days
RIMANTADINE 100MG TAB	2	
XOFLUZA 40MG TAB	4	QL=2 EA/30 Days
XOFLUZA 80MG TAB	4	QL=1 EA/30 Days
MISC. ANTIVIRALS		
LIVTENCITY 200MG TAB	5	NDS PA QL=120 EA/30 Days
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
PREVYMIS 120MG ORAL PELLETT	5	NDS PA QL=120 EA/30 Days
PREVYMIS 240MG TAB	5	NDS PA QL=28 EA/28 Days
PREVYMIS 480MG TAB	5	NDS PA QL=30 EA/30 Days
<i>valganciclovir 450mg tab</i>	2	QL=120 EA/30 Days
<i>valganciclovir 50mg/ml oral soln</i>	2	QL=1056 ML/30 Days
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<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>	2	
<i>labetalol 200mg tab</i>	2	
<i>labetalol 300mg tab</i>	2	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol 200mg cap</i>	2	
<i>acebutolol 400mg cap</i>	2	
<i>atenolol 100mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atenolol 25mg tab</i>	1	
<i>atenolol 50mg tab</i>	1	
<i>betaxolol 10mg tab</i>	2	
<i>betaxolol 20mg tab</i>	2	
<i>bisoprolol fumarate 10mg tab</i>	2	
<i>bisoprolol fumarate 5mg tab</i>	2	
<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	QL=60 EA/30 Days
<i>nebivolol 2.5mg tab</i>	2	QL=60 EA/30 Days
<i>nebivolol 20mg tab</i>	2	QL=60 EA/30 Days
<i>nebivolol 5mg tab</i>	2	QL=60 EA/30 Days
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol 20mg tab</i>	2	
<i>nadolol 40mg tab</i>	2	
<i>nadolol 80mg tab</i>	2	
<i>pindolol 10mg tab</i>	2	
<i>pindolol 5mg tab</i>	2	
<i>propranolol 10mg tab</i>	1	
<i>propranolol 120mg er cap</i>	2	
<i>propranolol 160mg er cap</i>	2	
<i>propranolol 20mg tab</i>	1	
<i>propranolol 40mg tab</i>	1	
PROPRANOLOL 4MG/ML ORAL SOLN	2	
<i>propranolol 60mg er cap</i>	2	
<i>propranolol 60mg tab</i>	1	
<i>propranolol 80mg er cap</i>	2	
<i>propranolol 80mg tab</i>	1	
PROPRANOLOL 8MG/ML ORAL SOLN	2	
<i>sotalol 120mg tab</i>	2	
<i>sotalol 160mg tab</i>	2	
<i>sotalol 240mg tab</i>	2	
<i>sotalol 80mg tab</i>	2	
<i>sotalol af 120mg tab</i>	2	
<i>sotalol af 160mg tab</i>	2	
<i>sotalol af 80mg tab</i>	2	
<i>timolol 10mg tab</i>	2	
TIMOLOL 5MG TAB	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<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>	2	
<i>cartia 180mg er (24hr) cap</i>	2	
<i>cartia 240mg er (24hr) cap</i>	2	
<i>cartia 300mg er (24hr) cap</i>	2	
<i>dilt 120mg er (24hr) cap</i>	2	
<i>dilt 180mg er (24hr) cap</i>	2	
<i>dilt 240mg er (24hr) cap</i>	2	
<i>diltiazem 120mg er (12hr) cap</i>	2	
<i>diltiazem 120mg er (24hr) cap</i>	2	
<i>diltiazem 120mg tab</i>	2	
<i>diltiazem 180mg er (24hr) cap</i>	2	
<i>diltiazem 240mg er (24hr) cap</i>	2	
<i>diltiazem 300mg er (24hr) cap</i>	2	
<i>diltiazem 30mg tab</i>	1	
<i>diltiazem 360mg er (24hr) cap</i>	2	
<i>diltiazem 420mg er (24hr) cap</i>	2	
<i>diltiazem 60mg er (12hr) cap</i>	2	
<i>diltiazem 60mg tab</i>	2	
<i>diltiazem 90mg er (12hr) cap</i>	2	
<i>diltiazem 90mg tab</i>	2	
<i>felodipine 10mg er tab</i>	2	
<i>felodipine 2.5mg er tab</i>	2	
<i>felodipine 5mg er tab</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>	2	
<i>tiadylt 180mg er (24hr) cap</i>	2	
<i>tiadylt 240mg er (24hr) cap</i>	2	
<i>tiadylt 300mg er (24hr) cap</i>	2	
<i>tiadylt 360mg er (24hr) cap</i>	2	
<i>tiadylt 420mg er (24hr) cap</i>	2	
<i>verapamil 120mg er cap</i>	2	
<i>verapamil 120mg er tab</i>	2	
<i>verapamil 120mg tab</i>	1	
<i>verapamil 180mg er cap</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>verapamil 180mg er tab</i>	2	
<i>verapamil 240mg er cap</i>	2	
<i>verapamil 240mg er tab</i>	2	
<i>verapamil 40mg tab</i>	1	
<i>verapamil 80mg tab</i>	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>droxidopa 100mg cap</i>	2	PA QL=90 EA/30 Days
<i>droxidopa 200mg cap</i>	2	PA QL=180 EA/30 Days
<i>droxidopa 300mg cap</i>	2	PA QL=180 EA/30 Days
<i>midodrine 10mg tab</i>	2	
<i>midodrine 2.5mg tab</i>	2	
<i>midodrine 5mg tab</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone 100mg tab</i>	2	
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	2	
<i>disopyramide 100mg cap</i>	2	
<i>disopyramide 150mg cap</i>	2	
<i>dofetilide 0.125mg cap</i>	2	
<i>dofetilide 0.25mg cap</i>	2	
<i>dofetilide 0.5mg cap</i>	2	
<i>flecainide acetate 100mg tab</i>	2	
<i>flecainide acetate 150mg tab</i>	2	
<i>flecainide acetate 50mg tab</i>	2	
<i>mexiletine 150mg cap</i>	2	
<i>mexiletine 200mg cap</i>	2	
<i>mexiletine 250mg cap</i>	2	
MULTAQ 400MG TAB	3	QL=60 EA/30 Days
<i>propafenone 150mg tab</i>	2	
<i>propafenone 225mg er cap</i>	2	
<i>propafenone 225mg tab</i>	2	
<i>propafenone 300mg tab</i>	2	
<i>propafenone 325mg er cap</i>	2	
<i>propafenone 425mg er cap</i>	2	
QUINIDINE SULFATE 200MG TAB	2	
QUINIDINE SULFATE 300MG TAB	2	
CARDIOVASCULAR AGENTS, OTHER		
ATTRUBY 356MG TAB	5	NDS PA QL=112 EA/28 Days
<i>digoxin 0.125mg tab</i>	1	
<i>digoxin 0.25mg tab</i>	1	
ENTRESTO 15-16MG ORAL PELLETT	3	QL=240 EA/30 Days
ENTRESTO 6-6MG ORAL PELLETT	3	QL=240 EA/30 Days
<i>ivabradine 5mg tab</i>	2	PA QL=60 EA/30 Days
<i>ivabradine 7.5mg tab</i>	2	PA QL=60 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentoxifylline 400mg er tab</i>	2	
<i>ranolazine 1000mg er tab</i>	2	QL=60 EA/30 Days
<i>ranolazine 500mg er tab</i>	2	QL=60 EA/30 Days
<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
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM, OTHER		
EVRYSDI 0.75MG/ML ORAL SOLN	5	NDS PA QL=240 ML/30 Days
EVRYSDI 5MG TAB	5	NDS PA QL=30 EA/30 Days
RADICAVA 105MG/5ML ORAL SUSP	5	NDS PA QL=70 ML/28 Days
<i>riluzole 50mg tab</i>	2	QL=60 EA/30 Days
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil 100mg/ml oral susp</i>	2	
<i>cefadroxil 500mg cap</i>	1	
<i>cefadroxil 50mg/ml oral susp</i>	2	
<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	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250MG CAP	2	
CEFACLOR 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>	2	
<i>cefprozil 500mg tab</i>	1	
<i>cefprozil 50mg/ml oral susp</i>	2	
<i>cefuroxime 1500mg inj</i>	2	
<i>cefuroxime 250mg tab</i>	1	
<i>cefuroxime 500mg tab</i>	1	
<i>cefuroxime 750mg inj</i>	2	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir 25mg/ml oral susp</i>	2	
<i>cefdinir 300mg cap</i>	1	
<i>cefdinir 50mg/ml oral susp</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefixime 400mg cap</i>	2	
<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	
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<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>	2	
<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>	2	
<i>pilocarpine 7.5mg tab</i>	2	
<i>triamcinolone acetonide 0.1% oral paste</i>	2	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane 10mg cap</i>	2	
<i>accutane 20mg cap</i>	2	
<i>accutane 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>clindamycin 1% pad</i>	2	QL=60 EA/30 Days
<i>clindamycin 1% topical gel (once-daily)</i>	2	QL=75 ML/30 Days
<i>clindamycin 1% topical gel (twice-daily)</i>	2	QL=75 GM/30 Days
<i>clindamycin 1% topical lotion</i>	2	QL=60 ML/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin 1% topical soln</i>	1	QL=60 ML/30 Days
ERY 2% PAD	2	QL=60 EA/30 Days
ERYTHROMYCIN 2% TOPICAL GEL	2	QL=60 GM/30 Days
<i>erythromycin 2% topical soln</i>	2	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% topical lotion</i>	2	QL=118 ML/30 Days
<i>tretinoin 0.01% topical gel</i>	2	PA QL=45 GM/30 Days
<i>tretinoin 0.025% topical cream</i>	2	PA QL=45 GM/30 Days
<i>tretinoin 0.025% topical gel</i>	2	PA QL=45 GM/30 Days
<i>tretinoin 0.05% topical cream</i>	2	PA QL=45 GM/30 Days
<i>tretinoin 0.1% topical 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	
ANTIBIOTICS - TOPICAL		
<i>gentamicin 0.1% topical cream</i>	2	QL=30 GM/30 Days
<i>gentamicin 0.1% topical ointment</i>	2	QL=30 GM/30 Days
<i>mupirocin 2% topical ointment</i>	1	QL=220 GM/30 Days
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77% topical cream</i>	1	QL=90 GM/30 Days
<i>ciclopirox 0.77% topical gel</i>	2	QL=100 GM/30 Days
<i>ciclopirox 0.77% topical lotion</i>	2	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% topical cream</i>	1	QL=45 GM/30 Days
<i>clotrimazole/betamethasone 1-0.05% topical cream</i>	1	QL=90 GM/30 Days
<i>econazole nitrate 1% topical cream</i>	1	QL=85 GM/30 Days
<i>ketoconazole 2% shampoo</i>	1	QL=240 ML/30 Days
<i>ketoconazole 2% topical cream</i>	1	QL=120 GM/30 Days
<i>nyamyc 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000 unit/gm topical 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 topical cream</i>	1	QL=30 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% topical ointment</i>	1	QL=60 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% topical cream</i>	1	QL=60 GM/30 Days
<i>nystop 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1% topical gel</i>	5	NDS PA _NSO QL=60 GM/30 Days
<i>diclofenac sodium 3% topical gel</i>	2	PA QL=100 GM/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLUOROURACIL 2% TOPICAL SOLN	2	QL=10 ML/30 Days
<i>fluorouracil 5% topical cream</i>	2	QL=40 GM/30 Days
<i>fluorouracil 5% topical soln</i>	2	QL=10 ML/30 Days
PANRETIN 0.1% TOPICAL GEL	5	NDS PA_NSO QL=60 GM/30 Days
VALCHLOR 0.016% TOPICAL GEL	5	NDS PA_NSO QL=60 GM/30 Days
ANTIPSORIATICS		
<i>acitretin 10mg cap</i>	2	
<i>acitretin 17.5mg cap</i>	2	
<i>acitretin 25mg cap</i>	2	
<i>calcipotriene 0.005% topical cream</i>	2	PA QL=120 GM/30 Days
<i>calcipotriene 0.005% topical 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
METHOXSALEN 10MG CAP	2	
OTEZLA 10/20/30MG TAB 28-DAY STARTER PACK (55)	5	NDS PA QL=55 EA/28 Days
OTEZLA 10/20MG TAB 28-DAY STARTER PACK (55)	5	NDS PA QL=55 EA/28 Days
OTEZLA 20MG TAB	5	NDS PA QL=60 EA/30 Days
OTEZLA 30MG TAB	5	NDS PA QL=60 EA/30 Days
OTEZLA XR 75MG TAB	5	NDS PA QL=30 EA/30 Days
OTEZLA/OTEZLA XR 28-DAY 10/20/30/75MG STARTER PACK (41)	5	NDS PA QL=41 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
STARJEMZA 45MG/0.5ML INJ	4	PA QL=.50 ML/28 Days
STARJEMZA 45MG/0.5ML SYRINGE	4	PA QL=.50 ML/28 Days
STARJEMZA 90MG/ML SYRINGE	4	PA QL=1 ML/28 Days
STEQEYMA 45MG/0.5ML SYRINGE	4	PA QL=.50 ML/28 Days
STEQEYMA 90MG/ML SYRINGE	5	PA QL=1 ML/28 Days
<i>tazarotene 0.1% topical 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
YESINTEK 90MG/ML SYRINGE	5	PA QL=1 ML/28 Days
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate 0.05% topical cream</i>	2	QL=120 GM/30 Days
ALCLOMETASONE DIPROPIONATE 0.05% TOPICAL OINTMENT	2	QL=120 GM/30 Days
<i>betamethasone 0.05% aug topical cream</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% aug topical lotion</i>	2	QL=120 ML/30 Days
<i>betamethasone 0.05% aug topical ointment</i>	2	QL=100 GM/30 Days
<i>betamethasone 0.05% topical cream</i>	2	QL=90 GM/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone 0.05% topical lotion</i>	2	QL=120 ML/30 Days
<i>betamethasone 0.05% topical ointment</i>	2	QL=90 GM/30 Days
<i>betamethasone 0.1% topical cream</i>	1	QL=135 GM/30 Days
BETAMETHASONE 0.1% TOPICAL LOTION	2	QL=120 ML/30 Days
<i>betamethasone 0.1% topical ointment</i>	1	QL=135 GM/30 Days
<i>clobetasol propionate 0.05% shampoo</i>	2	QL=236 ML/30 Days
<i>clobetasol propionate 0.05% topical cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical e cream</i>	2	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical foam</i>	2	QL=100 GM/30 Days
<i>clobetasol propionate 0.05% topical gel</i>	2	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical lotion</i>	2	QL=118 ML/30 Days
<i>clobetasol propionate 0.05% topical ointment</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical soln</i>	1	QL=100 ML/30 Days
<i>desonide 0.05% topical cream</i>	2	QL=60 GM/30 Days
<i>desonide 0.05% topical ointment</i>	2	QL=120 GM/30 Days
<i>desoximetasone 0.25% topical cream</i>	2	QL=100 GM/30 Days
<i>desoximetasone 0.25% topical ointment</i>	2	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% topical cream</i>	2	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>	2	QL=90 ML/30 Days
<i>fluocinolone acetonide 0.025% topical cream</i>	2	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.025% topical ointment</i>	2	QL=120 GM/30 Days
<i>fluocinonide 0.05% topical cream</i>	2	QL=60 GM/30 Days
<i>fluocinonide 0.05% topical e cream</i>	2	QL=120 GM/30 Days
<i>fluocinonide 0.05% topical 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% topical cream</i>	1	QL=60 GM/30 Days
<i>fluticasone propionate 0.005% topical ointment</i>	2	QL=240 GM/30 Days
<i>fluticasone propionate 0.05% topical cream</i>	1	QL=240 GM/30 Days
<i>halobetasol propionate 0.05% topical cream</i>	2	QL=50 GM/30 Days
<i>halobetasol propionate 0.05% topical ointment</i>	2	QL=50 GM/30 Days
<i>hydrocortisone 1% topical cream</i>	1	QL=240 GM/30 Days
HYDROCORTISONE 2.5% TOPICAL LOTION	2	QL=118 ML/30 Days
<i>hydrocortisone 2.5% topical ointment</i>	1	QL=240 GM/30 Days
<i>mometasone furoate 0.1% topical cream</i>	1	QL=180 GM/30 Days
<i>mometasone furoate 0.1% topical lotion</i>	2	QL=180 ML/30 Days
<i>mometasone furoate 0.1% topical ointment</i>	1	QL=180 GM/30 Days
TRIAMCINOLONE ACETONIDE 0.025% LOTION	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.025% topical cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.025% topical ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% topical cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% topical lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.1% topical ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% topical cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% topical ointment</i>	1	QL=120 GM/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 4% mucous membrane topical soln</i>	2	QL=50 ML/30 Days
<i>lidocaine 5% patch</i>	2	PA QL=90 EA/30 Days
<i>lidocaine 5% topical ointment</i>	1	PA QL=107 GM/30 Days
<i>lidocaine/prilocaine 2.5-2.5% topical cream</i>	1	QL=30 GM/30 Days
MISC. DERMATOLOGICAL PRODUCTS		
<i>acyclovir 5% topical ointment</i>	1	QL=30 GM/30 Days
<i>ammonium lactate 12% topical cream</i>	1	
<i>ammonium lactate 12% topical lotion</i>	1	
EUCRISA 2% TOPICAL OINTMENT	3	PA QL=100 GM/30 Days
<i>imiquimod 5% topical cream</i>	1	QL=24 EA/30 Days
LITFULO 50MG CAP	5	NDS PA QL=28 EA/28 Days
<i>malathion 0.5% topical lotion</i>	2	QL=59 ML/30 Days
NEMLUVIO 30MG AUTO-INJECTOR	5	NDS PA QL=2 EA/28 Days
<i>permethrin 5% topical cream</i>	1	QL=60 GM/30 Days
<i>pimecrolimus 1% topical cream</i>	2	QL=100 GM/30 Days
PODOFILOX 0.5% TOPICAL SOLN	2	QL=7 ML/30 Days
SELENIUM SULFIDE 2.5% SHAMPOO	1	QL=120 ML/30 Days
<i>tacrolimus 0.03% topical ointment</i>	2	QL=100 GM/30 Days
<i>tacrolimus 0.1% topical ointment</i>	2	QL=100 GM/30 Days
ROSACEA AGENTS		
<i>azelaic acid 15% topical gel</i>	2	QL=50 GM/30 Days
<i>metronidazole 0.75% topical cream</i>	2	QL=45 GM/30 Days
<i>metronidazole 0.75% topical gel</i>	2	QL=45 GM/30 Days
<i>metronidazole 1% topical gel</i>	2	QL=60 GM/30 Days
WOUND CARE PRODUCTS		
SANTYL 250UNIT/GM TOPICAL OINTMENT	3	PA QL=90 GM/30 Days
<i>silver sulfadiazine 1% topical cream</i>	1	
<i>ssd 1% topical cream</i>	1	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125mg tab</i>	1	
<i>acetazolamide 250mg tab</i>	1	
<i>acetazolamide 500mg er cap</i>	2	
<i>methazolamide 25mg tab</i>	2	
<i>methazolamide 50mg tab</i>	2	
DIURETIC COMBINATIONS		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	2	
<i>hydrochlorothiazide/spironolactone 25-25mg tab</i>	2	
<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	
LOOP DIURETICS		
<i>bumetanide 0.25mg/ml inj</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bumetanide 0.5mg tab</i>	2	
<i>bumetanide 1mg tab</i>	2	
<i>bumetanide 2mg tab</i>	2	
ENBUMYST 0.5MG/0.1ML NASAL SPRAY	5	NDS QL=12 EA/7 Days
FUROSCIX 80MG/10ML CARTRIDGE	5	NDS QL=8 EA/7 Days
<i>furosemide 10mg/ml inj</i>	2	
FUROSEMIDE 10MG/ML ORAL SOLN	1	
<i>furosemide 20mg tab</i>	1	
<i>furosemide 40mg tab</i>	1	
<i>furosemide 80mg tab</i>	1	
FUROSEMIDE 8MG/ML ORAL SOLN	2	
<i>torseamide 100mg tab</i>	1	
<i>torseamide 10mg tab</i>	1	
<i>torseamide 20mg tab</i>	1	
<i>torseamide 5mg tab</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride 5mg tab</i>	1	
<i>spironolactone 100mg tab</i>	1	
<i>spironolactone 25mg tab</i>	1	
<i>spironolactone 50mg tab</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<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	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium 10mg tab</i>	1	QL=30 EA/30 Days
<i>alendronate sodium 35mg tab</i>	1	QL=4 EA/28 Days
<i>alendronate sodium 70mg tab</i>	1	QL=4 EA/28 Days
BOMYNTRA 120MG/1.7ML INJ	5	NDS PA QL=1.70 ML/28 Days
BOMYNTRA 120MG/1.7ML SYRINGE	5	NDS PA QL=1.70 ML/28 Days
CONEXXENCE 60MG/ML SYRINGE	3	ST QL=1 ML/168 Days
<i>ibandronate 150mg tab</i>	1	QL=1 EA/28 Days
JUBBONTI 60MG/ML SYRINGE	3	ST QL=1 ML/168 Days
<i>raloxifene 60mg tab</i>	2	
<i>risedronate sodium 150mg tab</i>	2	QL=1 EA/28 Days
<i>risedronate sodium 30mg tab</i>	2	QL=30 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium 35mg tab</i>	2	QL=4 EA/28 Days
<i>risedronate sodium 35mg tab pack (12)</i>	2	QL=4 EA/28 Days
<i>risedronate sodium 35mg tab pack (4)</i>	2	QL=4 EA/28 Days
<i>risedronate sodium 5mg tab</i>	2	QL=30 EA/30 Days
<i>salmon calcitonin 200unit/act nasal spray</i>	2	QL=3.70 ML/28 Days
TERIPARATIDE 620MCG/2.48ML 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
METABOLIC MODIFIERS		
<i>calcitriol 0.25mcg cap</i>	1	
<i>calcitriol 0.5mcg cap</i>	1	
<i>calcitriol 1mcg/ml oral soln</i>	2	
<i>carglumic acid 200mg tab for oral susp</i>	5	NDS 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>glutamine 5000mg powder for oral soln</i>	5	NDS PA QL=180 EA/30 Days
<i>levocarnitine 100mg/ml oral soln</i>	2	
<i>levocarnitine 330mg tab</i>	2	
<i>paricalcitol 1mcg cap</i>	2	
<i>paricalcitol 2mcg cap</i>	2	
<i>paricalcitol 4mcg cap</i>	2	
REVCovi 2.4MG/1.5ML INJ	5	NDS PA
<i>sapropterin 100mg powder for oral soln</i>	5	NDS PA
<i>sapropterin 100mg tab</i>	5	NDS PA
<i>sapropterin 500mg powder for oral soln</i>	5	NDS PA
<i>sodium phenylbutyrate 3gm/tsp oral powder</i>	2	
SOMATOSTATIC AGENTS		
<i>octreotide 0.05mg/ml inj</i>	2	PA
<i>octreotide 0.1mg/ml inj</i>	2	PA
<i>octreotide 0.2mg/ml inj</i>	2	PA
<i>octreotide 0.5mg/ml inj</i>	2	PA
<i>octreotide 1mg/ml inj</i>	2	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
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan 15mg tab (jynarque equiv)</i>	5	NDS PA QL=120 EA/30 Days
<i>tolvaptan 15mg tab (samsca equiv)</i>	5	NDS PA QL=120 EA/30 Days
<i>tolvaptan 15mg tab therapy pack (56)</i>	5	NDS PA QL=56 EA/28 Days
<i>tolvaptan 15mg/30mg tab pack (56)</i>	5	NDS PA QL=56 EA/28 Days
<i>tolvaptan 15mg/45mg tab pack (56)</i>	5	NDS PA QL=56 EA/28 Days
<i>tolvaptan 30mg tab (jynarque equiv)</i>	5	NDS PA QL=120 EA/30 Days
<i>tolvaptan 30mg tab (samsca equiv)</i>	5	NDS PA QL=120 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolvaptan 30mg/60mg tab pack (56)</i>	5	NDS PA QL=56 EA/28 Days
<i>tolvaptan 30mg/90mg tab pack (56)</i>	5	NDS PA QL=56 EA/28 Days
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
<i>cabergoline 0.5mg tab</i>	2	
<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
KERENDIA 40MG TAB	3	PA QL=30 EA/30 Days
NORDITROPIN 10MG/1.5ML PEN INJ	5	NDS PA
NORDITROPIN 15MG/1.5ML 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
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
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>abigale 1/0.5mg tab 28-day pack</i>	2	
<i>abigale lo tab 0.5/0.1mg 28-day pack</i>	2	
<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	
ARANELLE TAB 28-DAY PACK	2	
<i>ashlyna tab 91-day pack</i>	2	QL=91 EA/91 Days
<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>briellyn tab 28-day pack</i>	2	
<i>camreselo tab 91-day pack</i>	2	QL=91 EA/91 Days
<i>cryselle tab 28-day pack</i>	2	
<i>cyred tab 28-day pack</i>	2	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	2	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>eluryng 0.120-0.015mg/24hr vaginal system</i>	2	QL=1 EA/28 Days
<i>enilloring 0.120-0.015mg/24hr vaginal system</i>	2	QL=1 EA/28 Days
<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 pack</i>	2	
<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	2	
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	2	QL=91 EA/91 Days
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	2	QL=1 EA/28 Days
<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 91-day pack</i>	2	QL=91 EA/91 Days
<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>	2	
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	2	
<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>fyavolv 0.0025-0.5mg tab</i>	2	
<i>fyavolv 0.005-1mg tab</i>	2	
<i>hailey fe 1/20 28-day pack</i>	2	
<i>iclevia tab 91-day pack</i>	2	QL=91 EA/91 Days
<i>introvale tab 91-day pack</i>	2	QL=91 EA/91 Days
<i>isibloom tab 28-day pack</i>	2	
<i>jaimiess tab 91-day pack</i>	2	QL=91 EA/91 Days
<i>jasmiel tab 28-day pack</i>	2	
<i>jinteli 0.005-1mg tab</i>	2	
<i>juleber tab 28-day pack</i>	2	
<i>junel 1.5/30 tab 21-day pack</i>	2	
<i>junel 1/20 tab 21-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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kelnor 1mg-35mcg tab 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 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	2	
<i>lo jaimiess tab 91-day pack</i>	2	QL=91 EA/91 Days
<i>loryna tab 28-day pack</i>	2	
<i>low-ogestrel tab 28-day pack</i>	2	
<i>luizza 1.5/30 tab 21-day pack</i>	2	
<i>luizza 1/20 tab 21-day pack</i>	2	
<i>marlissa 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>	2	
<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 patch</i>	2	QL=3 EA/28 Days
<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>pimtrea tab 28-day pack</i>	2	
<i>portia tab 28-day pack</i>	2	
PREMPHASE 28-DAY PACK	3	
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	QL=91 EA/91 Days
<i>sprintec tab 28-day pack</i>	2	
<i>syeda tab 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 1/35 tab 28-day pack</i>	2	
VALTYA 1/50 TAB 28-DAY PACK	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>viorele 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	QL=3 EA/28 Days
<i>zafemy 150-35mcg/24hr patch</i>	2	QL=3 EA/28 Days
<i>zovia 1mg-35mcg tab 28-day pack</i>	2	
ESTROGENS		
<i>conjugated estrogens 0.3mg tab</i>	2	
<i>conjugated estrogens 0.45mg tab</i>	2	
<i>conjugated estrogens 0.625mg tab</i>	2	
<i>conjugated estrogens 0.9mg tab</i>	2	
<i>conjugated estrogens 1.25mg tab</i>	2	
<i>dotti 0.025mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>dotti 0.0375mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>dotti 0.05mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>dotti 0.075mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>dotti 0.1mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>estradiol 0.0025mg/hr weekly patch</i>	2	QL=4 EA/28 Days
<i>estradiol 0.01mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>estradiol 0.01mg/24hr weekly patch</i>	2	QL=4 EA/28 Days
<i>estradiol 0.025mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>estradiol 0.025mg/24hr weekly patch</i>	2	QL=4 EA/28 Days
<i>estradiol 0.0375mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>estradiol 0.0375mg/24hr weekly patch</i>	2	QL=4 EA/28 Days
<i>estradiol 0.05mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>estradiol 0.05mg/24hr weekly patch</i>	2	QL=4 EA/28 Days
<i>estradiol 0.075mg/24hr twice weekly patch</i>	2	QL=8 EA/28 Days
<i>estradiol 0.075mg/24hr weekly patch</i>	2	QL=4 EA/28 Days
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol valerate 40mg/ml inj</i>	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<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	
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
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	
<i>cromolyn sodium 20mg/ml oral soln</i>	2	
<i>enulose 10gm/15ml oral soln</i>	1	
<i>generlac 10gm/15ml oral soln</i>	1	
<i>metoclopramide 10mg tab</i>	1	
<i>metoclopramide 1mg/ml oral soln</i>	2	
<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>	2	
<i>ursodiol 300mg cap</i>	2	
<i>ursodiol 500mg tab</i>	2	
VOWST 30000000UNIT CAP	5	PA QL=12 EA/90 Days
ZENPEP 105000-25000-79000UNIT DR CAP	3	
ZENPEP 14000-3000-10000UNIT DR CAP	3	
ZENPEP 24000-5000-17000UNIT DR CAP	3	
ZENPEP 252600-60000-189600UNIT DR CAP	3	
ZENPEP 40000-126000-168000UNIT DR CAP	3	
ZENPEP 42000-10000-32000UNIT DR CAP	3	
ZENPEP 63000-15000-47000UNIT DR CAP	3	
ZENPEP 84000-20000-63000UNIT DR CAP	3	
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>balsalazide disodium 750mg cap</i>	2	
<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
MESALAMINE 400MG DR CAP	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>	2	
<i>sulfasalazine 500mg tab</i>	2	
TREMFYA 200MG/2ML AUTO-INJECTOR	5	NDS PA QL=2 ML/28 Days
TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2)	5	NDS PA QL=4 ML/28 Days
TREMFYA 200MG/2ML SYRINGE	5	NDS PA QL=2 ML/28 Days
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride 10mg tab</i>	2	
<i>bethanechol chloride 25mg tab</i>	2	
<i>bethanechol chloride 50mg tab</i>	2	
<i>bethanechol chloride 5mg tab</i>	2	
<i>fesoterodine fumarate 4mg er tab</i>	2	QL=30 EA/30 Days
<i>fesoterodine fumarate 8mg er tab</i>	2	QL=30 EA/30 Days
GEMTESA 75MG TAB	3	QL=30 EA/30 Days
MYRBETRIQ 25MG ER TAB	3	QL=30 EA/30 Days
MYRBETRIQ 50MG ER TAB	3	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	QL=600 ML/30 Days
<i>oxybutynin chloride 5mg er tab</i>	1	
<i>oxybutynin chloride 5mg tab</i>	1	
<i>solifenacin succinate 10mg tab</i>	2	
<i>solifenacin succinate 5mg tab</i>	2	
<i>tolterodine tartrate 1mg tab</i>	2	QL=60 EA/30 Days
<i>tolterodine tartrate 2mg er cap</i>	2	QL=30 EA/30 Days
<i>tolterodine tartrate 2mg tab</i>	2	QL=60 EA/30 Days
<i>tolterodine tartrate 4mg er cap</i>	2	QL=30 EA/30 Days
<i>trospium chloride 20mg tab</i>	2	QL=60 EA/30 Days
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin 10mg er tab</i>	1	
<i>dutasteride 0.5mg cap</i>	1	QL=30 EA/30 Days
<i>finasteride 5mg tab</i>	1	
<i>silodosin 4mg cap</i>	2	QL=30 EA/30 Days
<i>silodosin 8mg cap</i>	2	QL=30 EA/30 Days
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tamsulosin 0.4mg cap</i>	1	
GENITOURINARY AGENTS, OTHER		
CYSTAGON 150MG CAP	3	
CYSTAGON 50MG CAP	3	
<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	
GOUT AGENTS		
GOUT AGENTS		
<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>	2	
<i>febuxostat 40mg tab</i>	2	ST QL=30 EA/30 Days
<i>febuxostat 80mg tab</i>	2	ST QL=30 EA/30 Days
<i>probenecid 500mg tab</i>	2	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide 0.5mg cap</i>	2	
<i>anagrelide 1mg cap</i>	2	
<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>	2	
<i>dipyridamole 50mg tab</i>	2	
<i>dipyridamole 75mg tab</i>	2	
<i>prasugrel 10mg tab</i>	2	QL=30 EA/30 Days
<i>prasugrel 5mg tab</i>	2	QL=30 EA/30 Days
<i>ticagrelor 60mg tab</i>	2	QL=60 EA/30 Days
<i>ticagrelor 90mg tab</i>	2	QL=60 EA/30 Days
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET 10MG SPRINKLE CAP	5	NDS PA QL=60 EA/30 Days
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
FULPHILA 6MG/0.6ML SYRINGE	5	NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 QL=12 ML/28 Days
RETACRIT 20000UNIT/2ML INJ	3	PA QL=12 ML/28 Days
RETACRIT 20000UNIT/ML INJ	3	PA QL=12 ML/28 Days
RETACRIT 2000UNIT/ML INJ	3	PA QL=12 ML/28 Days
RETACRIT 3000UNIT/ML INJ	3	PA QL=12 ML/28 Days
RETACRIT 40000UNIT/ML INJ	3	PA QL=4 ML/28 Days
RETACRIT 4000UNIT/ML INJ	3	PA QL=12 ML/28 Days
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650mg tab</i>	2	QL=30 EA/5 Days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<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	2	
<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>fludrocortisone acetate 0.1mg tab</i>	1	
<i>hydrocortisone 10mg tab</i>	2	
<i>hydrocortisone 20mg tab</i>	2	
<i>hydrocortisone 5mg tab</i>	2	
<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>	2	PA_BvD
<i>prednisolone 3mg/ml oral soln</i>	2	PA_BvD
<i>prednisolone 5mg/ml oral soln</i>	2	PA_BvD
<i>prednisone 10mg tab</i>	1	PA_BvD
<i>prednisone 10mg tab (21)</i>	2	
<i>prednisone 10mg tab pack (48)</i>	2	
<i>prednisone 1mg tab</i>	1	PA_BvD
PREDNISONE 1MG/ML ORAL SOLN	2	PA_BvD
<i>prednisone 2.5mg tab</i>	1	PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone 20mg tab</i>	1	PA_BvD
<i>prednisone 50mg tab</i>	1	PA_BvD
<i>prednisone 5mg tab</i>	1	PA_BvD
<i>prednisone 5mg tab pack (21)</i>	2	
<i>prednisone 5mg tab pack (48)</i>	2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone 1mg tab</i>	1	QL=30 EA/30 Days
<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>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
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
HAEGARDA 2000UNIT INJ	5	NDS PA QL=30 EA/30 Days
HAEGARDA 3000UNIT INJ	5	NDS PA QL=20 EA/30 Days
icatibant 30mg/3ml syringe	5	NDS PA QL=27 ML/30 Days
IMMUNIZING AGENTS, PASSIVE		
GAMMAGARD 10GM INJ	5	NDS PA
GAMMAGARD 10GM/100ML INJ	5	NDS PA
GAMMAGARD 2.5GM/25ML INJ	5	NDS PA
GAMMAGARD 5GM INJ	5	NDS PA
GAMMAGARD 5GM/50ML INJ	5	NDS PA
GAMMAGARD ERC 10GM/100ML INJ	5	NDS PA
GAMMAGARD ERC 5GM/50ML INJ	5	NDS PA
GAMUNEX 1GM/10ML INJ	5	NDS PA
PRIVIGEN 20GM/200ML INJ	5	NDS PA
VACCINES		
ABRYSVO 120MCG/0.5ML INJ	3	QL=1 EA/365 DaysVAC
ACTHIB INJ	3	
ADACEL INJ	3	VAC
ADACEL SYRINGE	3	VAC
AREXVY 120MCG/0.5ML INJ	3	QL=1 EA/999 DaysVAC
BCG LIVE TICE STRAIN 50MG INJ	3	VAC
BEXSERO SYRINGE	3	VAC
BOOSTRIX SYRINGE	3	VAC
DAPTACEL INJ	3	
ENGERIX-B 10MCG/0.5ML SYRINGE	3	PA_BvD VAC

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
HIBERIX 10MCG INJ	3	
IMOVAX 2.5UNIT/ML INJ	3	PA_BvD VAC
INFANRIX SYRINGE	3	
IPOL INJ	3	VAC
IXIARO 0.006MG/0.5ML SYRINGE	3	VAC
JYNNEOS 0.5ML INJ	3	PA_BvD VAC
KINRIX SYRINGE	3	
M-M-R II INJ	3	VAC
MENQUADFI INJ	3	VAC
MENVEO INJ	3	VAC
MRESVIA 50MCG/0.5ML SYRINGE	3	QL=.50 ML/999 DaysVAC
PEDIARIX SYRINGE	3	
PEDVAXHIB 7.5MCG/0.5ML INJ	3	
PENBRAYA INJ	3	VAC
PENMENVY INJ	3	VAC
PENTACEL 96-30-68UNIT/ML INJ	3	
PRIORIX INJ	3	VAC
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL SYRINGE	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/999 DaysVAC
SHINGRIX 50MCG/0.5ML SYRINGE	3	QL=1 ML/999 DaysVAC
TENIVAC 4-10UNIT/ML INJ	3	PA_BvD VAC
TENIVAC 4-10UNIT/ML SYRINGE	3	PA_BvD VAC
TICOVAC 1.2MCG/0.25ML SYRINGE	3	
TICOVAC 2.4MCG/0.5ML SYRINGE	3	VAC
TRUMENBA SYRINGE	3	VAC
TWINRIX SYRINGE	3	VAC
TYPHIM VI 25MCG/0.5ML SYRINGE	3	VAC
VAQTA 25UNIT/0.5ML INJ	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
VAXCHORA ORAL SUSP	3	VAC
VIMKUNYA 40MCG/0.8ML SYRINGE	3	VAC
VIVOTIF DR CAP	3	VAC
YF-VAX INJ	3	VAC
LAXATIVES		
LAXATIVE COMBINATIONS		
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>	2	
<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>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)</i>	2	
SUFLAVE ORAL SOLN PACK	3	
SUTAB 225-188-1479MG TAB	3	
LAXATIVES - MISCELLANEOUS		
<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
MOVANTIK 12.5MG TAB	3	PA QL=30 EA/30 Days
MOVANTIK 25MG TAB	3	PA QL=30 EA/30 Days
<i>prucalopride 1mg tab</i>	2	QL=30 EA/30 Days
<i>prucalopride 2mg tab</i>	2	QL=30 EA/30 Days
TRULANCE 3MG TAB	3	QL=30 EA/30 Days
MEDICAL DEVICES AND SUPPLIES		
PARENTERAL THERAPY SUPPLIES		
ALCOHOL SWAB 1X1 (DIABETIC)	2	
GAUZE PAD (2 X 2)	2	
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE (DISP) U-100 0.3ML	2	
INSULIN SYRINGE (DISP) U-100 1/2ML	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE (DISP) U-100 1ML	2	
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
AIMOVIG 140MG/ML AUTO-INJECTOR	3	PA QL=1 ML/30 Days
AIMOVIG 70MG/ML AUTO-INJECTOR	3	PA QL=1 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
SEROTONIN AGONISTS		
<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 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 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
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>deferasirox 180mg tab</i>	2	PA
<i>deferasirox 360mg tab</i>	2	PA
<i>deferasirox 90mg tab</i>	2	PA
<i>penicillamine 250mg tab</i>	5	NDS
<i>trientine 250mg cap</i>	1	PA QL=240 EA/30 Days
IMMUNOMODULATORS		
<i>lenalidomide 10mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 15mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 2.5mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 20mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 25mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 5mg cap</i>	5	NDS PA_NSO QL=28 EA/28 Days
REZUROCK 200MG TAB	5	NDS PA QL=30 EA/30 Days
RHAPSIDO 25MG TAB	5	NDS PA QL=60 EA/30 Days
THALOMID 100MG CAP	5	NDS QL=120 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID 50MG CAP	5	NDS QL=240 EA/30 Days
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST 220MG INJ	5	NDS PA
AVTOZMA 162MG/0.9ML AUTO-INJECTOR	5	NDS PA QL=3.60 ML/28 Days
AVTOZMA 162MG/0.9ML SYRINGE	5	NDS PA QL=3.60 ML/28 Days
<i>azathioprine 50mg tab</i>	2	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
<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
ENVARUS XR 0.75MG TAB	4	PA_BvD
ENVARUS XR 1MG TAB	4	PA_BvD
ENVARUS 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>mycophenolate mofetil 200mg/ml oral susp</i>	2	PA_BvD
<i>mycophenolate mofetil 250mg cap</i>	2	PA_BvD
<i>mycophenolate mofetil 500mg tab</i>	2	PA_BvD
<i>mycophenolic acid 180mg dr tab</i>	2	PA_BvD
<i>mycophenolic acid 360mg dr tab</i>	2	PA_BvD
ORENCIA 125MG/ML AUTO-INJECTOR	5	NDS PA QL=4 ML/28 Days
ORENCIA 125MG/ML SYRINGE	5	NDS PA QL=4 ML/28 Days
ORENCIA 50MG/0.4ML SYRINGE	5	NDS PA QL=1.60 ML/28 Days
ORENCIA 87.5MG/0.7ML SYRINGE	5	NDS PA QL=2.80 ML/28 Days
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>	2	PA_BvD
<i>tacrolimus 1mg cap</i>	2	PA_BvD
<i>tacrolimus 5mg cap</i>	2	PA_BvD
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
POTASSIUM REMOVING AGENTS		
<i>kionex 15gm/60ml oral 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	2	
<i>sodium polystyrene sulfonate 250mg/ml oral susp</i>	2	
<i>sps 15gm/60ml oral 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
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<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>	2	QL=30 ML/30 Days
<i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i>	2	QL=45 ML/30 Days
<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	2	QL=30.50 GM/30 Days
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
CLINIMIX 4.25/10 INJ	3	PA_BvD
CLINIMIX 4.25/5 INJ	3	PA_BvD
CLINIMIX 5/15 INJ	3	PA_BvD
CLINIMIX 5/20 INJ	3	PA_BvD
<i>clinisol 15% inj</i>	2	PA_BvD
DEXTROSE 10% INJ	2	PA_BvD
<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 inj</i>	2	
<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	
GLUCOSE 50MG/ML/POTASSIUM CHLORIDE 0.02MEQ/ML/SODIUM CHLORIDE 2.25MG/ML INJ	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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>glucose 50mg/ml/sodium chloride 4.5mg/ml inj</i>	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	
<i>klor-con 10meq er tab</i>	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	
<i>klor-con 8meq er tab</i>	1	
<i>magnesium sulfate 500mg/ml inj</i>	2	
<i>magnesium sulfate 500mg/ml syringe</i>	2	
<i>plenamine 15% inj</i>	2	PA_BvD
<i>potassium chloride 1.33meq/ml oral soln</i>	2	
<i>potassium chloride 10meq er cap</i>	1	
<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	
PROSOL 20% INJ	4	PA_BvD
<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	
TPN ELECTROLYTES INJ	2	PA_BvD
TRAVASOL 10% INJ	3	PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL 0.5% OPHTH SOLN	2	
<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	
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	QL=16 ML/30 Days
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN/POLYMYXIN B 0.5-10UNIT/MG OPHTH OINTMENT	1	QL=7 GM/7 Days
<i>ciprofloxacin 0.3% ophth soln</i>	1	QL=30 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
NEOMYCIN/BACITRACIN/POLYMYXIN 5MG-400UNIT-10000UNIT OPHTH OINTMENT	2	QL=7 GM/7 Days
NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN	2	QL=10 ML/7 Days
<i>ofloxacin 0.3% ophth soln</i>	1	QL=60 ML/30 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=30 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
ROCKLATAN 0.02-0.005% OPHTH SOLN	3	QL=5 ML/30 Days
OPHTHALMIC STEROIDS		
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>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>difluprednate 0.05% ophth susp</i>	2	
<i>fluorometholone 0.1% ophth susp</i>	2	
<i>loteprednol etabonate 0.5% ophth gel</i>	2	
<i>loteprednol etabonate 0.5% ophth susp</i>	2	
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCO TISONE 1% OPTH OINTMENT	2	
<i>neomycin/polymyxin/dexamethasone 0.1% ophth susp</i>	1	
PREDNISOLONE 1% OPTH SOLN	2	
<i>prednisolone acetate 1% ophth susp</i>	2	
SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN	1	
OPHTHALMICS - MISC.		
<i>atropine sulfate 1% ophth soln</i>	2	
<i>azelastine 0.05% ophth soln</i>	1	
CROMOLYN SODIUM 4% OPTH SOLN	1	
<i>cyclosporine 0.05% ophth susp</i>	2	QL=60 EA/30 Days
CYSTADROPS 0.37% OPTH SOLN	5	NDS PA QL=20 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% OPTH SOLN	2	
KETOROLAC TROMETHAMINE 0.4% OPTH SOLN	2	QL=20 ML/365 Days
<i>ketorolac tromethamine 0.5% ophth soln</i>	1	
MIEBO 1.338GM/ML OPTH SOLN	3	QL=3 ML/30 Days
<i>pilocarpine 1% ophth soln</i>	2	
<i>pilocarpine 2% ophth soln</i>	2	
<i>pilocarpine 4% ophth soln</i>	2	
XIIDRA 5% OPTH SOLN	3	QL=60 EA/30 Days
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.01% ophth soln</i>	2	QL=5 ML/30 Days
<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
<i>travoprost 0.004% ophth soln</i>	2	QL=5 ML/30 Days
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2% otic soln</i>	1	
<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	2	QL=7.50 ML/7 Days
<i>fluocinolone acetonide 0.01% otic soln</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i> 3.5-10000unit-1% otic soln	2	
<i>neomycin/polymyxin/hydrocortisone</i> 3.5-10000unit-1% otic susp	2	
<i>ofloxacin 0.3% otic soln</i>	1	
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125MG CHEW TAB	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 2000mg inj</i>	2	
<i>ampicillin 500mg cap</i>	1	
NATURAL PENICILLINS		
BICILLIN L-A 1200000UNIT/2ML SYRINGE	4	
BICILLIN L-A 2400000UNIT/4ML SYRINGE	4	
BICILLIN L-A 600000UNIT/ML SYRINGE	4	
<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	
PENICILLIN COMBINATIONS		
<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	
<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	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250mg cap</i>	2	
<i>dicloxacillin 500mg cap</i>	2	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxacillin 1gm inj</i>	2	
<i>oxacillin 2gm inj</i>	2	
PROGESTINS		
PROGESTINS		
<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	QL=.65 ML/84 Days
<i>errin 0.35mg tab 28-day pack</i>	2	
<i>gallifrey 5mg tab</i>	2	
<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	QL=1 ML/90 Days
<i>medroxyprogesterone acetate 150mg/ml syringe</i>	2	QL=1 ML/90 Days
<i>medroxyprogesterone acetate 2.5mg tab</i>	1	
<i>medroxyprogesterone acetate 5mg tab</i>	1	
MEGESTROL ACETATE 125MG/ML ORAL 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>	2	
<i>orquidea 0.35mg tab 28-day pack</i>	2	
<i>progesterone 100mg cap</i>	2	
<i>progesterone 200mg cap</i>	2	
<i>sharobel 0.35mg tab 28-day pack</i>	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium 333mg dr tab</i>	2	
<i>disulfiram 250mg tab</i>	2	
ANTIDEMENTIA AGENTS		
<i>donepezil 10mg odt</i>	2	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>	2	QL=30 EA/30 Days
<i>donepezil 5mg tab</i>	1	
<i>galantamine 12mg tab</i>	2	QL=60 EA/30 Days
<i>galantamine 4mg tab</i>	2	QL=60 EA/30 Days
<i>galantamine 8mg tab</i>	2	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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
LEQEMBI IQLIK 360MG/1.8ML AUTO-INJECTOR	5	NDS PA QL=7.20 ML/28 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>	2	QL=60 EA/30 Days
<i>rivastigmine 13.3mg/24hr patch</i>	2	QL=30 EA/30 Days
<i>rivastigmine 3mg cap</i>	2	QL=60 EA/30 Days
<i>rivastigmine 4.5mg cap</i>	2	QL=60 EA/30 Days
<i>rivastigmine 4.6mg/24hr patch</i>	2	QL=30 EA/30 Days
<i>rivastigmine 6mg cap</i>	2	QL=60 EA/30 Days
<i>rivastigmine 9.5mg/24hr patch</i>	2	QL=30 EA/30 Days
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 12MG TAB	5	NDS PA QL=120 EA/30 Days
AUSTEDO 30MG ER TAB	5	NDS PA QL=30 EA/30 Days
AUSTEDO 36MG ER TAB	5	NDS PA QL=30 EA/30 Days
AUSTEDO 42MG ER TAB	5	NDS PA QL=30 EA/30 Days
AUSTEDO 48MG ER TAB	5	NDS PA QL=30 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=30 EA/30 Days
AUSTEDO XR 18MG TAB	5	NDS PA QL=30 EA/30 Days
AUSTEDO XR 24MG TAB	5	NDS PA QL=30 EA/30 Days
AUSTEDO XR 6MG TAB	5	NDS PA QL=30 EA/30 Days
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK (28)	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>	2	QL=90 EA/30 Days
<i>tetrabenazine 25mg tab</i>	2	QL=120 EA/30 Days
MULTIPLE SCLEROSIS AGENTS		
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dalfampridine 10mg er tab</i>	2	QL=60 EA/30 Days
<i>dimethyl fumarate 120mg dr cap</i>	2	QL=14 EA/7 Days
<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	2	QL=60 EA/180 Days
<i>dimethyl fumarate 240mg dr cap</i>	2	QL=60 EA/30 Days
<i>fingolimod 0.5mg cap</i>	2	QL=30 EA/30 Days
<i>glatiramer acetate 20mg/ml syringe</i>	2	QL=30 ML/30 Days
<i>glatiramer acetate 40mg/ml syringe</i>	2	QL=12 ML/28 Days
<i>glatopa 20mg/ml syringe</i>	2	QL=30 ML/30 Days
<i>glatopa 40mg/ml syringe</i>	2	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=112 EA/28 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>	2	QL=30 EA/30 Days
<i>teriflunomide 7mg tab</i>	2	QL=30 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>dextromethorphan/quinidine sulfate 20-10mg cap</i>	3	PA QL=60 EA/30 Days
LYBALVI 10-10MG TAB	5	NDS PA_NSO QL=30 EA/30 Days
LYBALVI 15-10MG TAB	5	NDS PA_NSO QL=30 EA/30 Days
LYBALVI 20-10MG TAB	5	NDS PA_NSO QL=30 EA/30 Days
LYBALVI 5-10MG TAB	5	NDS PA_NSO QL=30 EA/30 Days
<i>pimozide 1mg tab</i>	2	
<i>pimozide 2mg tab</i>	2	
SMOKING DETERRENTS		
<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
RESPIRATORY TRACT AGENTS		
ANTI HISTAMINES		
<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	
PULMONARY ANTIHYPERTENSIVES		

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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>	2	PA QL=60 EA/30 Days
<i>ambrisentan 10mg tab</i>	5	NDS PA QL=30 EA/30 Days
<i>ambrisentan 5mg tab</i>	5	NDS PA QL=30 EA/30 Days
<i>bosentan 125mg tab</i>	5	NDS PA QL=60 EA/30 Days
<i>bosentan 62.5mg tab</i>	5	NDS PA QL=60 EA/30 Days
<i>macitentan 10mg tab</i>	5	NDS PA QL=30 EA/30 Days
<i>sildenafil 20mg tab</i>	2	PA QL=360 EA/30 Days
<i>tadalafil 20mg tab</i>	2	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
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine 100mg/ml inh soln</i>	2	PA_BvD
<i>acetylcysteine 200mg/ml inh soln</i>	2	PA_BvD
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
BRINSUPRI 10MG TAB	5	NDS PA QL=30 EA/30 Days
BRINSUPRI 25MG TAB	5	NDS PA QL=30 EA/30 Days
CAYSTON 75MG/ML INH SOLN	5	PA QL=84 ML/56 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=56 EA/28 Days
KALYDECO 5.8MG ORAL GRANULES	5	NDS PA QL=56 EA/28 Days
KALYDECO 50MG ORAL GRANULES	5	NDS PA QL=56 EA/28 Days
KALYDECO 75MG ORAL GRANULES	5	NDS PA QL=56 EA/28 Days
<i>nintedanib 100mg cap</i>	5	NDS PA QL=60 EA/30 Days
<i>nintedanib 150mg cap</i>	5	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG ORAL GRANULES	5	NDS PA QL=56 EA/28 Days
ORKAMBI 125-100MG TAB	5	NDS PA QL=112 EA/28 Days
ORKAMBI 125-200MG TAB	5	NDS PA QL=112 EA/28 Days
ORKAMBI 188-150MG ORAL GRANULES	5	NDS PA QL=56 EA/28 Days
ORKAMBI 94-75MG ORAL GRANULES	5	NDS PA QL=56 EA/28 Days
<i>pirfenidone 267mg cap</i>	2	PA QL=270 EA/30 Days
<i>pirfenidone 267mg tab</i>	2	PA QL=270 EA/30 Days
<i>pirfenidone 801mg tab</i>	2	PA QL=90 EA/30 Days
PROLASTIN 1000MG INJ	5	NDS PA
PULMOZYME 1MG/ML INH SOLN	5	NDS PA_BvD QL=150 ML/30 Days
<i>roflumilast 0.5mg tab</i>	2	QL=30 EA/30 Days
<i>roflumilast 250mcg tab</i>	2	QL=28 EA/365 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: 09/01/2026

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMDEKO TAB 4-WEEK PACK (56)	5	NDS PA QL=56 EA/28 Days
SYMDEKO TAB 50-75MG/75MG PACK (56)	5	NDS PA QL=56 EA/28 Days
THEOPHYLLINE 100MG ER TAB	2	
THEOPHYLLINE 200MG ER TAB	2	
<i>theophylline 300mg er tab</i>	2	
<i>theophylline 400mg er tab</i>	2	
<i>theophylline 450mg er tab</i>	2	
<i>theophylline 600mg er tab</i>	2	
TRIKAFTA 100-50-75MG/150MG TAB PACK (84)	5	NDS PA QL=84 EA/28 Days
TRIKAFTA 100-50-75MG/75MG ORAL 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 ORAL GRANULES PACK (56)	5	NDS PA QL=56 EA/28 Days
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		
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
LUMRYZ GRANULES FOR ORAL SUSP 28-DAY STARTER PACK (28)	5	NDS PA QL=28 EA/28 Days
<i>sodium oxybate 500mg/ml oral soln</i>	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
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine 500mg tab</i>	2	
<i>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i>	2	
<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline monohydrate 75mg tab</i>	1	
<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	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 10mg tab</i>	1	
<i>methimazole 5mg tab</i>	1	
<i>propylthiouracil 50mg tab</i>	2	
THYROID HORMONES		
<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	
<i>levoxyl 88mcg tab</i>	1	
<i>liomny 25mcg tab</i>	2	
<i>liomny 50mcg tab</i>	2	
<i>liomny 5mcg tab</i>	2	
<i>liothyronine sodium 25mcg tab</i>	2	
<i>liothyronine sodium 50mcg tab</i>	2	
<i>liothyronine sodium 5mcg tab</i>	2	
SYNTHROID 100MCG TAB	3	
SYNTHROID 112MCG TAB	3	
SYNTHROID 125MCG TAB	3	
SYNTHROID 137MCG TAB	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<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	
H-2 ANTAGONISTS		
<i>cimetidine 200mg tab</i>	2	
<i>cimetidine 300mg tab</i>	2	
<i>cimetidine 400mg tab</i>	2	
<i>cimetidine 800mg tab</i>	2	
<i>famotidine 20mg tab</i>	1	
<i>famotidine 40mg tab</i>	1	
MISC. ANTI-ULCER		
<i>misoprostol 100mcg tab</i>	2	
<i>misoprostol 200mcg tab</i>	2	
<i>sucralfate 1000mg tab</i>	1	
<i>sucralfate 100mg/ml oral susp</i>	2	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole 30mg dr cap</i>	4	
<i>dexlansoprazole 60mg dr cap</i>	4	
<i>esomeprazole 20mg dr cap</i>	2	
<i>esomeprazole 40mg dr cap</i>	2	
<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>	2	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin 2% vaginal cream</i>	2	
<i>metronidazole 0.75% vaginal gel</i>	1	
<i>terconazole 0.4% vaginal cream</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terconazole 0.8% vaginal cream</i>	1	
<i>terconazole 80mg vaginal insert</i>	2	
VAGINAL ESTROGENS		
<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

A					
abacavir 20mg/ml oral soln	53	acitretin 17.5mg cap	63	albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)	18
abacavir 300mg tab	53	acitretin 25mg cap	63	albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)	18
abacavir/lamivudine 600-300mg tab	53	ACTHIB INJ	76	albuterol 5mg/ml (0.5%) inh soln	18
abigale 1/0.5mg tab 28-day pack	68	ACTIMMUNE 2000000UNIT/0.5ML INJ	46	albuterol sulfate 108mcg hfa inhaler (18gm)	19
abigale lo tab 0.5/0.1mg 28-day pack	68	acyclovir 200mg cap	56	alclometasone dipropionate 0.05% topical cream	63
ABILIFY MAINTENA 300MG INJ	52	acyclovir 400mg tab	56	ALCLOMETASONE DIPROPIONATE 0.05% TOPICAL OINTMENT	63
ABILIFY MAINTENA 300MG/1.5ML SYRINGE	52	acyclovir 40mg/ml oral susp	56	ALCOHOL SWAB 1X1 (DIABETIC)	78
ABILIFY MAINTENA 400MG INJ	52	acyclovir 5% topical ointment	65	ALECENSA 150MG CAP	42
ABILIFY MAINTENA 400MG/2ML SYRINGE	52	acyclovir 50mg/ml inj	56	alendronate sodium 10mg tab	66
abiraterone acetate 250mg tab	41	acyclovir 800mg tab	56	alendronate sodium 35mg tab	66
abirtega 250mg tab	41	ADACEL INJ	76	alendronate sodium 70mg tab	66
ABRYSVO 120MCG/0.5ML INJ	76	ADACEL SYRINGE	76	alfuzosin 10mg er tab	73
acamprosate calcium 333mg dr tab	86	adefovir dipivoxil 10mg tab	55	aliskiren 150mg tab	37
acarbose 100mg tab	28	ADEMPAS 0.5MG TAB	89	aliskiren 300mg tab	37
acarbose 25mg tab	28	ADEMPAS 1.5MG TAB	89	allopurinol 100mg tab	74
acarbose 50mg tab	28	ADEMPAS 1MG TAB	89	allopurinol 300mg tab	74
accutane 10mg cap	61	ADEMPAS 2.5MG TAB	89	aloseptron 0.5mg tab	31
accutane 20mg cap	61	ADEMPAS 2MG TAB	89	aloseptron 1mg tab	31
accutane 40mg cap	61	ADVAIR 115-21MCG HFA INHALER	18	alprazolam 0.25mg tab	17
acebutolol 200mg cap	56	ADVAIR 230-21MCG HFA INHALER	18	alprazolam 0.5mg tab	17
acebutolol 400mg cap	56	ADVAIR 45-21MCG/ACT HFA INHALER	18	alprazolam 1mg tab	17
acetazolamide 125mg tab	65	AIMOVIG 140MG/ML AUTO-INJECTOR	79	alprazolam 2mg tab	17
acetazolamide 250mg tab	65	AIMOVIG 70MG/ML AUTO-INJECTOR	79	altavera tab 28-day pack	68
acetazolamide 500mg er cap	65	AKEEGA 500-100MG TAB	41	ALUNBRIG 180MG TAB	42
acetic acid 2% otic soln	84	AKEEGA 500-50MG TAB	41	ALUNBRIG 30MG TAB	42
acetylcysteine 100mg/ml inh soln	89	albendazole 200mg tab	16	ALUNBRIG 90MG TAB	42
acetylcysteine 200mg/ml inh soln	89	albuterol 0.21mg/ml (0.63mg/3ml) inh soln	18	ALUNBRIG TAB INITIATION PACK (30)	42
acitretin 10mg cap	63	albuterol 0.4mg/ml (2mg/5ml) oral soln	18	ALVESCO 160MCG INHALER	18
		albuterol 0.83mg/ml (0.083%) inh soln	18		
		albuterol 1.25mg/3ml neb soln	18		

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ALPHABETICAL LISTING OF DRUGS

ALVESCO 80MCG INHALER	18	<i>amlodipine/hydrochlorothiazide/olmesartan</i>	36	<i>amoxapine 100mg tab</i>	27
<i>alyacen 1/35 tab 28-day pack</i>	68	<i>medoxomil 10-12.5-40mg tab</i>		<i>amoxapine 150mg tab</i>	27
ALYFTREK 10-50-125MG TAB	89	<i>amlodipine/hydrochlorothiazide/olmesartan</i>	36	<i>amoxapine 25mg tab</i>	27
ALYFTREK 4-20-50MG TAB	89	<i>medoxomil 10-25-40mg tab</i>		<i>amoxapine 50mg tab</i>	27
<i>alyq 20mg tab</i>	89	<i>amlodipine/hydrochlorothiazide/olmesartan</i>	36	AMOXICILLIN 125MG CHEW TAB	84
<i>amantadine 100mg cap</i>	48	<i>medoxomil 5-12.5-20mg tab</i>		<i>amoxicillin 250mg cap</i>	85
<i>amantadine 10mg/ml oral soln</i>	48	<i>amlodipine/hydrochlorothiazide/olmesartan</i>	36	AMOXICILLIN 250MG CHEW TAB	85
<i>ambrisentan 10mg tab</i>	89	<i>medoxomil 5-12.5-20mg tab</i>		<i>amoxicillin 25mg/ml oral susp</i>	85
<i>ambrisentan 5mg tab</i>	89	<i>amlodipine/hydrochlorothiazide/olmesartan</i>	36	<i>amoxicillin 40mg/ml oral susp</i>	85
<i>amikacin 250mg/ml inj</i>	12	<i>medoxomil 5-12.5-40mg tab</i>		<i>amoxicillin 500mg cap</i>	85
<i>amiloride 5mg tab</i>	66	<i>amlodipine/hydrochlorothiazide/olmesartan</i>	36	<i>amoxicillin 500mg tab</i>	85
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	65	<i>medoxomil 5-25-40mg tab</i>		<i>amoxicillin 50mg/ml oral susp</i>	85
<i>amiodarone 100mg tab</i>	59	<i>amlodipine/olmesartan</i>	36	<i>amoxicillin 80mg/ml oral susp</i>	85
<i>amiodarone 200mg tab</i>	59	<i>medoxomil 10-20mg tab</i>		<i>amoxicillin 875mg tab</i>	85
<i>amiodarone 400mg tab</i>	59	<i>amlodipine/olmesartan</i>	36	<i>amoxicillin/clavulanate 250-125mg tab</i>	85
<i>amitriptyline 100mg tab</i>	26	<i>medoxomil 10-40mg tab</i>		<i>amoxicillin/clavulanate 500-125mg tab</i>	85
<i>amitriptyline 10mg tab</i>	26	<i>amlodipine/olmesartan</i>	36	<i>amoxicillin/clavulanate 875-125mg tab</i>	85
<i>amitriptyline 150mg tab</i>	26	<i>medoxomil 5-20mg tab</i>		<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	85
<i>amitriptyline 25mg tab</i>	26	<i>amlodipine/olmesartan</i>	36	<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	85
<i>amitriptyline 50mg tab</i>	26	<i>medoxomil 5-40mg tab</i>		<i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>	85
<i>amitriptyline 75mg tab</i>	27	<i>amlodipine/valsartan 10-160mg tab</i>	36	<i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i>	85
<i>amlodipine 10mg tab</i>	58	<i>amlodipine/valsartan 10-320mg tab</i>	36	<i>amphetamines/dextroamphetamine 10mg er cap</i>	11
<i>amlodipine 2.5mg tab</i>	58	<i>amlodipine/valsartan 5-160mg tab</i>	36	<i>amphetamines/dextroamphetamine 10mg tab</i>	11
<i>amlodipine 5mg tab</i>	58	<i>amlodipine/valsartan 5-320mg tab</i>	36	<i>amphetamines/dextroamphetamine 12.5mg tab</i>	11
<i>amlodipine/benazepril 10-20mg cap</i>	36	<i>ammonium lactate 12% topical cream</i>	65		
<i>amlodipine/benazepril 10-40mg cap</i>	36	<i>ammonium lactate 12% topical lotion</i>	65		
<i>amlodipine/benazepril 2.5-10mg cap</i>	36	<i>amnestem 10mg cap</i>	61		
<i>amlodipine/benazepril 5-10mg cap</i>	36	<i>amnestem 20mg cap</i>	61		
<i>amlodipine/benazepril 5-20mg cap</i>	36	<i>amnestem 30mg cap</i>	61		
<i>amlodipine/benazepril 5-40mg cap</i>	36	<i>amnestem 40mg cap</i>	61		

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ALPHABETICAL LISTING OF DRUGS

<i>amphetamine/dextroamph etamine 15mg er cap</i>	11	<i>aprepitant 125mg/80mg cap therapy pack (3)</i>	32	ARNUITY 50MCG POWDER INHALER	18
<i>amphetamine/dextroamph etamine 15mg tab</i>	11	<i>aprepitant 40mg cap</i>	32	<i>asenapine 10mg sl tab</i>	50
<i>amphetamine/dextroamph etamine 20mg er cap</i>	11	<i>aprepitant 80mg cap</i>	32	<i>asenapine 2.5mg sl tab</i>	51
<i>amphetamine/dextroamph etamine 20mg tab</i>	11	<i>apri tab 28-day pack</i>	68	<i>asenapine 5mg sl tab</i>	51
<i>amphetamine/dextroamph etamine 25mg er cap</i>	11	APTIVUS 250MG CAP	53	<i>ashlyna tab 91-day pack</i>	68
<i>amphetamine/dextroamph etamine 30mg er cap</i>	11	ARANELLE TAB 28-DAY PACK	68	ASMANEX 100MCG HFA INHALER	18
<i>amphetamine/dextroamph etamine 30mg tab</i>	11	ARCALYST 220MG INJ	80	ASMANEX 110MCG (30ACT) TWISTHALER	18
<i>amphetamine/dextroamph etamine 5mg er cap</i>	11	AREXVY 120MCG/0.5ML INJ	76	ASMANEX 200MCG HFA INHALER	18
<i>amphetamine/dextroamph etamine 5mg tab</i>	11	<i>arformoterol tartrate 15mcg/2ml neb soln</i>	19	ASMANEX 220MCG (120ACT) TWISTHALER	18
<i>amphetamine/dextroamph etamine 7.5mg tab</i>	11	ARIKAYCE	12	ASMANEX 220MCG (30ACT) TWISTHALER	18
AMPHOTERICIN B 50MG INJ	32	590MG/8.4ML INH SUSP		ASMANEX 220MCG (60ACT) TWISTHALER	18
<i>amphotericin b liposomal 50mg inj</i>	32	<i>aripiprazole 10mg odt</i>	52	ASMANEX 50MCG HFA INHALER	18
<i>ampicillin 1000mg inj</i>	85	<i>aripiprazole 10mg tab</i>	52	<i>aspirin/dipyridamole 25-200mg er cap</i>	74
<i>ampicillin 100mg/ml inj</i>	85	<i>aripiprazole 15mg odt</i>	52	<i>atazanavir 150mg cap</i>	53
<i>ampicillin 2000mg inj</i>	85	<i>aripiprazole 15mg tab</i>	52	<i>atazanavir 200mg cap</i>	53
<i>ampicillin 500mg cap</i>	85	<i>aripiprazole 1mg/ml oral soln</i>	52	<i>atazanavir 300mg cap</i>	53
<i>ampicillin/sulbactam 1000-500mg inj</i>	85	<i>aripiprazole 20mg tab</i>	52	<i>atenolol 100mg tab</i>	56
<i>ampicillin/sulbactam 100-50mg/ml inj</i>	85	<i>aripiprazole 2mg tab</i>	52	<i>atenolol 25mg tab</i>	57
<i>ampicillin/sulbactam 2000-1000mg inj</i>	85	<i>aripiprazole 30mg tab</i>	52	<i>atenolol 50mg tab</i>	57
<i>anagrelide 0.5mg cap</i>	74	<i>aripiprazole 5mg tab</i>	52	<i>atenolol/chlorthalidone 100-25mg tab</i>	36
<i>anagrelide 1mg cap</i>	74	ARISTADA	52	<i>atenolol/chlorthalidone 50-25mg tab</i>	36
<i>anastrozole 1mg tab</i>	41	1064MG/3.9ML SYRINGE		<i>atomoxetine 100mg cap</i>	11
ANORO ELLIPTA 62.5-25MCG POWDER INHALER	19	SYRINGE		<i>atomoxetine 10mg cap</i>	11
APRACLONIDINE 0.5% OPHTH SOLN	83	ARISTADA	52	<i>atomoxetine 18mg cap</i>	11
<i>aprepitant 125mg cap</i>	32	441MG/1.6ML SYRINGE		<i>atomoxetine 25mg cap</i>	11
		ARISTADA	52	<i>atomoxetine 40mg cap</i>	11
		662MG/2.4ML SYRINGE		<i>atomoxetine 60mg cap</i>	11
		ARISTADA	53	<i>atomoxetine 80mg cap</i>	11
		675MG/2.4ML SYRINGE		<i>atorvastatin 10mg tab</i>	33
		ARISTADA	53	<i>atorvastatin 20mg tab</i>	33
		882MG/3.2ML SYRINGE		<i>atorvastatin 40mg tab</i>	33
		<i>armodafinil 150mg tab</i>	11	<i>atorvastatin 80mg tab</i>	33
		<i>armodafinil 200mg tab</i>	11		
		<i>armodafinil 250mg tab</i>	11		
		<i>armodafinil 50mg tab</i>	11		
		ARNUITY 100MCG POWDER INHALER	18		
		ARNUITY 200MCG POWDER INHALER	18		

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ALPHABETICAL LISTING OF DRUGS

<i>atovaquone 750mg/5ml oral susp</i>	38	AYVAKIT 100MG TAB	46	BCG LIVE TICE STRAIN 50MG INJ	76
<i>atovaquone/proguanil 250-100mg tab</i>	39	AYVAKIT 200MG TAB	46	<i>benazepril 10mg tab</i>	34
<i>atovaquone/proguanil 62.5-25mg tab</i>	39	AYVAKIT 25MG TAB	46	<i>benazepril 20mg tab</i>	34
<i>atropine sulfate 1% ophth soln</i>	84	AYVAKIT 300MG TAB	46	<i>benazepril 40mg tab</i>	34
<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	31	AYVAKIT 50MG TAB	46	<i>benazepril 5mg tab</i>	34
ATROVENT 17MCG HFA INHALER	18	<i>azathioprine 50mg tab</i>	80	<i>benazepril/hydrochlorothiazide 10-12.5mg tab</i>	36
ATTRUBY 356MG TAB	59	<i>azelaic acid 15% topical gel</i>	65	<i>benazepril/hydrochlorothiazide 20-12.5mg tab</i>	36
<i>aubra tab 28-day pack</i>	68	<i>azelastine 0.05% ophth soln</i>	84	<i>benazepril/hydrochlorothiazide 20-25mg tab</i>	36
AUGTYRO 160MG CAP	42	<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	81	<i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>	36
AUGTYRO 40MG CAP	42	<i>azithromycin 20mg/ml oral susp</i>	38	BENLYSTA 200MG/ML	80
AUSTEDO 12MG TAB	87	<i>azithromycin 250mg pack (6)</i>	38	BENLYSTA 200MG/ML SYRINGE	80
AUSTEDO 30MG ER TAB	87	<i>azithromycin 250mg tab</i>	38	<i>benztropine mesylate 0.5mg tab</i>	47
AUSTEDO 36MG ER TAB	87	<i>azithromycin 40mg/ml oral susp</i>	38	<i>benztropine mesylate 1mg tab</i>	47
AUSTEDO 42MG ER TAB	87	<i>azithromycin 500mg inj</i>	38	<i>benztropine mesylate 2mg tab</i>	47
AUSTEDO 48MG ER TAB	87	<i>azithromycin 500mg tab</i>	38	BESREMI 500MCG/ML SYRINGE	46
AUSTEDO 6MG TAB	87	<i>azithromycin 500mg tab pack (3)</i>	38	<i>betamethasone 0.05% aug topical cream</i>	63
AUSTEDO 9MG TAB	87	<i>azithromycin 600mg tab</i>	38	<i>betamethasone 0.05% aug topical lotion</i>	63
AUSTEDO XR 12MG TAE	87	<i>aztreonam 1gm inj</i>	38	<i>betamethasone 0.05% aug topical ointment</i>	63
AUSTEDO XR 18MG TAE	87	<i>aztreonam 2gm inj</i>	38	<i>betamethasone 0.05% topical cream</i>	63
AUSTEDO XR 24MG TAE	87	<i>azurette 28-day pack</i>	68	<i>betamethasone 0.05% topical lotion</i>	64
AUSTEDO XR 6MG TAB	87	B		<i>betamethasone 0.05% topical ointment</i>	64
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK (28)	87	BACITRACIN/POLYMYX IN B 0.5-10UNIT/MG OPTH OINTMENT	83	<i>betamethasone 0.1% topical cream</i>	64
AUVELITY 105-45MG ER TAB	24	<i>baclofen 10mg tab</i>	53	BETAMETHASONE 0.1% TOPICAL LOTION	64
<i>aviane tab 28-day pack</i>	68	<i>baclofen 20mg tab</i>	53	<i>betamethasone 0.1% topical ointment</i>	64
AVMAPKI/FAKZYNJA CO-PACK (66)	42	<i>baclofen 5mg tab</i>	53		
AVONEX 30MCG/0.5ML	87	<i>balsalazide disodium 750mg cap</i>	73		
AUTO-INJECTOR		BALVERSA 3MG TAB	42		
AVONEX 30MCG/0.5ML SYRINGE	87	BALVERSA 4MG TAB	42		
AVTOZMA 162MG/0.9ML	80	BALVERSA 5MG TAB	42		
AUTO-INJECTOR		<i>balziva tab 28-day pack</i>	68		
AVTOZMA 162MG/0.9ML SYRINGE	80	BAQSIMI 3MG/DOSE NASAL POWDER	28		

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: 09/01/2026

ALPHABETICAL LISTING OF DRUGS

BETASERON 0.3MG INJ	87	<i>bisoprolol</i>	36	<i>brimonidine</i>	83
BETAXOLOL 0.5%	83	<i>fumarate/hydrochlorothia</i>		<i>tartrate/timolol 0.2-0.5%</i>	
OPHTH SOLN		<i>zide 5-6.25mg tab</i>		<i>ophth soln</i>	
<i>betaxolol 10mg tab</i>	57	<i>blisovi 21 fe tab 1.5/30</i>	68	BRINSUPRI 10MG TAB	89
<i>betaxolol 20mg tab</i>	57	<i>28-day pack</i>		BRINSUPRI 25MG TAB	89
<i>bethanechol chloride</i>	73	BOMYNTRA	66	<i>brivaracetam 100mg tab</i>	21
<i>10mg tab</i>		120MG/1.7ML INJ		<i>brivaracetam 10mg tab</i>	21
<i>bethanechol chloride</i>	73	BOMYNTRA	66	<i>brivaracetam 10mg/ml</i>	21
<i>25mg tab</i>		120MG/1.7ML SYRINGE		<i>oral soln</i>	
<i>bethanechol chloride</i>	73	BOOSTRIX SYRINGE	76	<i>brivaracetam 25mg tab</i>	21
<i>50mg tab</i>		<i>bosentan 125mg tab</i>	89	<i>brivaracetam 50mg tab</i>	21
<i>bethanechol chloride 5mg</i>	73	<i>bosentan 62.5mg tab</i>	89	<i>brivaracetam 75mg tab</i>	21
<i>tab</i>		BOSULIF 100MG CAP	42	<i>bromocriptine 2.5mg tab</i>	48
<i>bexarotene 1% topical gel</i>	62	BOSULIF 50MG CAP	42	<i>bromocriptine 5mg cap</i>	48
<i>bexarotene 75mg cap</i>	46	<i>bosutinib 100mg tab</i>	42	BRUKINSA 160MG TAB	42
BEXSERO SYRINGE	76	<i>bosutinib 400mg tab</i>	42	<i>budesonide 0.25mg/2ml</i>	18
<i>bicalutamide 50mg tab</i>	41	<i>bosutinib 500mg tab</i>	42	<i>inh susp</i>	
BICILLIN L-A	85	BRAFTOVI 75MG CAP	42	<i>budesonide 0.5mg/2ml</i>	18
1200000UNIT/2ML		BREO ELLIPTA	19	<i>inh susp</i>	
SYRINGE		100-25MCG POWDER		<i>budesonide 1mg/2ml inh</i>	18
BICILLIN L-A	85	INHALER		<i>susp</i>	
2400000UNIT/4ML		BREO ELLIPTA	19	<i>budesonide 3mg dr cap</i>	75
SYRINGE		200-25MCG POWDER		<i>budesonide 9mg er tab</i>	75
BICILLIN L-A	85	INHALER		<i>budesonide/formoterol</i>	19
600000UNIT/ML		BREO ELLIPTA	19	<i>fumarate 160-4.5mcg</i>	
SYRINGE		50-25MCG POWDER		<i>inhaler</i>	
BIKTARVY 30-120-15MG	53	INHALER		<i>budesonide/formoterol</i>	19
TAB		<i>breynga 160-4.5mcg/act</i>	19	<i>fumarate 80-45mcg</i>	
BIKTARVY 50-200-25MG	53	<i>inhaler</i>		<i>inhaler</i>	
TAB		<i>breynga 80-4.5mcg/act</i>	19	<i>bumetanide 0.25mg/ml inj</i>	65
<i>bimatoprost 0.01% ophth</i>	84	<i>inhaler</i>		<i>bumetanide 0.5mg tab</i>	66
<i>soln</i>		BREZTRI AEROSPHERE	19	<i>bumetanide 1mg tab</i>	66
<i>bimatoprost 0.03% ophth</i>	84	160-18-4.8MCG/ACT		<i>bumetanide 2mg tab</i>	66
<i>soln</i>		INHALER		<i>buprenorphine 10mcg/hr</i>	15
<i>bisoprolol fumarate 10mg</i>	57	BREZTRI AEROSPHERE	19	<i>weekly patch</i>	
<i>tab</i>		160-9-4.8MCG/ACT		<i>buprenorphine 15mcg/hr</i>	15
<i>bisoprolol fumarate 5mg</i>	57	INHALER		<i>weekly patch</i>	
<i>tab</i>		<i>brillyn tab 28-day pack</i>	68	<i>buprenorphine 20mcg/hr</i>	15
<i>bisoprolol</i>	36	<i>brimonidine tartrate</i>	83	<i>weekly patch</i>	
<i>fumarate/hydrochlorothia</i>		<i>0.1% ophth soln</i>		<i>buprenorphine 2mg sl tab</i>	15
<i>zide 10-6.25mg tab</i>		<i>brimonidine tartrate</i>	83	<i>buprenorphine 5mcg/hr</i>	15
<i>bisoprolol</i>	36	<i>0.15% ophth soln</i>		<i>weekly patch</i>	
<i>fumarate/hydrochlorothia</i>		<i>brimonidine tartrate</i>	83	<i>buprenorphine 7.5mcg/hr</i>	15
<i>zide 2.5-6.25mg tab</i>		<i>0.2% ophth soln</i>		<i>weekly patch</i>	

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ALPHABETICAL LISTING OF DRUGS

<i>buprenorphine 8mg sl tab</i>	15	<i>calcitriol 0.5mcg cap</i>	67	<i>carbamazepine 200mg er tab</i>	21
<i>buprenorphine/naloxone 12-3mg sl film</i>	15	<i>calcitriol 1mcg/ml oral soln</i>	67	<i>carbamazepine 200mg tab</i>	21
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	15	CALQUENCE 100MG TAB	42	<i>carbamazepine 20mg/ml oral susp</i>	21
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	15	<i>camila 0.35mg tab 28-day pack</i>	86	<i>carbamazepine 300mg er cap</i>	21
<i>buprenorphine/naloxone 4-1mg sl film</i>	15	<i>camreselo tab 91-day pack</i>	68	<i>carbamazepine 400mg er tab</i>	21
<i>buprenorphine/naloxone 8-2mg sl film</i>	15	<i>candesartan cilexetil 16mg tab</i>	35	<i>carbidopa 25mg tab</i>	47
<i>buprenorphine/naloxone 8-2mg sl tab</i>	15	<i>candesartan cilexetil 32mg tab</i>	35	<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	48
<i>bupropion 100mg sr (12hr) tab</i>	24	<i>candesartan cilexetil 4mg tab</i>	35	<i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>	48
<i>bupropion 100mg tab</i>	24	<i>candesartan cilexetil 8mg tab</i>	35	<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	48
<i>bupropion 150mg sr (12hr) tab</i>	24	<i>candesartan cilexetil/hydrochlorothiazide 16-12.5mg tab</i>	36	<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	48
<i>bupropion 150mg sr (12hr) tab</i>	88	<i>candesartan cilexetil/hydrochlorothiazide 32-12.5mg tab</i>	36	<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	48
<i>bupropion 200mg sr (12hr) tab</i>	24	<i>candesartan CAPLYTA 10.5MG CAP</i>	49	<i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	48
<i>bupropion 75mg tab</i>	24	<i>CAPLYTA 21MG CAP</i>	49	<i>carbidopa/levodopa 10-100mg odt</i>	48
<i>bupropion xl 150mg (24hr) tab</i>	24	<i>CAPLYTA 42MG CAP</i>	49	<i>carbidopa/levodopa 10-100mg tab</i>	48
<i>bupropion xl 300mg (24hr) tab</i>	24	<i>CAPRELSA 100MG TAB</i>	42	<i>carbidopa/levodopa 25-100mg er tab</i>	48
<i>buspirone 10mg tab</i>	16	<i>CAPRELSA 300MG TAB</i>	42	<i>carbidopa/levodopa 25-100mg odt</i>	48
<i>buspirone 15mg tab</i>	16	<i>captopril 100mg tab</i>	34	<i>carbidopa/levodopa 25-100mg tab</i>	48
<i>buspirone 30mg tab</i>	16	<i>captopril 12.5mg tab</i>	34	<i>carbidopa/levodopa 25-250mg odt</i>	48
<i>buspirone 5mg tab</i>	16	<i>captopril 25mg tab</i>	34	<i>carbamazepine 200mg er cap</i>	21
<i>buspirone 7.5mg tab</i>	17	<i>captopril 50mg tab</i>	34	<i>carbamazepine 100mg er cap</i>	21
C		<i>carbamazepine 100mg chew tab</i>	21	<i>carbamazepine 100mg er tab</i>	21
<i>cabergoline 0.5mg tab</i>	68	<i>carbamazepine 100mg er cap</i>	21	<i>carbamazepine 200mg er cap</i>	21
CABOMETYX 20MG TAE	42				
CABOMETYX 40MG TAE	42				
CABOMETYX 60MG TAE	42				
<i>calcipotriene 0.005% topical cream</i>	63				
<i>calcipotriene 0.005% topical ointment</i>	63				
CALCIPOTRIENE 0.005%	63				
TOPICAL SOLN					
<i>calcitriol 0.25mcg cap</i>	67				

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ALPHABETICAL LISTING OF DRUGS

<i>carbidopa/levodopa</i>	48	<i>cefoxitin 200mg/ml inj</i>	60	<i>chlordiazepoxide 25mg</i>	17
<i>50-200mg er tab</i>		<i>cefoxitin 2gm inj</i>	60	<i>cap</i>	
<i>carglumic acid 200mg tab</i>	67	<i>cefpodoxime 100mg tab</i>	61	<i>chlordiazepoxide 5mg cap</i>	17
<i>for oral susp</i>		CEFPODOXIME	61	<i>chlorhexidine gluconate</i>	61
<i>carisoprodol 350mg tab</i>	53	10MG/ML ORAL SUSP		<i>0.12% mouthwash</i>	
CARTEOLOL 1% OPTH	83	<i>cefpodoxime 200mg tab</i>	61	CHLOROQUINE	39
SOLN		CEFPODOXIME	61	PHOSPHATE 250MG TAB	
<i>cartia 120mg er (24hr)</i>	58	20MG/ML ORAL SUSP		<i>chloroquine phosphate</i>	39
<i>cap</i>		<i>cefprozil 250mg tab</i>	60	<i>500mg tab</i>	
<i>cartia 180mg er (24hr)</i>	58	<i>cefprozil 25mg/ml oral</i>	60	<i>chlorpromazine 100mg</i>	51
<i>cap</i>		<i>susp</i>		<i>tab</i>	
<i>cartia 240mg er (24hr)</i>	58	<i>cefprozil 500mg tab</i>	60	<i>chlorpromazine 100mg/ml</i>	51
<i>cap</i>		<i>cefprozil 50mg/ml oral</i>	60	<i>oral soln</i>	
<i>cartia 300mg er (24hr)</i>	58	<i>susp</i>		<i>chlorpromazine 10mg tab</i>	51
<i>cap</i>		<i>ceftaroline fosamil 400mg</i>	38	<i>chlorpromazine 200mg</i>	52
<i>carvedilol 12.5mg tab</i>	56	<i>inj</i>		<i>tab</i>	
<i>carvedilol 25mg tab</i>	56	<i>ceftaroline fosamil 600mg</i>	38	<i>chlorpromazine 25mg tab</i>	52
<i>carvedilol 3.125mg tab</i>	56	<i>inj</i>		<i>chlorpromazine 30mg/ml</i>	52
<i>carvedilol 6.25mg tab</i>	56	<i>ceftazidime 1gm inj</i>	61	<i>oral soln</i>	
<i>caspofungin acetate 50mg</i>	32	CEFTAZIDIME	61	<i>chlorpromazine 50mg tab</i>	52
<i>inj</i>		200MG/ML INJ		<i>chlorthalidone 25mg tab</i>	66
<i>caspofungin acetate 70mg</i>	32	<i>ceftazidime 2gm inj</i>	61	<i>chlorthalidone 50mg tab</i>	66
<i>inj</i>		<i>ceftriaxone 10gm inj</i>	61	<i>chlorzoxazone 500mg tab</i>	53
CAYSTON 75MG/ML INH	89	<i>ceftriaxone 1gm inj</i>	61	<i>cholestyramine resin</i>	33
SOLN		<i>ceftriaxone 250mg inj</i>	61	<i>(sugar-free) 4gm powder</i>	
CEFACLOR 250MG CAP	60	<i>ceftriaxone 2gm inj</i>	61	<i>for oral susp</i>	
CEFACLOR 500MG CAP	60	<i>ceftriaxone 500mg inj</i>	61	<i>cholestyramine resin 4gm</i>	33
<i>cefadroxil 100mg/ml oral</i>	60	<i>cefuroxime 1500mg inj</i>	60	<i>powder for oral susp</i>	
<i>susp</i>		<i>cefuroxime 250mg tab</i>	60	<i>ciclopirox 0.77% topical</i>	62
<i>cefadroxil 500mg cap</i>	60	<i>cefuroxime 500mg tab</i>	60	<i>cream</i>	
<i>cefadroxil 50mg/ml oral</i>	60	<i>cefuroxime 750mg inj</i>	60	<i>ciclopirox 0.77% topical</i>	62
<i>susp</i>		<i>celecoxib 100mg cap</i>	13	<i>gel</i>	
<i>cefazolin 1000mg inj</i>	60	<i>celecoxib 200mg cap</i>	13	<i>ciclopirox 0.77% topical</i>	62
<i>cefazolin 200mg/ml inj</i>	60	<i>celecoxib 400mg cap</i>	13	<i>lotion</i>	
<i>cefazolin 500mg inj</i>	60	<i>celecoxib 50mg cap</i>	13	<i>ciclopirox 1% shampoo</i>	62
<i>cefdinir 25mg/ml oral</i>	60	<i>cephalexin 250mg cap</i>	60	<i>ciclopirox 8% topical soln</i>	62
<i>susp</i>		<i>cephalexin 25mg/ml oral</i>	60	CILASTATIN/IMIPENEM	38
<i>cefdinir 300mg cap</i>	60	<i>susp</i>		250-250MG INJ	
<i>cefdinir 50mg/ml oral</i>	60	<i>cephalexin 500mg cap</i>	60	<i>cilastatin/imipenem</i>	38
<i>susp</i>		<i>cephalexin 50mg/ml oral</i>	60	<i>500-500mg inj</i>	
<i>cefepime 1000mg inj</i>	38	<i>susp</i>		<i>cilostazol 100mg tab</i>	74
<i>cefepime 2000mg inj</i>	38	<i>cevimeline 30mg cap</i>	61	<i>cilostazol 50mg tab</i>	74
<i>cefixime 400mg cap</i>	61	<i>chlordiazepoxide 10mg</i>	17	CIMDUO 300-300MG	53
<i>cefoxitin 1gm inj</i>	60	<i>cap</i>		TAB	

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ALPHABETICAL LISTING OF DRUGS

<i>cimetidine 200mg tab</i>	92	<i>clindamycin 1% topical</i>	62	<i>clobetasol propionate</i>	64
<i>cimetidine 300mg tab</i>	92	<i>soln</i>		<i>0.05% topical soln</i>	
<i>cimetidine 400mg tab</i>	92	<i>clindamycin 150mg cap</i>	38	<i>clomipramine 25mg cap</i>	27
<i>cimetidine 800mg tab</i>	92	<i>clindamycin 2% vaginal</i>	92	<i>clomipramine 50mg cap</i>	27
CIMZIA 200MG INJ	13	<i>cream</i>		<i>clomipramine 75mg cap</i>	27
CIMZIA 200MG/ML	13	<i>clindamycin 300mg cap</i>	38	<i>clonazepam 0.125mg odt</i>	21
SYRINGE		<i>clindamycin 300mg/2ml</i>	38	<i>clonazepam 0.25mg odt</i>	21
CIMZIA 200MG/ML	13	<i>inj</i>		<i>clonazepam 0.5mg odt</i>	21
SYRINGE STARTER KIT		<i>clindamycin 300mg/50ml</i>	38	<i>clonazepam 0.5mg tab</i>	21
(6)		<i>inj</i>		<i>clonazepam 1mg odt</i>	21
<i>cinacalcet 30mg tab</i>	67	<i>clindamycin 600mg/4ml</i>	38	<i>clonazepam 1mg tab</i>	21
<i>cinacalcet 60mg tab</i>	67	<i>inj</i>		<i>clonazepam 2mg odt</i>	21
<i>cinacalcet 90mg tab</i>	67	<i>clindamycin 600mg/50ml</i>	38	<i>clonazepam 2mg tab</i>	21
<i>ciprofloxacin 0.3% ophth</i>	83	<i>inj</i>		<i>clonidine 0.1mg er tab</i>	11
<i>soln</i>		<i>clindamycin 75mg cap</i>	38	<i>clonidine 0.1mg tab</i>	35
<i>ciprofloxacin 250mg tab</i>	72	<i>clindamycin 75mg/5ml</i>	38	<i>clonidine 0.1mg/24hr</i>	35
CIPROFLOXACIN	72	<i>oral soln</i>		<i>weekly patch</i>	
2MG/ML INJ		<i>clindamycin 900mg/50ml</i>	38	<i>clonidine 0.2mg tab</i>	35
<i>ciprofloxacin 500mg tab</i>	72	<i>inj</i>		<i>clonidine 0.2mg/24hr</i>	35
<i>ciprofloxacin 750mg tab</i>	72	<i>clindamycin 900mg/6ml</i>	38	<i>weekly patch</i>	
<i>ciprofloxacin/dexamethas</i>	84	<i>inj</i>		<i>clonidine 0.3mg tab</i>	35
<i>one 0.3-0.1% otic susp</i>		CLINIMIX 4.25/10 INJ	81	<i>clonidine 0.3mg/24hr</i>	35
<i>italopram 10mg tab</i>	25	CLINIMIX 4.25/5 INJ	81	<i>weekly patch</i>	
<i>italopram 20mg tab</i>	25	CLINIMIX 5/15 INJ	81	<i>clopidogrel 75mg tab</i>	74
<i>italopram 2mg/ml oral</i>	25	CLINIMIX 5/20 INJ	81	<i>clorazepate dipotassium</i>	17
<i>soln</i>		<i>clinisol 15% inj</i>	81	<i>15mg tab</i>	
<i>italopram 40mg tab</i>	25	<i>clobazam 10mg tab</i>	20	<i>clorazepate dipotassium</i>	17
<i>claravis 10mg cap</i>	61	<i>clobazam 2.5mg/ml oral</i>	20	<i>3.75mg tab</i>	
<i>claravis 20mg cap</i>	61	<i>susp</i>		<i>clorazepate dipotassium</i>	17
<i>claravis 30mg cap</i>	61	<i>clobazam 20mg tab</i>	21	<i>7.5mg tab</i>	
<i>claravis 40mg cap</i>	61	<i>clobetasol propionate</i>	64	<i>clotrimazole 1% topical</i>	62
<i>clarithromycin 250mg tab</i>	38	<i>0.05% shampoo</i>		<i>cream</i>	
CLARITHROMYCIN	38	<i>clobetasol propionate</i>	64	<i>clotrimazole 10mg</i>	61
25MG/ML ORAL SUSP		<i>0.05% topical cream</i>		<i>lozenge</i>	
<i>clarithromycin 500mg tab</i>	38	<i>clobetasol propionate</i>	64	<i>clotrimazole/betamethaso</i>	62
CLARITHROMYCIN	38	<i>0.05% topical e cream</i>		<i>ne 1-0.05% topical cream</i>	
50MG/ML ORAL SUSP		<i>clobetasol propionate</i>	64	<i>clozapine 100mg odt</i>	51
<i>clindamycin 1% pad</i>	61	<i>0.05% topical foam</i>		<i>clozapine 100mg tab</i>	51
<i>clindamycin 1% topical</i>	61	<i>clobetasol propionate</i>	64	<i>clozapine 12.5mg odt</i>	51
<i>gel (once-daily)</i>		<i>0.05% topical gel</i>		<i>clozapine 150mg odt</i>	51
<i>clindamycin 1% topical</i>	61	<i>clobetasol propionate</i>	64	<i>clozapine 200mg odt</i>	51
<i>gel (twice-daily)</i>		<i>0.05% topical lotion</i>		<i>clozapine 200mg tab</i>	51
<i>clindamycin 1% topical</i>	61	<i>clobetasol propionate</i>	64	<i>clozapine 25mg odt</i>	51
<i>lotion</i>		<i>0.05% topical ointment</i>		<i>clozapine 25mg tab</i>	51

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: 09/01/2026

ALPHABETICAL LISTING OF DRUGS

<i>clozapine 50mg tab</i>	51	<i>conjugated estrogens</i>	71	<i>cromolyn sodium 20mg/ml</i>	72
COARTEM 20-120MG	39	<i>0.3mg tab</i>		<i>oral soln</i>	
TAB		<i>conjugated estrogens</i>	71	CROMOLYN SODIUM	84
COBENFY 20-100MG	49	<i>0.45mg tab</i>		4% OPTH SOLN	
CAP		<i>conjugated estrogens</i>	71	<i>cryselle tab 28-day pack</i>	68
COBENFY 20-50MG CAP	49	<i>0.625mg tab</i>		<i>cyclobenzaprine 10mg</i>	53
COBENFY 30-125MG	49	<i>conjugated estrogens</i>	71	<i>tab</i>	
CAP		<i>0.9mg tab</i>		<i>cyclobenzaprine 5mg tab</i>	53
COBENFY CAP 28-DAY	49	<i>conjugated estrogens</i>	71	<i>cyclophosphamide 25mg</i>	40
STARTER KIT PACK (56)		<i>1.25mg tab</i>		<i>cap</i>	
<i>codeine</i>	15	<i>constulose 10gm/15ml</i>	78	<i>cyclophosphamide 50mg</i>	40
<i>phosphate/acetaminophe</i>		<i>oral soln</i>		<i>cap</i>	
<i>n 15-300mg tab</i>		COPIKTRA 15MG CAP	43	CYCLOPHOSPHAMIDE	40
CODEINE	15	COPIKTRA 25MG CAP	43	50MG TAB	
PHOSPHATE/ACETAMIN		COSENTYX 150MG/ML	63	<i>cyclosporine 0.05% ophth</i>	84
OPHEN 2.4-24MG/ML		AUTO-INJECTOR		<i>susp</i>	
ORAL SOLN		COSENTYX 150MG/ML	63	<i>cyclosporine 100mg cap</i>	80
<i>codeine</i>	15	SYRINGE		<i>cyclosporine 25mg cap</i>	80
<i>phosphate/acetaminophe</i>		COSENTYX	63	<i>cyclosporine modified</i>	80
<i>n 30-300mg tab</i>		75MG/0.5ML SYRINGE		<i>100mg cap</i>	
<i>codeine</i>	15	COSENTYX UNOREADY	63	<i>cyclosporine modified</i>	80
<i>phosphate/acetaminophe</i>		300MG/2ML		<i>100mg/ml oral soln</i>	
<i>n 60-300mg tab</i>		AUTO-INJECTOR		<i>cyclosporine modified</i>	80
<i>colchicine 0.6mg tab</i>	74	COTELLIC 20MG TAB	43	<i>25mg cap</i>	
<i>colchicine/probenecid</i>	74	CREON	72	<i>cyclosporine modified</i>	80
<i>0.5-500mg tab</i>		120000-24000-76000UNI		<i>50mg cap</i>	
<i>colesevelam 625mg tab</i>	33	T DR CAP		<i>cyproheptadine 0.4mg/ml</i>	88
<i>colestipol 1gm tab</i>	33	CREON	72	<i>oral soln</i>	
<i>colestipol 5000mg</i>	33	15000-3000-9500UNIT		<i>cyproheptadine 4mg tab</i>	88
<i>granules for oral susp</i>		DR CAP		<i>cyred tab 28-day pack</i>	68
<i>colistin 75mg/ml inj</i>	38	CREON	72	CYSTADANE 1GM	67
COMBIVENT	19	180000-36000-114000U		POWDER FOR ORAL	
20-100MCG/ACT		NIT DR CAP		SOLN	
INHALER		CREON	72	CYSTADROPS 0.37%	84
COMETRIQ CAP 100MG	42	30000-6000-19000UNIT		OPHTH SOLN	
DAILY DOSE PACK (56)		DR CAP		CYSTAGON 150MG CAP	74
COMETRIQ CAP 140MG	42	CREON	72	CYSTAGON 50MG CAP	74
DAILY DOSE PACK (112)		60000-12000-38000UNIT		D	
COMETRIQ CAP 60MG	42	DR CAP		<i>dabigatran etexilate</i>	19
DAILY DOSE PACK (84)		CRESEMBA 186MG CAP	32	<i>110mg cap</i>	
<i>compro 25mg rectal supp</i>	52	CRESEMBA 74.5MG CAP	32	<i>dabigatran etexilate</i>	19
CONEXXENCE	66	<i>cromolyn sodium 10mg/ml</i>	18	<i>150mg cap</i>	
60MG/ML SYRINGE		<i>inh soln</i>		<i>dabigatran etexilate</i>	19
				<i>75mg cap</i>	

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ALPHABETICAL LISTING OF DRUGS

<i>dalfampridine 10mg er tab</i>	88	DELSTRIGO	53	<i>dexamethasone 2mg tab</i>	75
<i>danazol 100mg cap</i>	15	100-300-300MG TAB		<i>dexamethasone 4mg tab</i>	75
<i>danazol 200mg cap</i>	15	DEPO-SUBQ PROVERA	86	<i>dexamethasone 6mg tab</i>	75
<i>danazol 50mg cap</i>	15	104MG/0.65ML		DEXAMETHASONE	83
<i>dantrolene sodium 100mg cap</i>	53	SYRINGE		PHOSPHATE 0.1%	
<i>dantrolene sodium 25mg cap</i>	53	DESCOVY 120-15MG TAB	54	OPHTH SOLN	
<i>dantrolene sodium 50mg cap</i>	53	DESCOVY 200-25MG TAB	54	<i>dexamethasone/neomycin /polymyxin b 0.1% ophth ointment</i>	83
<i>dapagliflozin 10mg tab (except Prasco Laboratories NDCs)</i>	31	<i>desipramine 100mg tab</i>	27	<i>dexamethasone/tobramycin 0.3-0.1% ophth susp</i>	83
<i>dapagliflozin 5mg tab (except Prasco Laboratories NDCs)</i>	31	<i>desipramine 10mg tab</i>	27	<i>dexlansoprazole 30mg dr cap</i>	92
<i>dapagliflozin/metformin 10-1000mg er tab</i>	27	<i>desipramine 150mg tab</i>	27	<i>dexlansoprazole 60mg dr cap</i>	92
<i>dapagliflozin/metformin 10-500mg er tab</i>	27	<i>desipramine 25mg tab</i>	27	<i>dexmethylphenidate 10mg tab</i>	11
<i>dapagliflozin/metformin 5-1000mg er tab</i>	27	<i>desipramine 50mg tab</i>	27	<i>dexmethylphenidate 2.5mg tab</i>	11
<i>dapagliflozin/metformin 5-500mg er tab</i>	27	<i>desipramine 75mg tab</i>	27	<i>dexmethylphenidate 5mg tab</i>	11
<i>dapsone 100mg tab</i>	39	<i>desloratadine 5mg tab</i>	88	<i>dextroamphetamine sulfate 10mg tab</i>	11
<i>dapsone 25mg tab</i>	39	<i>desmopressin acetate 0.01% (0.01mg/act) nasal spray</i>	68	<i>dextroamphetamine sulfate 5mg tab</i>	11
DAPTACEL INJ	76	<i>desmopressin acetate 0.1mg tab</i>	68	<i>dextromethorphan/quinidine sulfate 20-10mg cap</i>	88
<i>daptomycin 500mg inj</i>	38	<i>desmopressin acetate 0.2mg tab</i>	68	DEXTROSE 10% INJ	81
<i>darunavir 600mg tab</i>	53	<i>desonide 0.05% topical cream</i>	64	DIACOMIT 250MG CAP	21
<i>darunavir 800mg tab</i>	53	<i>desonide 0.05% topical ointment</i>	64	DIACOMIT 250MG POWDER FOR ORAL SUSP	21
<i>dasatinib 100mg tab</i>	43	<i>desoximetasone 0.25% topical cream</i>	64	DIACOMIT 500MG CAP	21
<i>dasatinib 140mg tab</i>	43	<i>desoximetasone 0.25% topical ointment</i>	64	DIACOMIT 500MG POWDER FOR ORAL SUSP	21
<i>dasatinib 20mg tab</i>	43	<i>desvenlafaxine succinate 100mg er tab</i>	26	<i>diazepam 10mg tab</i>	17
<i>dasatinib 50mg tab</i>	43	<i>desvenlafaxine succinate 25mg er tab</i>	26	<i>diazepam 10mg/2ml rectal gel</i>	21
<i>dasatinib 70mg tab</i>	43	<i>desvenlafaxine succinate 50mg er tab</i>	26	<i>diazepam 1mg/ml oral soln</i>	17
<i>dasatinib 80mg tab</i>	43	DEXAMETHASONE	75	<i>diazepam 2.5mg/0.5ml rectal gel</i>	21
DAURISMO 100MG TAB	41	0.1MG/ML ORAL SOLN			
DAURISMO 25MG TAB	41	<i>dexamethasone 0.5mg tab</i>	75		
<i>deblitane 0.35mg tab 28-day pack</i>	86	<i>dexamethasone 0.75mg tab</i>	75		
<i>deferasirox 180mg tab</i>	79	<i>dexamethasone 1.5mg tab</i>	75		
<i>deferasirox 360mg tab</i>	79	<i>dexamethasone 1mg tab</i>	75		
<i>deferasirox 90mg tab</i>	79				

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ALPHABETICAL LISTING OF DRUGS

<i>diazepam 20mg/4ml rectal gel</i>	21	<i>dilt 180mg er (24hr) cap</i>	58	<i>divalproex sodium 250mg er tab</i>	48
<i>diazepam 2mg tab</i>	17	<i>dilt 240mg er (24hr) cap</i>	58	<i>divalproex sodium 500mg dr tab</i>	24
<i>diazepam 5mg tab</i>	17	<i>diltiazem 120mg er (12hr) cap</i>	58	<i>divalproex sodium 500mg er tab</i>	48
<i>diazepam 5mg/ml oral soln</i>	17	<i>diltiazem 120mg er (24hr) cap</i>	58	<i>dofetilide 0.125mg cap</i>	59
<i>diazoxide 50mg/ml oral susp</i>	28	<i>diltiazem 120mg tab</i>	58	<i>dofetilide 0.25mg cap</i>	59
<i>diclofenac potassium 50mg tab</i>	13	<i>diltiazem 180mg er (24hr) cap</i>	58	<i>dofetilide 0.5mg cap</i>	59
<i>diclofenac sodium 0.1% ophth soln</i>	84	<i>diltiazem 240mg er (24hr) cap</i>	58	<i>donepezil 10mg odt</i>	86
<i>diclofenac sodium 1.5% topical soln</i>	13	<i>diltiazem 300mg er (24hr) cap</i>	58	<i>donepezil 10mg tab</i>	86
<i>diclofenac sodium 100mg er tab</i>	13	<i>diltiazem 30mg tab</i>	58	<i>donepezil 23mg tab</i>	86
<i>diclofenac sodium 25mg dr tab</i>	13	<i>diltiazem 360mg er (24hr) cap</i>	58	<i>donepezil 5mg odt</i>	86
<i>diclofenac sodium 3% topical gel</i>	62	<i>diltiazem 420mg er (24hr) cap</i>	58	<i>donepezil 5mg tab</i>	86
<i>diclofenac sodium 50mg dr tab</i>	13	<i>diltiazem 60mg er (12hr) cap</i>	58	DOPTELET 10MG SPRINKLE CAP	74
<i>diclofenac sodium 75mg dr tab</i>	13	<i>diltiazem 60mg tab</i>	58	DOPTELET 20MG TAB	74
<i>dicloxacillin 250mg cap</i>	85	<i>diltiazem 90mg er (12hr) cap</i>	58	DOPTELET TAB 40MG	74
<i>dicloxacillin 500mg cap</i>	85	<i>diltiazem 90mg tab</i>	58	DAILY DOSE PACK (10)	
<i>dicyclomine 10mg cap</i>	92	<i>dimethyl fumarate 120mg dr cap</i>	88	DOPTELET TAB 60MG	74
<i>dicyclomine 20mg tab</i>	92	<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	88	DAILY DOSE PACK (15)	
<i>dicyclomine 2mg/ml oral soln</i>	92	<i>dimethyl fumarate 240mg dr cap</i>	88	<i>dorzolamide 2% ophth soln</i>	84
DIFICID 200MG TAB	38	<i>dipyridamole 25mg tab</i>	74	<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	83
DIFICID 40MG/ML ORAL SUSP	38	<i>dipyridamole 50mg tab</i>	74	<i>dotti 0.025mg/24hr twice weekly patch</i>	71
<i>diflunisal 500mg tab</i>	13	<i>dipyridamole 75mg tab</i>	74	<i>dotti 0.0375mg/24hr twice weekly patch</i>	71
<i>difluprednate 0.05% ophth susp</i>	84	<i>disopyramide 100mg cap</i>	59	<i>dotti 0.05mg/24hr twice weekly patch</i>	71
<i>digoxin 0.125mg tab</i>	59	<i>disopyramide 150mg cap</i>	59	<i>dotti 0.075mg/24hr twice weekly patch</i>	71
<i>digoxin 0.25mg tab</i>	59	<i>disulfiram 250mg tab</i>	86	<i>dotti 0.1mg/24hr twice weekly patch</i>	71
<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	79	<i>divalproex sodium 125mg dr tab</i>	24	DOVATO 50-300MG TAB	54
DILANTIN 30MG ER CAP	21	<i>divalproex sodium 125mg dr tab</i>	24	<i>doxazosin 1mg tab</i>	35
<i>dilt 120mg er (24hr) cap</i>	58	<i>divalproex sodium 250mg dr tab</i>	24	<i>doxazosin 2mg tab</i>	35
				<i>doxazosin 4mg tab</i>	35
				<i>doxazosin 8mg tab</i>	35
				<i>doxepin 100mg cap</i>	27
				<i>doxepin 10mg cap</i>	27
				DOXEPIN 10MG/ML ORAL SOLN	27

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ALPHABETICAL LISTING OF DRUGS

DOXEPIN 150MG CAP	27	<i>drospirenone/ethinyl</i>	68	EFAVIRENZ/LAMIVUDIN	54
<i>doxepin 25mg cap</i>	27	<i>estradiol/inert</i>		E/TENOFOVIR	
<i>doxepin 50mg cap</i>	27	<i>ingredients 3-0.03-1mg</i>		DISOPROXIL	
<i>doxepin 75mg cap</i>	27	<i>tab 28-day pack</i>		FUMARATE	
<i>doxy 100mg inj</i>	90	DROXIA 200MG CAP	46	400-300-300MG TAB	
<i>doxycycline hyclate</i>	90	DROXIA 300MG CAP	47	<i>efavirenz/lamivudine/teno</i>	54
<i>100mg cap</i>		DROXIA 400MG CAP	47	<i>fovir disoproxil fumarate</i>	
<i>doxycycline hyclate</i>	90	<i>droxidopa 100mg cap</i>	59	<i>600-300-300mg tab</i>	
<i>100mg inj</i>		<i>droxidopa 200mg cap</i>	59	<i>electrolyte-148 inj</i>	81
<i>doxycycline hyclate</i>	90	<i>droxidopa 300mg cap</i>	59	ELIGARD 22.5MG	41
<i>100mg tab</i>		DULERA 100-5MCG	19	SYRINGE	
<i>doxycycline hyclate 20mg</i>	90	INHALER		ELIGARD 30MG	41
<i>tab</i>		DULERA 200-5MCG	19	SYRINGE	
<i>doxycycline hyclate 50mg</i>	90	INHALER		ELIGARD 45MG	41
<i>cap</i>		DULERA 50-5MCG	19	SYRINGE	
<i>doxycycline monohydrate</i>	90	INHALER		ELIGARD 7.5MG	41
<i>100mg cap</i>		<i>duloxetine 20mg dr cap</i>	26	SYRINGE	
<i>doxycycline monohydrate</i>	90	<i>duloxetine 30mg dr cap</i>	26	ELIQUIS 2.5MG TAB	19
<i>100mg tab</i>		<i>duloxetine 60mg dr cap</i>	26	ELIQUIS 5MG 30-DAY	19
<i>doxycycline monohydrate</i>	90	DUPIXENT	17	STARTER PACK (74)	
<i>50mg cap</i>		200MG/1.14ML		ELIQUIS 5MG TAB	19
<i>doxycycline monohydrate</i>	90	AUTO-INJECTOR		<i>eltrombopag 12.5mg</i>	74
<i>50mg tab</i>		DUPIXENT	17	<i>powder for oral susp</i>	
<i>doxycycline monohydrate</i>	90	200MG/1.14ML		<i>eltrombopag 12.5mg tab</i>	74
<i>5mg/ml oral susp</i>		SYRINGE		<i>eltrombopag 25mg</i>	74
<i>doxycycline monohydrate</i>	91	DUPIXENT 300MG/2ML	17	<i>powder for oral susp</i>	
<i>75mg tab</i>		AUTO-INJECTOR		<i>eltrombopag 25mg tab</i>	74
DRIZALMA 20MG DR	26	DUPIXENT 300MG/2ML	17	<i>eltrombopag 50mg tab</i>	74
SPRINKLE CAP		SYRINGE		<i>eltrombopag 75mg tab</i>	74
DRIZALMA 30MG DR	26	<i>dutasteride 0.5mg cap</i>	73	<i>eluryng</i>	69
SPRINKLE CAP		E		<i>0.120-0.015mg/24hr</i>	
DRIZALMA 40MG DR	26	<i>econazole nitrate 1%</i>	62	<i>vaginal system</i>	
SPRINKLE CAP		<i>topical cream</i>		EMGALITY 100MG/ML	79
DRIZALMA 60MG DR	26	EDURANT 2.5MG TAB	54	SYRINGE	
SPRINKLE CAP		FOR ORAL SUSP		EMGALITY 120MG/ML	79
<i>dronabinol 10mg cap</i>	32	<i>efavirenz 600mg tab</i>	54	AUTO-INJECTOR	
<i>dronabinol 2.5mg cap</i>	32	<i>efavirenz/emtricitabine/te</i>	54	EMGALITY 120MG/ML	79
<i>dronabinol 5mg cap</i>	32	<i>nofovir disoproxil</i>		SYRINGE	
<i>drospirenone/ethinyl</i>	68	<i>fumarate 600-200-300mg</i>		EMSAM 12MG/24HR	25
<i>estradiol/inert</i>		<i>tab</i>		PATCH	
<i>ingredients 3-0.02-1mg</i>				EMSAM 6MG/24HR	25
<i>tab 28-day pack</i>				PATCH	
				EMSAM 9MG/24HR	25
				PATCH	

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ALPHABETICAL LISTING OF DRUGS

<i>emtricitabine 200mg cap</i>	54	ENBUMYST	66	<i>epinephrine</i>	19
<i>emtricitabine/rilpivirine/t</i>	54	0.5MG/0.1ML NASAL		<i>0.15mg/0.3ml</i>	
<i>enofovir disoproxil</i>		SPRAY		<i>auto-injector (2pack)</i>	
<i>fumarate 200-25-300mg</i>		ENERGIX-B	76	<i>epinephrine 0.3mg/0.3ml</i>	19
<i>tab</i>		10MCG/0.5ML SYRINGE		<i>auto-injector (2pack)</i>	
<i>emtricitabine/tenofovir</i>	54	ENERGIX-B 20MCG/ML	77	<i>eplerenone 25mg tab</i>	37
<i>disoproxil fumarate</i>		INJ		<i>eplerenone 50mg tab</i>	37
<i>100-150mg tab</i>		ENERGIX-B 20MCG/ML	77	ERIVEDGE 150MG CAP	41
<i>emtricitabine/tenofovir</i>	54	SYRINGE		ERLEADA 240MG TAB	41
<i>disoproxil fumarate</i>		<i>enilloring</i>	69	ERLEADA 60MG TAB	41
<i>133-200mg tab</i>		<i>0.120-0.015mg/24hr</i>		<i>erlotinib 100mg tab</i>	40
<i>emtricitabine/tenofovir</i>	54	<i>vaginal system</i>		<i>erlotinib 150mg tab</i>	40
<i>disoproxil fumarate</i>		<i>enoxaparin sodium</i>	20	<i>erlotinib 25mg tab</i>	40
<i>167-250mg tab</i>		<i>100mg/1ml syringe</i>		<i>errin 0.35mg tab 28-day</i>	86
<i>emtricitabine/tenofovir</i>	54	<i>enoxaparin sodium</i>	20	<i>pack</i>	
<i>disoproxil fumarate</i>		<i>120mg/0.8ml syringe</i>		<i>ertapenem 1gm inj</i>	38
<i>200-300mg tab</i>		<i>enoxaparin sodium</i>	20	ERY 2% PAD	62
EMTRIVA 10MG/ML	54	<i>150mg/1ml syringe</i>		<i>erythromycin 0.5% ophth</i>	83
ORAL SOLN		<i>enoxaparin sodium</i>	20	<i>ointment</i>	
<i>enalapril maleate 10mg</i>	34	<i>30mg/0.3ml syringe</i>		ERYTHROMYCIN 2%	62
<i>tab</i>		<i>enoxaparin sodium</i>	20	TOPICAL GEL	
<i>enalapril maleate 2.5mg</i>	34	<i>40mg/0.4ml syringe</i>		<i>erythromycin 2% topical</i>	62
<i>tab</i>		<i>enoxaparin sodium</i>	20	<i>soln</i>	
<i>enalapril maleate 20mg</i>	34	<i>60mg/0.6ml syringe</i>		<i>erythromycin 250mg dr</i>	38
<i>tab</i>		<i>enoxaparin sodium</i>	20	<i>tab</i>	
<i>enalapril maleate 5mg</i>	34	<i>80mg/0.8ml syringe</i>		<i>erythromycin 250mg tab</i>	38
<i>tab</i>		ENSACOVE 100MG CAP	43	<i>erythromycin 333mg dr</i>	38
<i>enalapril</i>	36	ENSACOVE 25MG CAP	43	<i>tab</i>	
<i>maleate/hydrochlorothiaz</i>		<i>enskyce tab 28-day pack</i>	69	<i>erythromycin 500mg dr</i>	38
<i>ide 10-25mg tab</i>		<i>entacapone 200mg tab</i>	47	<i>tab</i>	
<i>enalapril</i>	37	<i>entecavir 0.5mg tab</i>	55	<i>erythromycin 500mg tab</i>	38
<i>maleate/hydrochlorothiaz</i>		<i>entecavir 1mg tab</i>	55	<i>escitalopram 10mg tab</i>	25
<i>ide 5-12.5mg tab</i>		ENTRESTO 15-16MG	59	<i>escitalopram 1mg/ml oral</i>	25
ENBREL 25MG/0.5ML	13	ORAL PELLET		<i>soln</i>	
INJ		ENTRESTO 6-6MG ORAL	59	<i>escitalopram 20mg tab</i>	25
ENBREL 25MG/0.5ML	13	PELLET		<i>escitalopram 5mg tab</i>	25
SYRINGE		<i>enulose 10gm/15ml oral</i>	72	<i>eslicarbazepine acetate</i>	22
ENBREL 50MG/ML	13	<i>soln</i>		<i>200mg tab</i>	
AUTO-INJECTOR		ENVARUS XR 0.75MG	80	<i>eslicarbazepine acetate</i>	22
ENBREL 50MG/ML	13	TAB		<i>400mg tab</i>	
CARTRIDGE		ENVARUS XR 1MG TAE	80	<i>eslicarbazepine acetate</i>	22
ENBREL 50MG/ML	13	ENVARUS XR 4MG TAE	80	<i>600mg tab</i>	
SYRINGE		EPIDIOLEX 100MG/ML	22	<i>eslicarbazepine acetate</i>	22
		ORAL SOLN		<i>800mg tab</i>	

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ALPHABETICAL LISTING OF DRUGS

<i>esomeprazole 20mg dr cap</i>	92	<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	69	<i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35 mg-mcg tab 28-day pack</i>	69
<i>esomeprazole 40mg dr cap</i>	92	<i>eszopiclone 1mg tab</i>	76	<i>ethosuximide 250mg cap</i>	24
<i>estarylla tab 28-day pack</i>	69	<i>eszopiclone 2mg tab</i>	76	<i>ethosuximide 50mg/ml oral soln</i>	24
<i>estradiol 0.0025mg/hr weekly patch</i>	71	<i>eszopiclone 3mg tab</i>	76	<i>etodolac 200mg cap</i>	13
<i>estradiol 0.01% vaginal cream</i>	93	<i>ethambutol 100mg tab</i>	39	<i>etodolac 300mg cap</i>	13
<i>estradiol 0.01mg vaginal insert</i>	93	<i>ethambutol 400mg tab</i>	39	<i>etodolac 400mg tab</i>	13
<i>estradiol 0.01mg/24hr twice weekly patch</i>	71	<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	69	<i>etodolac 500mg tab</i>	13
<i>estradiol 0.01mg/24hr weekly patch</i>	71	<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	69	<i>etravirine 100mg tab</i>	54
<i>estradiol 0.025mg/24hr twice weekly patch</i>	71	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack</i>	69	<i>etravirine 200mg tab</i>	54
<i>estradiol 0.025mg/24hr weekly patch</i>	71	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>	69	<i>EUCRISA 2% TOPICAL OINTMENT</i>	65
<i>estradiol 0.0375mg/24hr twice weekly patch</i>	71	<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	69	<i>EULEXIN 125MG CAP</i>	41
<i>estradiol 0.0375mg/24hr weekly patch</i>	71	<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	69	<i>everolimus 0.25mg tab</i>	80
<i>estradiol 0.05mg/24hr twice weekly patch</i>	71	<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	69	<i>everolimus 0.5mg tab</i>	80
<i>estradiol 0.05mg/24hr weekly patch</i>	71	<i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>	69	<i>everolimus 0.75mg tab</i>	80
<i>estradiol 0.075mg/24hr twice weekly patch</i>	71	<i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25 mg-mcg tab 28-day pack</i>	69	<i>everolimus 10mg tab</i>	43
<i>estradiol 0.075mg/24hr weekly patch</i>	71			<i>everolimus 1mg tab</i>	80
<i>estradiol 0.5mg tab</i>	71			<i>everolimus 2.5mg tab</i>	43
<i>estradiol 1mg tab</i>	71			<i>everolimus 2mg tab for oral susp</i>	43
<i>estradiol 2mg tab</i>	71			<i>everolimus 3mg tab for oral susp</i>	43
<i>estradiol valerate 10mg/ml inj</i>	71			<i>everolimus 5mg tab</i>	43
<i>estradiol valerate 20mg/ml inj</i>	71			<i>everolimus 5mg tab for oral susp</i>	43
<i>estradiol valerate 40mg/ml inj</i>	72			<i>everolimus 7.5mg tab</i>	43
<i>estradiol/norethindrone acetate 0.5-0.1mg 28-day pack</i>	69			<i>EVOTAZ 300-150MG TAB</i>	54
				<i>EVRYSDI 0.75MG/ML ORAL SOLN</i>	60
				<i>EVRYSDI 5MG TAB</i>	60
				<i>exemestane 25mg tab</i>	41
				<i>EXXUA 18.2MG ER TAB</i>	25
				<i>EXXUA 18.2MG TAB</i>	25
				<i>TITRATION PACK (32)</i>	
				<i>EXXUA 36.3MG ER TAB</i>	25
				<i>EXXUA 54.5MG ER TAB</i>	25
				<i>EXXUA 72.6MG ER TAB</i>	25
				<i>ezetimibe 10mg tab</i>	33

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ALPHABETICAL LISTING OF DRUGS

<i>ezetimibe/simvastatin</i>	33	<i>felodipine 5mg er tab</i>	58	<i>flecainide acetate 150mg</i>	59
<i>10-10mg tab</i>		<i>fenofibrate 134mg cap</i>	33	<i>tab</i>	
<i>ezetimibe/simvastatin</i>	33	<i>fenofibrate 145mg tab</i>	33	<i>flecainide acetate 50mg</i>	59
<i>10-20mg tab</i>		<i>fenofibrate 160mg tab</i>	33	<i>tab</i>	
<i>ezetimibe/simvastatin</i>	33	<i>fenofibrate 200mg cap</i>	33	<i>fluconazole 100mg tab</i>	32
<i>10-40mg tab</i>		<i>fenofibrate 43mg cap</i>	33	<i>fluconazole 10mg/ml oral</i>	32
<i>ezetimibe/simvastatin</i>	33	<i>fenofibrate 48mg tab</i>	33	<i>susp</i>	
<i>10-80mg tab</i>		<i>fenofibrate 54mg tab</i>	33	<i>fluconazole 150mg tab</i>	32
F		<i>fenofibrate 67mg cap</i>	33	<i>fluconazole 200mg tab</i>	32
<i>falmina tab 28-day pack</i>	69	<i>fenofibric acid 135mg dr</i>	33	<i>fluconazole 200mg/100ml</i>	32
<i>famciclovir 125mg tab</i>	56	<i>cap</i>		<i>inj</i>	
<i>famciclovir 250mg tab</i>	56	<i>fenofibric acid 45mg dr</i>	33	<i>fluconazole 400mg/200ml</i>	32
<i>famciclovir 500mg tab</i>	56	<i>cap</i>		<i>inj</i>	
<i>famotidine 20mg tab</i>	92	<i>fentanyl 100mcg/hr patch</i>	14	<i>fluconazole 40mg/ml oral</i>	32
<i>famotidine 40mg tab</i>	92	<i>fentanyl 12mcg/hr patch</i>	14	<i>susp</i>	
FANAPT 10MG TAB	50	<i>fentanyl 25mcg/hr patch</i>	14	<i>fluconazole 50mg tab</i>	32
FANAPT 12MG TAB	50	<i>fentanyl 50mcg/hr patch</i>	14	<i>flucytosine 250mg cap</i>	32
FANAPT 1MG TAB	50	<i>fentanyl 75mcg/hr patch</i>	14	<i>flucytosine 500mg cap</i>	32
FANAPT 2MG TAB	50	<i>fesoterodine fumarate</i>	73	<i>fludrocortisone acetate</i>	75
FANAPT 4MG TAB	50	<i>4mg er tab</i>		<i>0.1mg tab</i>	
FANAPT 6MG TAB	50	<i>fesoterodine fumarate</i>	73	<i>flunisolide 25%</i>	81
FANAPT 8MG TAB	50	<i>8mg er tab</i>		<i>(25mcg/act) nasal inhaler</i>	
FANAPT TAB TITRATION	50	FETZIMA 120MG ER	26	<i>fluocinolone acetamide</i>	84
PACK (8)		CAP		<i>0.01% otic soln</i>	
FANAPT TAB TITRATION	50	FETZIMA 20MG ER CAP	26	<i>fluocinolone acetamide</i>	64
PACK B (12)		FETZIMA 40MG ER CAP	26	<i>0.01% topical cream</i>	
FANAPT TAB TITRATION	50	FETZIMA 80MG ER CAP	26	<i>fluocinolone acetamide</i>	64
PACK C (8)		FETZIMA ER CAP	26	<i>0.01% topical oil</i>	
FASENRA 10MG/0.5ML	17	TITRATION PACK (28)		<i>fluocinolone acetamide</i>	64
SYRINGE		FIASP 100UNIT/ML	29	<i>0.01% topical soln</i>	
FASENRA 30MG/ML	17	CARTRIDGE		<i>fluocinolone acetamide</i>	64
AUTO-INJECTOR		FIASP 100UNIT/ML INJ	29	<i>0.025% topical cream</i>	
FASENRA 30MG/ML	17	FIASP 100UNIT/ML PEN	29	<i>fluocinolone acetamide</i>	64
SYRINGE		INJ (3ML)		<i>0.025% topical ointment</i>	
<i>febuxostat 40mg tab</i>	74	<i>fidaxomicin 200mg tab</i>	38	<i>fluocinonide 0.05%</i>	64
<i>febuxostat 80mg tab</i>	74	<i>finasteride 5mg tab</i>	73	<i>topical cream</i>	
<i>feirza 1.5/30 28-day pack</i>	69	<i>ingolimod 0.5mg cap</i>	88	<i>fluocinonide 0.05%</i>	64
<i>feirza 1/20 28-day pack</i>	69	FINTEPLA 2.2MG/ML	22	<i>topical e cream</i>	
<i>felbamate 120mg/ml oral</i>	23	ORAL SOLN		<i>fluocinonide 0.05%</i>	64
<i>susp</i>		FIRMAGON 120MG INJ	41	<i>topical ointment</i>	
<i>felbamate 400mg tab</i>	23	FIRMAGON 80MG INJ	41	<i>fluocinonide 0.05%</i>	64
<i>felbamate 600mg tab</i>	23	<i>flecainide acetate 100mg</i>	59	<i>topical soln</i>	
<i>felodipine 10mg er tab</i>	58	<i>tab</i>		<i>fluocinonide 0.1% topical</i>	64
<i>felodipine 2.5mg er tab</i>	58			<i>cream</i>	

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ALPHABETICAL LISTING OF DRUGS

<i>fluorometholone 0.1% ophth susp</i>	84	<i>fluticasone propionate/salmeterol 250-50mcg/act powder inhaler</i>	19	FUROSCIX 80MG/10ML CARTRIDGE	66
FLUOROURACIL 2% TOPICAL SOLN	63	<i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i>	19	<i>furosemide 10mg/ml inj</i>	66
<i>fluorouracil 5% topical cream</i>	63	<i>fluvoxamine maleate 100mg tab</i>	25	FUROSEMIDE 10MG/ML ORAL SOLN	66
<i>fluorouracil 5% topical soln</i>	63	<i>fluvoxamine maleate 25mg tab</i>	25	<i>furosemide 20mg tab</i>	66
<i>fluoxetine 10mg cap</i>	25	<i>fluvoxamine maleate 50mg tab</i>	25	<i>furosemide 40mg tab</i>	66
<i>fluoxetine 20mg cap</i>	25	<i>fondaparinux sodium 10mg/0.8ml syringe</i>	20	<i>furosemide 80mg tab</i>	66
<i>fluoxetine 40mg cap</i>	25	<i>fondaparinux sodium 2.5mg/0.5ml syringe</i>	20	FUROSEMIDE 8MG/ML ORAL SOLN	66
<i>fluoxetine 4mg/ml oral soln</i>	25	<i>fondaparinux sodium 5mg/0.4ml syringe</i>	20	<i>fyavolv 0.0025-0.5mg tab</i>	69
<i>fluoxetine 60mg tab</i>	25	<i>fondaparinux sodium 7.5mg/0.6ml syringe</i>	20	<i>fyavolv 0.005-1mg tab</i>	69
FLUPHENAZINE 0.5MG/ML ORAL SOLN	52	<i>fosamprenavir 700mg tab</i>	54	G	
<i>fluphenazine 10mg tab</i>	52	<i>fosfomycin 3gm powder for oral soln</i>	38	<i>gabapentin 100mg cap</i>	22
<i>fluphenazine 1mg tab</i>	52	<i>fosinopril sodium 10mg tab</i>	34	<i>gabapentin 300mg cap</i>	22
<i>fluphenazine 2.5mg tab</i>	52	<i>fosinopril sodium 20mg tab</i>	34	<i>gabapentin 400mg cap</i>	22
FLUPHENAZINE 2.5MG/ML INJ	52	<i>fosinopril sodium 40mg tab</i>	34	<i>gabapentin 50mg/ml oral soln</i>	22
<i>fluphenazine 5mg tab</i>	52	<i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i>	37	<i>gabapentin 600mg tab (Neurontin equiv)</i>	22
FLUPHENAZINE 5MG/ML ORAL SOLN	52	<i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i>	37	<i>gabapentin 800mg tab</i>	22
<i>fluphenazine decanoate 25mg/ml inj</i>	52	FOTIVDA 0.89MG CAP	43	<i>galantamine 12mg tab</i>	86
FLURBIPROFEN 100MG TAB	13	FOTIVDA 1.34MG CAP	43	<i>galantamine 4mg tab</i>	86
FLURBIPROFEN SODIUM 0.03% OPTH SOLN	84	FRUZAQLA 1MG CAP	40	<i>galantamine 8mg tab</i>	86
<i>fluticasone propionate 0.005% topical ointment</i>	64	FRUZAQLA 5MG CAP	40	<i>galantamine hydrobromide 16mg er cap</i>	86
<i>fluticasone propionate 0.05% topical cream</i>	64	FULPHILA 6MG/0.6ML SYRINGE	74	<i>galantamine hydrobromide 24mg er cap</i>	86
<i>fluticasone propionate 50mcg/act nasal inhaler</i>	81			GALANTAMINE	87
<i>fluticasone propionate/salmeterol 100-50mcg/act powder inhaler</i>	19			HYDROBROMIDE 4MG/ML ORAL SOLN	
				<i>galantamine hydrobromide 8mg er cap</i>	87
				<i>gallifrey 5mg tab</i>	86
				GAMMAGARD 10GM INJ	76
				GAMMAGARD	76
				10GM/100ML INJ	
				GAMMAGARD	76
				2.5GM/25ML INJ	
				GAMMAGARD 5GM INJ	76

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ALPHABETICAL LISTING OF DRUGS

GAMMAGARD	76	<i>glatiramer acetate</i>	88	<i>glucose</i>	81
5GM/50ML INJ		<i>20mg/ml syringe</i>		<i>50mg/ml/potassium</i>	
GAMMAGARD ERC	76	<i>glatiramer acetate</i>	88	<i>chloride</i>	
10GM/100ML INJ		<i>40mg/ml syringe</i>		<i>0.02meq/ml/sodium</i>	
GAMMAGARD ERC	76	<i>glatopa 20mg/ml syringe</i>	88	<i>chloride 4.5mg/ml inj</i>	
5GM/50ML INJ		<i>glatopa 40mg/ml syringe</i>	88	<i>glucose</i>	81
GAMUNEX 1GM/10ML	76	<i>glimepiride 1mg tab</i>	31	<i>50mg/ml/potassium</i>	
INJ		<i>glimepiride 2mg tab</i>	31	<i>chloride</i>	
GARDASIL 9 INJ	77	<i>glimepiride 4mg tab</i>	31	<i>0.02meq/ml/sodium</i>	
GARDASIL 9 SYRINGE	77	<i>glipizide 10mg er tab</i>	31	<i>chloride 9mg/ml inj</i>	
GAUZE PAD (2 X 2)	78	<i>glipizide 10mg tab</i>	31	<i>glucose</i>	81
GAVILYTE-C POWDER	78	<i>glipizide 2.5mg er tab</i>	31	<i>50mg/ml/potassium</i>	
FOR ORAL SOLN		<i>glipizide 5mg er tab</i>	31	<i>chloride</i>	
<i>gavilyte-g powder for</i>	78	<i>glipizide 5mg tab</i>	31	<i>0.03meq/ml/sodium</i>	
<i>oral soln</i>		<i>glipizide/metformin</i>	27	<i>chloride 4.5mg/ml inj</i>	
<i>gavilyte-n powder for</i>	78	<i>2.5-250mg tab</i>		<i>glucose</i>	81
<i>oral soln</i>		<i>glipizide/metformin</i>	27	<i>50mg/ml/potassium</i>	
GAVRETO 100MG CAP	43	<i>2.5-500mg tab</i>		<i>chloride</i>	
<i>gefitinib 250mg tab</i>	40	<i>glipizide/metformin</i>	27	<i>0.04meq/ml/sodium</i>	
<i>gemfibrozil 600mg tab</i>	33	<i>5-500mg tab</i>		<i>chloride 4.5mg/ml inj</i>	
GEMTESA 75MG TAB	73	GLUCOSE	81	<i>glucose</i>	82
<i>generlac 10gm/15ml oral</i>	72	100MG/ML/SODIUM		<i>50mg/ml/potassium</i>	
<i>soln</i>		CHLORIDE 2MG/ML INJ		<i>chloride</i>	
<i>gentamicin 0.1% topical</i>	62	GLUCOSE	81	<i>0.04meq/ml/sodium</i>	
<i>cream</i>		100MG/ML/SODIUM		<i>chloride 9mg/ml inj</i>	
<i>gentamicin 0.1% topical</i>	62	CHLORIDE 4.5MG/ML		GLUCOSE	82
<i>ointment</i>		INJ		50MG/ML/SODIUM	
<i>gentamicin 0.3% ophth</i>	83	<i>glucose 50mg/ml inj</i>	81	CHLORIDE 2MG/ML INJ	
<i>soln</i>		<i>glucose</i>	81	<i>glucose 50mg/ml/sodium</i>	82
GENTAMICIN 0.8MG/ML	12	<i>50mg/ml/potassium</i>		<i>chloride 4.5mg/ml inj</i>	
INJ		<i>chloride</i>		<i>glucose 50mg/ml/sodium</i>	82
GENTAMICIN 1.2MG/ML	12	<i>0.01meq/ml/sodium</i>		<i>chloride 9mg/ml inj</i>	
INJ		<i>chloride 4.5mg/ml inj</i>		GLUCOSE/SODIUM	82
GENTAMICIN 1.6MG/ML	12	<i>glucose</i>	81	CHLORIDE	
INJ		<i>50mg/ml/potassium</i>		25MG/ML-4.5MG/ML	
GENTAMICIN 1MG/ML	12	<i>chloride 0.02meq/ml inj</i>		INJ	
INJ		GLUCOSE	81	<i>glutamine 5000mg</i>	67
<i>gentamicin 40mg/ml inj</i>	12	50MG/ML/POTASSIUM		<i>powder for oral soln</i>	
GENVOYA	54	CHLORIDE		<i>glyburide 1.25mg tab</i>	31
150-150-200-10MG TAB		0.02MEQ/ML/SODIUM		<i>glyburide 2.5mg tab</i>	31
GILOTRIF 20MG TAB	41	CHLORIDE 2.25MG/ML		<i>glyburide 5mg tab</i>	31
GILOTRIF 30MG TAB	41	INJ		<i>glyburide/metformin</i>	27
GILOTRIF 40MG TAB	41			<i>1.25-250mg tab</i>	

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ALPHABETICAL LISTING OF DRUGS

<i>glyburide/metformin</i>	27	<i>hailey fe 1/20 28-day</i>	69	HUMALOG 100UNIT/ML	29
<i>2.5-500mg tab</i>		<i>pack</i>		KWIKPEN (3ML)	
<i>glyburide/metformin</i>	28	<i>halobetasol propionate</i>	64	HUMALOG 200UNIT/ML	29
<i>5-500mg tab</i>		<i>0.05% topical cream</i>		KWIKPEN (3ML)	
<i>glycopyrrolate 1mg tab</i>	92	<i>halobetasol propionate</i>	64	HUMALOG JUNIOR	29
<i>glycopyrrolate 2mg tab</i>	92	<i>0.05% topical ointment</i>		100UNIT/ML PEN INJ	
GLYXAMBI 10-5MG TAB	28	<i>haloperidol 0.5mg tab</i>	49	(3ML)	
GLYXAMBI 25-5MG TAB	28	<i>haloperidol 10mg tab</i>	49	HUMALOG MIX (50/50)	29
GOMEKLI 1MG CAP	43	<i>haloperidol 1mg tab</i>	49	100UNIT/ML PEN INJ	
GOMEKLI 1MG TAB	43	<i>haloperidol 20mg tab</i>	49	(3ML)	
FOR ORAL SUSP		<i>haloperidol 2mg tab</i>	49	HUMALOG MIX (75/25)	29
GOMEKLI 2MG CAP	43	<i>haloperidol 2mg/ml oral</i>	49	100UNIT/ML INJ	
<i>granisetron 1mg tab</i>	31	<i>soln</i>		HUMALOG MIX (75/25)	30
<i>griseofulvin 125mg tab</i>	32	<i>haloperidol 5mg tab</i>	49	100UNIT/ML KWIKPEN	
<i>griseofulvin 250mg tab</i>	32	<i>haloperidol 5mg/ml inj</i>	49	(3ML)	
<i>griseofulvin 25mg/ml oral</i>	32	<i>haloperidol decanoate</i>	49	HUMULIN (70/30)	30
<i>susp</i>		<i>100mg/ml (1ml) inj</i>		100UNIT/ML INJ	
<i>griseofulvin 500mg tab</i>	32	<i>haloperidol decanoate</i>	49	HUMULIN (70/30)	30
<i>guanfacine 1mg er tab</i>	11	<i>100mg/ml (5ml) inj</i>		100UNIT/ML PEN INJ	
<i>guanfacine 1mg tab</i>	35	<i>haloperidol decanoate</i>	49	(3ML)	
<i>guanfacine 2mg er tab</i>	11	<i>50mg/ml (1ml) inj</i>		HUMULIN N	30
<i>guanfacine 2mg tab</i>	35	<i>haloperidol decanoate</i>	49	100UNIT/ML INJ	
<i>guanfacine 3mg er tab</i>	11	<i>50mg/ml (5ml) inj</i>		HUMULIN N	30
<i>guanfacine 4mg er tab</i>	11	HAVRIX 1440ELU/ML	77	100UNIT/ML PEN INJ	
GVOKE 0.5MG/0.1ML	28	SYRINGE		(3ML)	
AUTO-INJECTOR		HAVRIX 720ELU/0.5ML	77	HUMULIN R	30
GVOKE 1MG/0.2ML	28	SYRINGE		100UNIT/ML INJ	
AUTO-INJECTOR		<i>heather 0.35mg 28-day</i>	86	HUMULIN R	30
GVOKE 1MG/0.2ML INJ	28	<i>pack</i>		500UNIT/ML INJ	
GVOKE 1MG/0.2ML	28	<i>heparin sodium porcine</i>	20	HUMULIN R	30
SYRINGE		<i>10000unit/ml inj</i>		500UNIT/ML PEN INJ	
H		<i>heparin sodium porcine</i>	20	(3ML)	
HADLIMA 40MG/0.4ML	13	<i>1000unit/ml inj</i>		<i>hydralazine 100mg tab</i>	37
AUTO-INJECTOR		<i>heparin sodium porcine</i>	20	<i>hydralazine 10mg tab</i>	37
HADLIMA 40MG/0.4ML	13	<i>20000unit/ml inj</i>		<i>hydralazine 25mg tab</i>	37
SYRINGE		<i>heparin sodium porcine</i>	20	<i>hydralazine 50mg tab</i>	37
HADLIMA 40MG/0.8ML	13	<i>5000unit/ml inj</i>		<i>hydrochlorothiazide</i>	66
AUTO-INJECTOR		HEPLISAV-B	77	<i>12.5mg cap</i>	
HADLIMA 40MG/0.8ML	13	20MCG/0.5ML SYRINGE		<i>hydrochlorothiazide</i>	66
SYRINGE		HERNEXEOS 60MG TAB	47	<i>12.5mg tab</i>	
HAEGARDA 2000UNIT	76	HIBERIX 10MCG INJ	77	<i>hydrochlorothiazide</i>	66
INJ		HUMALOG 100UNIT/ML	29	<i>25mg tab</i>	
HAEGARDA 3000UNIT	76	CARTRIDGE		<i>hydrochlorothiazide</i>	66
INJ				<i>50mg 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: 09/01/2026

ALPHABETICAL LISTING OF DRUGS

<i>hydrochlorothiazide/irbesartan 12.5-150mg tab</i>	37	<i>hydrochlorothiazide/telmisartan 25-80mg tab</i>	37	<i>hydrocortisone 20mg tab</i>	75
<i>hydrochlorothiazide/irbesartan 12.5-300mg tab</i>	37	<i>hydrochlorothiazide/triamterene 25-37.5mg cap</i>	65	<i>hydrocortisone 5mg tab</i>	75
<i>hydrochlorothiazide/lisinopril 12.5-10mg tab</i>	37	<i>hydrochlorothiazide/triamterene 25-37.5mg tab</i>	65	<i>hydromorphone 2mg tab</i>	14
<i>hydrochlorothiazide/lisinopril 12.5-20mg tab</i>	37	<i>hydrochlorothiazide/triamterene 50-75mg tab</i>	65	<i>hydromorphone 4mg tab</i>	14
<i>hydrochlorothiazide/lisinopril 25-20mg tab</i>	37	<i>hydrochlorothiazide/valsartan 12.5-160mg tab</i>	37	<i>hydromorphone 8mg tab</i>	14
<i>hydrochlorothiazide/losartan potassium 12.5-100mg tab</i>	37	<i>hydrochlorothiazide/valsartan 12.5-320mg tab</i>	37	<i>hydroxychloroquine sulfate 200mg tab</i>	39
<i>hydrochlorothiazide/losartan potassium 12.5-50mg tab</i>	37	<i>hydrochlorothiazide/valsartan 25-160mg tab</i>	37	<i>hydroxyurea 500mg cap</i>	47
<i>hydrochlorothiazide/losartan potassium 25-100mg tab</i>	37	<i>hydrochlorothiazide/valsartan 25-320mg tab</i>	37	<i>hydroxyzine 10mg tab</i>	17
<i>hydrochlorothiazide/metoprolol tartrate 25-100mg tab</i>	37	<i>hydrocodone</i>	15	<i>hydroxyzine 25mg tab</i>	17
<i>hydrochlorothiazide/metoprolol tartrate 25-50mg tab</i>	37	<i>bitartrate/acetaminophen 0.5-21.7mg/ml oral soln</i>	15	<i>hydroxyzine 2mg/ml oral soln</i>	17
<i>hydrochlorothiazide/metoprolol tartrate 25-50mg tab</i>	37	<i>bitartrate/acetaminophen 10-325mg tab</i>	15	<i>hydroxyzine 50mg tab</i>	17
<i>hydrochlorothiazide/metoprolol tartrate 50-100mg tab</i>	37	<i>hydrocodone</i>	15	<i>hydroxyzine pamoate 25mg cap</i>	17
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab</i>	37	<i>bitartrate/acetaminophen 5-325mg tab</i>	15	<i>hydroxyzine pamoate 50mg cap</i>	17
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i>	37	<i>hydrocodone</i>	15	HYRNUO 10MG TAB	43
<i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i>	37	<i>bitartrate/acetaminophen 7.5-325mg tab</i>	15	I	
<i>hydrochlorothiazide/spironolactone 25-25mg tab</i>	65	<i>hydrocodone</i>	15	<i>ibandronate 150mg tab</i>	66
<i>hydrochlorothiazide/telmisartan 12.5-40mg tab</i>	37	<i>hydrocortisone 1%</i>	64	IBRANCE 100MG TAB	43
<i>hydrochlorothiazide/telmisartan 12.5-80mg tab</i>	37	<i>topical cream</i>		IBRANCE 125MG CAP	43
		<i>hydrocortisone 1.67mg/ml enema</i>	16	IBRANCE 125MG TAB	43
		<i>hydrocortisone 10mg tab</i>	75	IBRANCE 75MG TAB	43
		<i>hydrocortisone 2.5%</i>	16	IBTROZI 200MG CAP	43
		<i>topical cream</i>		<i>ibu 600mg tab</i>	13
		HYDROCORTISONE 2.5% TOPICAL LOTION	64	<i>ibu 800mg tab</i>	13
		<i>hydrocortisone 2.5%</i>	64	<i>ibuprofen 400mg tab</i>	13
		<i>topical ointment</i>		<i>ibuprofen 600mg tab</i>	13
				<i>ibuprofen 800mg tab</i>	13
				<i>icatibant 30mg/3ml syringe</i>	76
				<i>iclevia tab 91-day pack</i>	69
				ICLUSIG 10MG TAB	43
				ICLUSIG 15MG TAB	43
				ICLUSIG 30MG TAB	43
				ICLUSIG 45MG TAB	43
				<i>icosapent ethyl 1000mg cap</i>	33
				<i>icosapent ethyl 500mg cap</i>	33
				IDHIFA 100MG TAB	43
				IDHIFA 50MG TAB	43

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ALPHABETICAL LISTING OF DRUGS

IDVYNZO 100-0.25MG TAB	54	INLURIYO 200MG TAB	41	INVEGA SUSTENNA 117MG/0.75ML SYRINGE	50
<i>imatinib 100mg tab</i>	43	INLYTA 1MG TAB	40	INVEGA SUSTENNA 156MG/ML SYRINGE	50
<i>imatinib 400mg tab</i>	43	INLYTA 5MG TAB	40	INVEGA SUSTENNA 234MG/1.5ML SYRINGE	50
IMBRUVICA 140MG CAP	43	INQOVI 35-100MG TAB PACK (5)	42	INVEGA SUSTENNA 39MG/0.25ML SYRINGE	50
IMBRUVICA 140MG TAB	43	INREBIC 100MG CAP	44	INVEGA SUSTENNA 78MG/0.5ML SYRINGE	50
IMBRUVICA 280MG TAB	43	INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	30	IPOL INJ	77
IMBRUVICA 420MG TAB	43	INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	30	<i>ipratropium bromide 0.02% inh soln</i>	18
IMBRUVICA 70MG CAP	43	INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	30	<i>ipratropium bromide 0.03% (0.021mg/act)</i>	81
IMBRUVICA 70MG/ML ORAL SUSP	43	INSULIN GLARGINE-YFGN 100UNIT/ML INJ (BIOCON)	30	<i>nasal inhaler</i>	
<i>imipramine 10mg tab</i>	27	INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML) (BIOCON)	30	<i>ipratropium bromide 0.06% (0.042mg/act)</i>	81
<i>imipramine 25mg tab</i>	27	INSULIN LISPRO 100UNIT/ML INJ	30	<i>nasal inhaler</i>	
<i>imipramine 50mg tab</i>	27	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>	19
<i>imiquimod 5% topical cream</i>	65	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>irbesartan 150mg tab</i>	35
IMKELDI 80MG/ML ORAL SOLN	43	INSULIN LISPRO JUNIOR 100UNIT/ML PEN INJ (3ML)	30	<i>irbesartan 300mg tab</i>	35
IMOVAX 2.5UNIT/ML INJ	77	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>irbesartan 75mg tab</i>	35
<i>incassia 0.35mg tab 28-day pack</i>	86	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	ISENTRESS 100MG CHEW TAB	54
INCRELEX 40MG/4ML INJ	68	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	ISENTRESS 100MG GRANULES FOR ORAL SUSP	54
INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	18	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	ISENTRESS 25MG CHEW TAB	54
<i>indapamide 1.25mg tab</i>	66	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	ISENTRESS 400MG TAB	54
<i>indapamide 2.5mg tab</i>	66	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	ISENTRESS 600MG TAB	54
<i>indomethacin 25mg cap</i>	13	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>isibloom tab 28-day pack</i>	69
<i>indomethacin 50mg cap</i>	13	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>isoniazid 100mg tab</i>	39
<i>indomethacin 75mg er cap</i>	13	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>isoniazid 10mg/ml oral soln</i>	39
INFANRIX SYRINGE	77	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>isoniazid 300mg tab</i>	39
INGREZZA 40MG CAP	87	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>isosorbide dinitrate 10mg tab</i>	16
INGREZZA 40MG SPRINKLE CAP	87	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30	<i>isosorbide dinitrate 20mg tab</i>	16
INGREZZA 60MG CAP	87	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30		
INGREZZA 60MG SPRINKLE CAP	87	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30		
INGREZZA 80MG CAP	87	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30		
INGREZZA 80MG SPRINKLE CAP	87	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30		
INGREZZA CAP THERAPY PACK (28)	87	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	30		

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ALPHABETICAL LISTING OF DRUGS

<i>isosorbide dinitrate 30mg tab</i>	16	JANUMET XR 100-1000MG TAB	28	KALYDECO 50MG ORAL GRANULES	89
<i>isosorbide dinitrate 5mg tab</i>	16	JANUMET XR 50-1000MG TAB	28	KALYDECO 75MG ORAL GRANULES	89
<i>isosorbide mononitrate 10mg tab</i>	16	JANUMET XR 50-500MG TAB	28	<i>kariva tab 28-day pack</i>	69
<i>isosorbide mononitrate 120mg er tab</i>	16	JANUVIA 100MG TAB	29	KCL/D5W/LR INJ 0.15%	82
<i>isosorbide mononitrate 20mg tab</i>	16	JANUVIA 25MG TAB	29	<i>kcl/nacl 20meq-0.45% inj</i>	82
<i>isosorbide mononitrate 30mg er tab</i>	16	JANUVIA 50MG TAB	29	<i>kcl/nacl 20meq-0.9% inj</i>	82
<i>isosorbide mononitrate 60mg er tab</i>	16	JARDIANCE 10MG TAB	31	<i>kcl/nacl 40meq-9% inj</i>	82
<i>isotretinoin 10mg cap</i>	62	JARDIANCE 25MG TAB	31	<i>kelnor 1mg-35mcg tab 28-day pack</i>	70
<i>isotretinoin 20mg cap</i>	62	<i>jasmiel tab 28-day pack</i>	69	KERENDIA 10MG TAB	68
<i>isotretinoin 30mg cap</i>	62	JAYPIRCA 100MG TAB	44	KERENDIA 20MG TAB	68
<i>isotretinoin 40mg cap</i>	62	JAYPIRCA 50MG TAB	44	KERENDIA 40MG TAB	68
ITOVEBI 3MG TAB	44	JENTADUETO	28	KESIMPTA 20MG/0.4ML PEN INJ	88
ITOVEBI 9MG TAB	44	2.5-1000MG TAB	28	<i>ketoconazole 2% shampoo</i>	62
<i>itraconazole 100mg cap</i>	32	JENTADUETO	28	<i>ketoconazole 2% topical cream</i>	62
<i>ivabradine 5mg tab</i>	59	JENTADUETO XR	28	<i>ketoconazole 200mg tab</i>	32
<i>ivabradine 7.5mg tab</i>	59	2.5-500MG TAB	28	KETOROLAC	84
<i>ivermectin 3mg tab</i>	16	JENTADUETO XR	28	TROMETHAMINE 0.4% OPHTH SOLN	
IWILFIN 192MG TAB	47	5-1000MG TAB	28	<i>ketorolac tromethamine 0.5% ophth soln</i>	84
IXIARO 0.006MG/0.5ML SYRINGE	77	<i>jinteli 0.005-1mg tab</i>	69	<i>ketorolac tromethamine 10mg tab</i>	13
J		JUBBONTI 60MG/ML SYRINGE	66	KINRIX SYRINGE	77
<i>jaimiess tab 91-day pack</i>	69	<i>juleber tab 28-day pack</i>	69	<i>kionex 15gm/60ml oral susp</i>	80
JAKAFI 10MG TAB	44	JULUCA 50-25MG TAB	54	KISQALI TAB 200MG DAILY DOSE PACK (21)	44
JAKAFI 15MG TAB	44	<i>junel 1.5/30 tab 21-day pack</i>	69	KISQALI TAB 400MG DAILY DOSE PACK (42)	44
JAKAFI 20MG TAB	44	<i>junel 1/20 tab 21-day pack</i>	69	KISQALI TAB 600MG DAILY DOSE PACK (63)	44
JAKAFI 25MG TAB	44	<i>junel fe tab 1.5/30 28-day pack</i>	69	<i>klor-con 10meq er tab</i>	82
JAKAFI 5MG TAB	44	<i>junel fe tab 1/20 28-day pack</i>	69	<i>klor-con 10meq micro er tab</i>	82
<i>jantoven 10mg tab</i>	20	JYNNEOS 0.5ML INJ	77	<i>klor-con 15meq micro er tab</i>	82
<i>jantoven 1mg tab</i>	20	K		<i>klor-con 20meq micro er tab</i>	82
<i>jantoven 2.5mg tab</i>	20	KALYDECO 13.4MG ORAL GRANULES	89		
<i>jantoven 2mg tab</i>	20	KALYDECO 150MG TAB	89		
<i>jantoven 3mg tab</i>	20	KALYDECO 25MG ORAL GRANULES	89		
<i>jantoven 4mg tab</i>	20	KALYDECO 5.8MG ORAL GRANULES	89		
<i>jantoven 5mg tab</i>	20				
<i>jantoven 6mg tab</i>	20				
<i>jantoven 7.5mg tab</i>	20				

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ALPHABETICAL LISTING OF DRUGS

<i>klor-con 20meq powder for oral soln</i>	82	LANTUS 100UNIT/ML INJ	30	<i>lessina tab 28-day pack</i>	70
<i>klor-con 8meq er tab</i>	82	LANTUS 100UNIT/ML PEN INJ (3ML)	30	<i>letrozole 2.5mg tab</i>	41
KLOXXADO 8MG/0.1ML NASAL SPRAY	31	<i>lapatinib 250mg tab</i>	44	<i>leucovorin 10mg tab</i>	47
KOMZIFTI 200MG CAP	47	<i>larin 1.5/30 tab 21-day pack</i>	70	<i>leucovorin 15mg tab</i>	47
KOSELUGO 10MG CAP	44	<i>larin 1/20 tab 21-day pack</i>	70	<i>leucovorin 25mg tab</i>	47
KOSELUGO 25MG CAP	44	<i>larin fe tab 1.5/30 28-day pack</i>	70	<i>leucovorin 5mg tab</i>	47
KOSELUGO 5MG SPRINKLE CAP	44	<i>latanoprost 0.005% ophth soln</i>	84	LEUKERAN 2MG TAB	40
KOSELUGO 7.5MG SPRINKLE CAP	44	LAZCLUZE 240MG TAB	41	<i>levetiracetam 1000mg tab</i>	22
<i>kourzeq 0.1% oral paste</i>	61	LAZCLUZE 80MG TAB	41	<i>levetiracetam 100mg/ml oral soln</i>	22
KRAZATI 200MG TAB	44	<i>leflunomide 10mg tab</i>	12	<i>levetiracetam 250mg tab</i>	22
<i>kurvelo tab 28-day pack</i>	70	<i>leflunomide 20mg tab</i>	12	<i>levetiracetam 500mg er tab</i>	22
L		<i>lenalidomide 10mg cap</i>	79	<i>levetiracetam 500mg tab</i>	22
<i>labetalol 100mg tab</i>	56	<i>lenalidomide 15mg cap</i>	79	<i>levetiracetam 750mg er tab</i>	22
<i>labetalol 200mg tab</i>	56	<i>lenalidomide 2.5mg cap</i>	79	<i>levetiracetam 750mg tab</i>	22
<i>labetalol 300mg tab</i>	56	<i>lenalidomide 20mg cap</i>	79	LEVOBUNOLOL 0.5% OPTH SOLN	83
<i>lacosamide 100mg tab</i>	22	<i>lenalidomide 25mg cap</i>	79	<i>levocarnitine 100mg/ml oral soln</i>	67
<i>lacosamide 10mg/ml oral soln</i>	22	<i>lenalidomide 5mg cap</i>	79	<i>levocarnitine 330mg tab</i>	67
<i>lacosamide 150mg tab</i>	22	LENVIMA 10MG DAILY DOSE PACK (30)	40	<i>levocetirizine 5mg tab</i>	88
<i>lacosamide 200mg tab</i>	22	LENVIMA 12MG DAILY DOSE PACK (90)	40	<i>levofloxacin 250mg tab</i>	72
<i>lacosamide 50mg tab</i>	22	LENVIMA 14MG DAILY DOSE PACK (60)	40	<i>levofloxacin 25mg/ml oral soln</i>	72
<i>lactulose 667mg/ml oral soln</i>	78	LENVIMA 18MG DAILY DOSE PACK (90)	40	<i>levofloxacin 500mg tab</i>	72
<i>lamivudine 100mg tab</i>	55	LENVIMA 20MG DAILY DOSE PACK (60)	40	<i>levofloxacin 500mg/100ml inj</i>	72
<i>lamivudine 10mg/ml oral soln</i>	54	LENVIMA 24MG DAILY DOSE PACK (90)	40	<i>levofloxacin 750mg tab</i>	72
<i>lamivudine 150mg tab</i>	54	LENVIMA 4MG DAILY DOSE PACK (30)	40	<i>levofloxacin 750mg/150ml inj</i>	72
<i>lamivudine 300mg tab</i>	54	LENVIMA 8MG DAILY DOSE PACK (60)	40	<i>levonest tab 28-day pack</i>	70
<i>lamivudine/zidovudine 150-300mg tab</i>	54	LEQEMBI IQLIK 360MG/1.8ML AUTO-INJECTOR	87	<i>levonorgestrel/ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	91
<i>lamotrigine 100mg tab</i>	22			<i>levothyroxine sodium 100mcg tab</i>	91
<i>lamotrigine 150mg tab</i>	22			<i>levothyroxine sodium 112mcg tab</i>	91
<i>lamotrigine 200mg tab</i>	22			<i>levothyroxine sodium 125mcg tab</i>	91
<i>lamotrigine 25mg chew tab</i>	22				
<i>lamotrigine 25mg tab</i>	22				
<i>lamotrigine 5mg chew tab</i>	22				
<i>lansoprazole 15mg dr cap</i>	92				
<i>lansoprazole 30mg dr cap</i>	92				

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ALPHABETICAL LISTING OF DRUGS

<i>levothyroxine sodium</i>	91	LIFYORLI CAP 125MG	41	<i>lisdexamfetamine</i>	11
<i>137mcg tab</i>		3-DOSE SUPPLY PACK		<i>dimesylate 50mg cap</i>	
<i>levothyroxine sodium</i>	91	(6)		<i>lisdexamfetamine</i>	11
<i>150mcg tab</i>		LIFYORLI CAP 125MG	41	<i>dimesylate 60mg cap</i>	
<i>levothyroxine sodium</i>	91	9-DOSE SUPPLY PACK		<i>lisdexamfetamine</i>	11
<i>175mcg tab</i>		(18)		<i>dimesylate 70mg cap</i>	
<i>levothyroxine sodium</i>	91	LIFYORLI CAP 150MG	41	<i>lisinopril 10mg tab</i>	34
<i>200mcg tab</i>		1-DOSE SUPPLY PACK		<i>lisinopril 2.5mg tab</i>	34
<i>levothyroxine sodium</i>	91	(3)		<i>lisinopril 20mg tab</i>	34
<i>25mcg tab</i>		LIFYORLI CAP 150MG	41	<i>lisinopril 30mg tab</i>	34
<i>levothyroxine sodium</i>	91	3-DOSE SUPPLY PACK		<i>lisinopril 40mg tab</i>	34
<i>300mcg tab</i>		(9)		<i>lisinopril 5mg tab</i>	34
<i>levothyroxine sodium</i>	91	LIFYORLI CAP 150MG	41	LITFULO 50MG CAP	65
<i>50mcg tab</i>		9-DOSE SUPPLY PACK		<i>lithium carbonate 150mg</i>	48
<i>levothyroxine sodium</i>	91	(27)		<i>cap</i>	
<i>75mcg tab</i>		LILETTA 20.1MCG/DAY	86	<i>lithium carbonate 300mg</i>	49
<i>levothyroxine sodium</i>	91	INTRAUTERINE SYSTEM		<i>cap</i>	
<i>88mcg tab</i>		<i>linezolid 100mg/5ml oral</i>	38	<i>lithium carbonate 300mg</i>	49
<i>levoxyl 100mcg tab</i>	91	<i>susp</i>		<i>er tab</i>	
<i>levoxyl 112mcg tab</i>	91	<i>linezolid 600mg tab</i>	38	<i>lithium carbonate 300mg</i>	49
<i>levoxyl 125mcg tab</i>	91	<i>linezolid 600mg/300ml</i>	39	<i>tab</i>	
<i>levoxyl 137mcg tab</i>	91	<i>inj</i>		<i>lithium carbonate 450mg</i>	49
<i>levoxyl 150mcg tab</i>	91	LINZESS 145MCG CAP	78	<i>er tab</i>	
<i>levoxyl 175mcg tab</i>	91	LINZESS 290MCG CAP	78	LITHIUM CARBONATE	49
<i>levoxyl 200mcg tab</i>	91	LINZESS 72MCG CAP	78	600MG CAP	
<i>levoxyl 25mcg tab</i>	91	<i>liomny 25mcg tab</i>	91	<i>lithium citrate 60mg/ml</i>	49
<i>levoxyl 50mcg tab</i>	91	<i>liomny 50mcg tab</i>	91	<i>oral soln</i>	
<i>levoxyl 75mcg tab</i>	91	<i>liomny 5mcg tab</i>	91	LIVTENCITY 200MG TAF	56
<i>levoxyl 88mcg tab</i>	91	<i>liothyronine sodium</i>	91	<i>lo jaimiess tab 91-day</i>	70
<i>lidocaine 4% mucous</i>	65	<i>25mcg tab</i>		<i>pack</i>	
<i>membrane topical soln</i>		<i>liothyronine sodium</i>	91	LOKELMA 10GM	80
<i>lidocaine 5% patch</i>	65	<i>50mcg tab</i>		POWDER FOR ORAL	
<i>lidocaine 5% topical</i>	65	<i>liothyronine sodium 5mcg</i>	91	SUSP	
<i>ointment</i>		<i>tab</i>		LOKELMA 5GM	80
<i>lidocaine viscous 2%</i>	61	<i>liraglutide 18mg/3ml pen</i>	29	POWDER FOR ORAL	
<i>mucous membrane topical</i>		<i>inj</i>		SUSP	
<i>soln</i>		<i>lisdexamfetamine</i>	11	<i>lomustine 100mg cap</i>	40
<i>lidocaine/prilocaine</i>	65	<i>dimesylate 10mg cap</i>		<i>lomustine 10mg cap</i>	40
<i>2.5-2.5% topical cream</i>		<i>lisdexamfetamine</i>	11	<i>lomustine 40mg cap</i>	40
LIFYORLI CAP 125MG	41	<i>dimesylate 20mg cap</i>		LONSURF 6.14-15MG	42
1-DOSE SUPPLY PACK		<i>lisdexamfetamine</i>	11	TAB	
(2)		<i>dimesylate 30mg cap</i>		LONSURF 8.19-20MG	42
		<i>lisdexamfetamine</i>	11	TAB	
		<i>dimesylate 40mg cap</i>		<i>loperamide 2mg cap</i>	31

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: 09/01/2026

ALPHABETICAL LISTING OF DRUGS

<i>lopinavir/ritonavir</i>	54	LUMRYZ 6GM	90	M	
<i>100-25mg tab</i>		GRANULES FOR ORAL		<i>macitentan 10mg tab</i>	89
<i>lopinavir/ritonavir</i>	54	SUSP		<i>magnesium sulfate</i>	82
<i>200-50mg tab</i>		LUMRYZ 7.5GM	90	<i>500mg/ml inj</i>	
<i>lorazepam 0.5mg tab</i>	17	GRANULES FOR ORAL		<i>magnesium sulfate</i>	82
<i>lorazepam 1mg tab</i>	17	SUSP		<i>500mg/ml syringe</i>	
<i>lorazepam 2mg tab</i>	17	LUMRYZ 9GM	90	<i>malathion 0.5% topical</i>	65
<i>lorazepam 2mg/ml oral</i>	17	GRANULES FOR ORAL		<i>lotion</i>	
<i>soln</i>		SUSP		<i>maraviroc 150mg tab</i>	54
LORBRENA 100MG TAB	44	LUMRYZ GRANULES	90	<i>maraviroc 300mg tab</i>	54
LORBRENA 25MG TAB	44	FOR ORAL SUSP 28-DAY		<i>marlissa tab 28-day pack</i>	70
<i>loryna tab 28-day pack</i>	70	STARTER PACK (28)		MARPLAN 10MG TAB	25
<i>losartan potassium</i>	35	LUPRON 11.25MG	41	MATULANE 50MG CAP	47
<i>100mg tab</i>		SYRINGE (3 MONTH)		MAVYRET 100-40MG	55
<i>losartan potassium 25mg</i>	35	LUPRON 3.75MG	41	TAB	
<i>tab</i>		SYRINGE (1 MONTH)		MAVYRET 50-20MG	55
<i>losartan potassium 50mg</i>	35	<i>lurasidone 120mg tab</i>	49	ORAL PELLET	
<i>tab</i>		<i>lurasidone 20mg tab</i>	49	MAYZENT 0.25MG TAB	88
<i>loteprednol etabonate</i>	84	<i>lurasidone 40mg tab</i>	49	MAYZENT 1MG TAB	88
<i>0.5% ophth gel</i>		<i>lurasidone 60mg tab</i>	49	MAYZENT 2MG TAB	88
<i>loteprednol etabonate</i>	84	<i>lurasidone 80mg tab</i>	49	MAYZENT TAB STARTER	88
<i>0.5% ophth susp</i>		LYBALVI 10-10MG TAB	88	PACK (12)	
<i>lovastatin 10mg tab</i>	33	LYBALVI 15-10MG TAB	88	MAYZENT TAB STARTER	88
<i>lovastatin 20mg tab</i>	33	LYBALVI 20-10MG TAB	88	PACK (7)	
<i>lovastatin 40mg tab</i>	33	LYBALVI 5-10MG TAB	88	<i>meclizine 12.5mg tab</i>	32
<i>low-ogestrel tab 28-day</i>	70	<i>lyleq 0.35mg tab 28-day</i>	86	<i>meclizine 25mg tab</i>	32
<i>pack</i>		<i>pack</i>		<i>medroxyprogesterone</i>	86
<i>loxapine 10mg cap</i>	51	LYNPARZA 100MG TAB	44	<i>acetate 10mg tab</i>	
<i>loxapine 25mg cap</i>	51	LYNPARZA 150MG TAB	44	<i>medroxyprogesterone</i>	86
<i>loxapine 50mg cap</i>	51	LYSODREN 500MG TAB	41	<i>acetate 150mg/ml inj</i>	
<i>loxapine 5mg cap</i>	51	LYTGOBI TAB 12MG	44	<i>medroxyprogesterone</i>	86
<i>lubiprostone 24mcg cap</i>	78	DAILEY DOSE PACK (21)		<i>acetate 150mg/ml syringe</i>	
<i>lubiprostone 8mcg cap</i>	78	LYTGOBI TAB 16MG	44	<i>medroxyprogesterone</i>	86
<i>luizza 1.5/30 tab 21-day</i>	70	DAILEY DOSE PACK (28)		<i>acetate 2.5mg tab</i>	
<i>pack</i>		LYTGOBI TAB 20MG	44	<i>medroxyprogesterone</i>	86
<i>luizza 1/20 tab 21-day</i>	70	DAILEY DOSE PACK (35)		<i>acetate 5mg tab</i>	
<i>pack</i>		LYUMJEV 100UNIT/ML	30	<i>mefloquine 250mg tab</i>	39
LUMAKRAS 120MG TAB	44	INJ		MEGESTROL ACETATE	86
LUMAKRAS 240MG TAB	44	LYUMJEV 100UNIT/ML	30	125MG/ML ORAL SUSP	
LUMAKRAS 320MG TAB	44	PEN INJ (3ML)		<i>megestrol acetate 20mg</i>	41
LUMRYZ 4.5GM	90	LYUMJEV 200UNIT/ML	30	<i>tab</i>	
GRANULES FOR ORAL		PEN INJ (3ML)		<i>megestrol acetate 40mg</i>	41
SUSP		<i>lyza 0.35mg tab 28-day</i>	86	<i>tab</i>	
		<i>pack</i>			

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ALPHABETICAL LISTING OF DRUGS

<i>megestrol acetate</i>	41	<i>metformin/pioglitazone</i>	28	<i>methylphenidate 27mg er</i>	12
<i>40mg/ml oral susp</i>		<i>850-15mg tab</i>		<i>osmotic tab</i>	
MEKINIST 0.05MG/ML	44	<i>metformin/sitagliptin</i>	28	METHYLPHENIDATE	12
ORAL SOLN		<i>phosphate 1000-50mg</i>		27MG ER TAB	
MEKINIST 0.5MG TAB	44	<i>tab</i>		<i>methylphenidate 2mg/ml</i>	12
MEKINIST 2MG TAB	44	<i>metformin/sitagliptin</i>	28	<i>oral soln</i>	
MEKTOVI 15MG TAB	44	<i>phosphate 500-50mg tab</i>		<i>methylphenidate 36mg er</i>	12
<i>meleya 0.35mg tab</i>	86	<i>methadone 10mg tab</i>	14	<i>osmotic tab</i>	
<i>28-day pack</i>		METHADONE 1MG/ML	14	METHYLPHENIDATE	12
<i>meloxicam 15mg tab</i>	13	ORAL SOLN		36MG ER TAB	
<i>meloxicam 7.5mg tab</i>	14	METHADONE 2MG/ML	14	<i>methylphenidate 54mg er</i>	12
<i>memantine 10mg tab</i>	87	ORAL SOLN		<i>osmotic tab</i>	
<i>memantine 14mg er cap</i>	87	<i>methadone 5mg tab</i>	14	METHYLPHENIDATE	12
<i>memantine 21mg er cap</i>	87	<i>methazolamide 25mg tab</i>	65	54MG ER TAB	
<i>memantine 28mg er cap</i>	87	<i>methazolamide 50mg tab</i>	65	<i>methylphenidate 5mg tab</i>	12
<i>memantine 2mg/ml oral</i>	87	<i>methenamine hippurate</i>	39	<i>methylprednisolone 16mg</i>	75
<i>soln</i>		<i>1gm tab</i>		<i>tab</i>	
<i>memantine 5mg tab</i>	87	<i>methimazole 10mg tab</i>	91	<i>methylprednisolone 32mg</i>	75
<i>memantine 7mg er cap</i>	87	<i>methimazole 5mg tab</i>	91	<i>tab</i>	
MENQUADFI INJ	77	<i>methocarbamol 500mg</i>	53	<i>methylprednisolone 4mg</i>	75
MENVEO INJ	77	<i>tab</i>		<i>tab</i>	
<i>mercaptopurine 20mg/ml</i>	40	<i>methocarbamol 750mg</i>	53	<i>methylprednisolone 4mg</i>	75
<i>susp</i>		<i>tab</i>		<i>tab pack (21)</i>	
<i>mercaptopurine 50mg tab</i>	40	<i>methotrexate 2.5mg tab</i>	40	<i>methylprednisolone 8mg</i>	75
<i>meropenem 1gm inj</i>	39	METHOTREXATE	40	<i>tab</i>	
<i>meropenem 500mg inj</i>	39	25MG/ML INJ		<i>metoclopramide 10mg tab</i>	72
<i>mesalamine 1200mg dr</i>	73	<i>methotrexate 50mg/2ml</i>	40	<i>metoclopramide 1mg/ml</i>	72
<i>tab</i>		<i>inj</i>		<i>oral soln</i>	
<i>mesalamine 1gm rectal</i>	73	METHOXSALEN 10MG	63	<i>metoclopramide 5mg tab</i>	72
<i>supp</i>		CAP		<i>metolazone 10mg tab</i>	66
<i>mesalamine 375mg er cap</i>	73	<i>methsuximide 300mg cap</i>	24	<i>metolazone 2.5mg tab</i>	66
MESALAMINE 400MG	73	<i>methylphenidate 10mg er</i>	12	<i>metolazone 5mg tab</i>	66
DR CAP		<i>tab</i>		<i>metoprolol succinate</i>	57
<i>mesalamine 66.7mg/ml</i>	73	<i>methylphenidate 10mg</i>	12	<i>100mg er tab</i>	
<i>enema</i>		<i>tab</i>		<i>metoprolol succinate</i>	57
<i>mesna 400mg tab</i>	47	<i>methylphenidate 18mg er</i>	12	<i>200mg er tab</i>	
<i>metaxalone 800mg tab</i>	53	<i>osmotic tab</i>		<i>metoprolol succinate</i>	57
<i>metformin 1000mg tab</i>	28	<i>methylphenidate 1mg/ml</i>	12	<i>25mg er tab</i>	
<i>metformin 500mg er tab</i>	28	<i>oral soln</i>		<i>metoprolol succinate</i>	57
<i>metformin 500mg tab</i>	28	<i>methylphenidate 20mg er</i>	12	<i>50mg er tab</i>	
<i>metformin 750mg er tab</i>	28	<i>tab</i>		<i>metoprolol tartrate</i>	57
<i>metformin 850mg tab</i>	29	<i>methylphenidate 20mg</i>	12	<i>100mg tab</i>	
<i>metformin/pioglitazone</i>	28	<i>tab</i>		<i>metoprolol tartrate 25mg</i>	57
<i>150-15mg tab</i>				<i>tab</i>	

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ALPHABETICAL LISTING OF DRUGS

<i>metoprolol tartrate</i>	57	<i>minoxidil 10mg tab</i>	37	<i>morphine sulfate 30mg er</i>	14
<i>37.5mg tab</i>		<i>minoxidil 2.5mg tab</i>	37	<i>tab</i>	
<i>metoprolol tartrate 50mg</i>	57	<i>mirtazapine 15mg odt</i>	24	<i>morphine sulfate 30mg</i>	14
<i>tab</i>		<i>mirtazapine 15mg tab</i>	24	<i>tab</i>	
<i>metoprolol tartrate 75mg</i>	57	<i>mirtazapine 30mg odt</i>	24	MORPHINE SULFATE	14
<i>tab</i>		<i>mirtazapine 30mg tab</i>	24	4MG/ML ORAL SOLN	
<i>metronidazole 0.75%</i>	65	<i>mirtazapine 45mg odt</i>	24	<i>morphine sulfate 60mg er</i>	14
<i>topical cream</i>		<i>mirtazapine 45mg tab</i>	24	<i>tab</i>	
<i>metronidazole 0.75%</i>	65	<i>mirtazapine 7.5mg tab</i>	24	MOUNJARO	29
<i>topical gel</i>		<i>misoprostol 100mcg tab</i>	92	10MG/0.5ML	
<i>metronidazole 0.75%</i>	92	<i>misoprostol 200mcg tab</i>	92	AUTO-INJECTOR	
<i>vaginal gel</i>		M-M-R II INJ	77	MOUNJARO	29
<i>metronidazole 1% topical</i>	65	<i>modafinil 100mg tab</i>	12	12.5MG/0.5ML	
<i>gel</i>		<i>modafinil 200mg tab</i>	12	AUTO-INJECTOR	
<i>metronidazole 250mg tab</i>	39	MODEYSO 125MG CAP	47	MOUNJARO	29
<i>metronidazole 500mg tab</i>	39	<i>moexipril 15mg tab</i>	34	15MG/0.5ML	
<i>metronidazole 5mg/ml inj</i>	39	<i>moexipril 7.5mg tab</i>	34	AUTO-INJECTOR	
<i>metyrosine 250mg cap</i>	37	MOLINDONE 10MG TAB	49	MOUNJARO	29
<i>mexiletine 150mg cap</i>	59	MOLINDONE 25MG TAB	49	2.5MG/0.5ML	
<i>mexiletine 200mg cap</i>	59	MOLINDONE 5MG TAB	49	AUTO-INJECTOR	
<i>mexiletine 250mg cap</i>	59	<i>mometasone furoate 0.1%</i>	64	MOUNJARO 5MG/0.5ML	29
<i>micafungin sodium</i>	32	<i>topical cream</i>		AUTO-INJECTOR	
<i>100mg inj</i>		<i>mometasone furoate 0.1%</i>	64	MOUNJARO	29
<i>micafungin sodium 50mg</i>	32	<i>topical lotion</i>		7.5MG/0.5ML	
<i>inj</i>		<i>mometasone furoate 0.1%</i>	64	AUTO-INJECTOR	
<i>microgestin 1.5/30 tab</i>	70	<i>topical ointment</i>		MOVANTIK 12.5MG TAB	78
<i>21-day pack</i>		<i>montelukast 10mg tab</i>	18	MOVANTIK 25MG TAB	78
<i>microgestin 1/20 tab</i>	70	<i>montelukast 4mg chew</i>	18	<i>moxifloxacin 0.5% ophth</i>	83
<i>21-day pack</i>		<i>tab</i>		<i>soln</i>	
<i>microgestin fe tab 1.5/30</i>	70	<i>montelukast 5mg chew</i>	18	MOXIFLOXACIN	72
<i>28-day pack</i>		<i>tab</i>		1.6MG/ML INJ	
<i>microgestin fe tab 1/20</i>	70	<i>morphine sulfate 100mg</i>	14	<i>moxifloxacin 400mg tab</i>	72
<i>28-day pack</i>		<i>er tab</i>		MRESVIA 50MCG/0.5ML	77
<i>midodrine 10mg tab</i>	59	<i>morphine sulfate 15mg er</i>	14	SYRINGE	
<i>midodrine 2.5mg tab</i>	59	<i>tab</i>		MULTAQ 400MG TAB	59
<i>midodrine 5mg tab</i>	59	<i>morphine sulfate 15mg</i>	14	<i>mupirocin 2% topical</i>	62
MIEBO 1.338GM/ML	84	<i>tab</i>		<i>ointment</i>	
OPHTH SOLN		<i>morphine sulfate 200mg</i>	14	<i>mycophenolate mofetil</i>	80
<i>mifepristone 300mg tab</i>	29	<i>er tab</i>		<i>200mg/ml oral susp</i>	
<i>mili tab 28-day pack</i>	70	<i>morphine sulfate 20mg/ml</i>	14	<i>mycophenolate mofetil</i>	80
<i>mimvey 28-day pack</i>	70	<i>oral soln</i>		<i>250mg cap</i>	
<i>minocycline 100mg cap</i>	91	MORPHINE SULFATE	14	<i>mycophenolate mofetil</i>	80
<i>minocycline 50mg cap</i>	91	2MG/ML ORAL SOLN		<i>500mg tab</i>	
<i>minocycline 75mg cap</i>	91				

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ALPHABETICAL LISTING OF DRUGS

<i>mycophenolic acid 180mg dr tab</i>	80	NEFAZODONE 100MG TAB	26	NEXLIZET 180-10MG TAB	33
<i>mycophenolic acid 360mg dr tab</i>	80	NEFAZODONE 150MG TAB	26	NEXPLANON 68MG IMPLANT	86
MYRBETRIQ 25MG ER TAB	73	NEFAZODONE 200MG TAB	26	<i>niacin 1000mg er tab</i>	33
MYRBETRIQ 50MG ER TAB	73	NEFAZODONE 250MG TAB	26	<i>niacin 500mg er tab</i>	33
N		NEFAZODONE 50MG TAB	26	<i>niacin 750mg er tab</i>	33
<i>nabumetone 500mg tab</i>	14	NEMLUVIO 30MG AUTO-INJECTOR	65	NICOTROL 10MG/ML	88
<i>nabumetone 750mg tab</i>	14	<i>neomycin sulfate 500mg tab</i>	12	NASAL INHALER	
<i>nadolol 20mg tab</i>	57	NEOMYCIN/BACITRACIN/N/POLYMYXIN 5MG-400UNIT-10000UNIT OPHTH OINTMENT	83	<i>nifedipine 30mg er tab</i>	58
<i>nadolol 40mg tab</i>	57	NEOMYCIN/POLYMYXIN N/B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN	84	<i>nifedipine 30mg osmotic er tab</i>	58
<i>nadolol 80mg tab</i>	57	NEOMYCIN/POLYMYXIN N/BACITRACIN/HYDRO CORTISONE 1% OPHTH OINTMENT	84	<i>nifedipine 60mg er tab</i>	58
<i>nafcillin 100mg/ml inj</i>	85	<i>neomycin/polymyxin/dexamethasone 0.1% ophthalmic susp</i>	84	<i>nifedipine 60mg osmotic er tab</i>	58
<i>nafcillin 1gm inj</i>	85	NERLYNX 40MG TAB	44	<i>nifedipine 90mg er tab</i>	58
<i>nafcillin 2gm inj</i>	85	NEVIRAPINE 10MG/ML ORAL SUSP	54	<i>nifedipine 90mg osmotic er tab</i>	58
NALOXONE 0.4MG/ML CARTRIDGE	31	<i>nevirapine 200mg tab</i>	55	<i>nikki tab 28-day pack</i>	70
<i>naloxone 0.4mg/ml inj</i>	31	<i>nevirapine 400mg er tab</i>	55	<i>nilotinib 150mg cap</i>	44
<i>naloxone 0.4mg/ml syringe</i>	31	NEXLETOL 180MG TAB	33	<i>nilotinib 200mg cap</i>	44
<i>naloxone 2mg/2ml syringe</i>	31			<i>nilotinib 50mg cap</i>	44
<i>naltrexone 50mg tab</i>	31			NILUTAMIDE 150MG TAB	41
<i>naproxen 250mg tab</i>	14			<i>nimodipine 30mg cap</i>	58
<i>naproxen 375mg dr tab</i>	14			NINLARO 2.3MG CAP	44
<i>naproxen 375mg tab</i>	14			NINLARO 3MG CAP	44
<i>naproxen 500mg tab</i>	14			NINLARO 4MG CAP	44
<i>naratriptan 1mg tab</i>	79			<i>nintedanib 100mg cap</i>	89
<i>naratriptan 2.5mg tab</i>	79			<i>nintedanib 150mg cap</i>	89
NATACYN 5% OPHTH SUSP	83			<i>nitazoxanide 500mg tab</i>	39
<i>nateglinide 120mg tab</i>	29			<i>nitro-bid 2% topical ointment</i>	16
<i>nateglinide 60mg tab</i>	29			<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	39
NAYZILAM 5MG/0.1ML NASAL SPRAY	21			<i>nitrofurantoin macrocrystals 100mg cap</i>	39
<i>nebivolol 10mg tab</i>	57			<i>nitrofurantoin macrocrystals 50mg cap</i>	39
<i>nebivolol 2.5mg tab</i>	57			<i>nitroglycerin 0.1mg/hr patch</i>	16
<i>nebivolol 20mg tab</i>	57			<i>nitroglycerin 0.2mg/hr patch</i>	16
<i>nebivolol 5mg tab</i>	57				
<i>necon 0.5/35 tab 28-day pack</i>	70				

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ALPHABETICAL LISTING OF DRUGS

<i>nitroglycerin 0.3mg sl tab</i>	16	<i>nortriptyline 2mg/ml oral</i>	27	<i>nylia 7/7/7 tab 28-day</i>	70
<i>nitroglycerin 0.4% rectal</i>	16	<i>soln</i>		<i>pack</i>	
<i>ointment</i>		<i>nortriptyline 50mg cap</i>	27	<i>nystatin 100000 unit/gm</i>	62
<i>nitroglycerin 0.4mg sl tab</i>	16	<i>nortriptyline 75mg cap</i>	27	<i>topical ointment</i>	
<i>nitroglycerin 0.4mg/hr</i>	16	NOVOLIN MIX (70/30)	30	<i>nystatin 100000unit/gm</i>	62
<i>patch</i>		100UNIT/ML FLEXPEN		<i>topical powder</i>	
<i>nitroglycerin 0.6mg sl tab</i>	16	(3ML)		<i>nystatin 100000unit/ml</i>	61
<i>nitroglycerin 0.6mg/hr</i>	16	NOVOLIN MIX (70/30)	30	<i>oral susp</i>	
<i>patch</i>		100UNIT/ML INJ		<i>nystatin 100000unit/ml</i>	62
NIVESTYM	75	NOVOLIN N	30	<i>topical cream</i>	
300MCG/0.5ML		100UNIT/ML INJ		<i>nystatin 500000unit tab</i>	32
SYRINGE		NOVOLIN N	30	<i>nystatin/triamcinolone</i>	62
NIVESTYM 300MCG/ML	75	100UNIT/ML PEN INJ		<i>acetonide 100000-0.1</i>	
INJ		(3ML)		<i>unit/gm-% topical</i>	
NIVESTYM	75	NOVOLIN R	30	<i>ointment</i>	
480MCG/0.8ML		100UNIT/ML INJ		<i>nystatin/triamcinolone</i>	62
SYRINGE		NOVOLIN R	30	<i>acetonide</i>	
NIVESTYM	75	100UNIT/ML PEN INJ		<i>100000-0.1unit/gm-%</i>	
480MCG/1.6ML INJ		(3ML)		<i>topical cream</i>	
<i>nora-be 0.35mg tab</i>	86	NOVOLOG 100UNIT/ML	30	<i>nystop 100000unit/gm</i>	62
<i>28-day pack</i>		CARTRIDGE		<i>topical powder</i>	
NORDITROPIN	68	NOVOLOG 100UNIT/ML	30	NYVEPRIA 6MG/0.6ML	75
10MG/1.5ML PEN INJ		INJ		SYRINGE	
NORDITROPIN	68	NOVOLOG 100UNIT/ML	30	O	
15MG/1.5ML PEN INJ		PEN INJ (3ML)		<i>octreotide 0.05mg/ml inj</i>	67
NORDITROPIN	68	NOVOLOG MIX (70/30)	30	<i>octreotide 0.1mg/ml inj</i>	67
5MG/1.5ML PEN INJ		100UNIT/ML FLEXPEN		<i>octreotide 0.2mg/ml inj</i>	67
<i>norelgestromin/ethinyl</i>	70	(3ML)		<i>octreotide 0.5mg/ml inj</i>	67
<i>estradiol 150-35</i>		NOVOLOG MIX (70/30)	30	<i>octreotide 1mg/ml inj</i>	67
<i>mcg/24hr patch</i>		100UNIT/ML INJ		ODEFSEY 200-25-25MG	55
<i>norethindrone 0.35mg</i>	86	NUBEQA 300MG TAB	41	TAB	
<i>28-day pack</i>		NUCALA 100MG INJ	17	ODOMZO 200MG CAP	41
<i>norethindrone acetate</i>	86	NUCALA 100MG/ML	17	<i>ofloxacin 0.3% ophth soln</i>	83
<i>5mg tab</i>		AUTO-INJECTOR		<i>ofloxacin 0.3% otic soln</i>	84
<i>nortrel 0.5/35 tab 28-day</i>	70	NUCALA 100MG/ML	17	OGSIVEO 100MG TAB	44
<i>pack</i>		SYRINGE		7-DAY PACK (14)	
<i>nortrel 1/35 tab 21-day</i>	70	NUCALA 40MG/0.4ML	17	OGSIVEO 150MG TAB	44
<i>pack</i>		SYRINGE		7-DAY PACK (14)	
<i>nortrel 1/35 tab 28-day</i>	70	NUPLAZID 10MG TAB	49	OJEMDA 100MG TAB	44
<i>pack</i>		NUPLAZID 34MG CAP	49	PACK (400MG ONCE	
<i>nortrel 7/7/7 tab 28-day</i>	70	<i>nyamyc 100000unit/gm</i>	62	WEEKLY) (16)	
<i>pack</i>		<i>topical powder</i>		OJEMDA 100MG TAB	45
<i>nortriptyline 10mg cap</i>	27	<i>nylia 1/35 tab 28-day</i>	70	PACK (500MG ONCE	
<i>nortriptyline 25mg cap</i>	27	<i>pack</i>		WEEKLY) (20)	

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: 09/01/2026

ALPHABETICAL LISTING OF DRUGS

OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24)	45	<i>ondansetron 0.8mg/ml oral soln</i>	31	<i>oseltamivir 6mg/ml oral susp</i>	56
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	45	<i>ondansetron 4mg odt</i>	31	<i>oseltamivir 75mg cap</i>	56
OJJAARA 100MG TAB	45	<i>ondansetron 4mg tab</i>	31	OTEZLA 10/20/30MG TAB 28-DAY STARTER PACK (55)	63
OJJAARA 150MG TAB	45	<i>ondansetron 8mg odt</i>	31	OTEZLA 10/20MG TAB	63
OJJAARA 200MG TAB	45	<i>ondansetron 8mg tab</i>	31	28-DAY STARTER PACK (55)	
<i>olanzapine 10mg inj</i>	51	ONUREG 200MG TAB	40	OTEZLA 20MG TAB	63
<i>olanzapine 10mg odt</i>	51	ONUREG 300MG TAB	40	OTEZLA 30MG TAB	63
<i>olanzapine 10mg tab</i>	51	OPIPZA 10MG ORAL FILM	53	OTEZLA XR 75MG TAB	63
<i>olanzapine 15mg odt</i>	51	OPIPZA 2MG ORAL FILM	53	OTEZLA/OTEZLA XR 28-DAY 10/20/30/75MG STARTER PACK (41)	63
<i>olanzapine 15mg tab</i>	51	OPIPZA 5MG ORAL FILM	53	<i>oxacillin 100mg/ml inj</i>	85
<i>olanzapine 2.5mg tab</i>	51	OPVEE 2.7MG/0.1ML NASAL SPRAY	31	<i>oxacillin 1gm inj</i>	86
<i>olanzapine 20mg odt</i>	51	ORENCIA 125MG/ML AUTO-INJECTOR	80	<i>oxacillin 2gm inj</i>	86
<i>olanzapine 20mg tab</i>	51	ORENCIA 125MG/ML SYRINGE	80	<i>oxcarbazepine 150mg tab</i>	22
<i>olanzapine 5mg odt</i>	51	ORENCIA 50MG/0.4ML SYRINGE	80	<i>oxcarbazepine 300mg tab</i>	22
<i>olanzapine 5mg tab</i>	51	ORENCIA 87.5MG/0.7ML SYRINGE	80	<i>oxcarbazepine 600mg tab</i>	22
<i>olanzapine 7.5mg tab</i>	51	ORGOVYX 120MG TAB	42	<i>oxcarbazepine 60mg/ml oral susp</i>	22
<i>olmesartan medoxomil 20mg tab</i>	35	ORKAMBI 125-100MG ORAL GRANULES	89	<i>oxybutynin chloride 10mg er tab</i>	73
<i>olmesartan medoxomil 40mg tab</i>	35	ORKAMBI 125-100MG TAB	89	<i>oxybutynin chloride 15mg er tab</i>	73
<i>olmesartan medoxomil 5mg tab</i>	35	ORKAMBI 125-200MG TAB	89	<i>oxybutynin chloride</i>	73
<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	81	ORKAMBI 188-150MG ORAL GRANULES	89	<i>oxybutynin chloride 5mg er tab</i>	73
OLUMIANT 1MG TAB	12	ORKAMBI 94-75MG ORAL GRANULES	89	<i>oxycodone 10mg tab</i>	14
OLUMIANT 2MG TAB	12	ORPHENADRINE CITRATE 100mg er tab	53	<i>oxycodone 15mg tab</i>	14
OLUMIANT 4MG TAB	12	ORQUIDEA 0.35mg tab 28-day pack	86	<i>oxycodone 1mg/ml oral soln</i>	14
<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	33	ORSERDU 345MG TAB	42	<i>oxycodone 20mg tab</i>	14
<i>omeprazole 10mg dr cap</i>	92	ORSERDU 86MG TAB	42	<i>oxycodone 30mg tab</i>	14
<i>omeprazole 20mg dr cap</i>	92	<i>oseltamivir 30mg cap</i>	56	<i>oxycodone 5mg tab</i>	14
<i>omeprazole 40mg dr cap</i>	92	<i>oseltamivir 45mg cap</i>	56	<i>oxycodone/acetaminophe n 10-325mg tab</i>	15
OMNITROPE 10MG/1.5ML CARTRIDGE	68			<i>oxycodone/acetaminophe n 2.5-325mg tab</i>	15
OMNITROPE 5.8MG INJ	68				
OMNITROPE 5MG/1.5ML CARTRIDGE	68				

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: 09/01/2026

ALPHABETICAL LISTING OF DRUGS

<i>oxycodone/acetaminophe n 5-325mg tab</i>	15	<i>paroxetine 25mg er tab</i>	25	PENICILLIN V	85
<i>oxycodone/acetaminophe n 7.5-325mg tab</i>	15	<i>paroxetine 30mg tab</i>	25	POTASSIUM 25MG/ML	
OXYCONTIN 10MG ER	14	<i>paroxetine 37.5mg er tab</i>	25	ORAL SOLN	
TAB		<i>paroxetine 40mg tab</i>	25	<i>penicillin v potassium 500mg tab</i>	85
OXYCONTIN 15MG ER	14	PAXLOVID	56	PENICILLIN V	85
TAB		150MG/100MG TAB		POTASSIUM 50MG/ML	
OXYCONTIN 20MG ER	14	PACK (20)		ORAL SOLN	
TAB		PAXLOVID	56	PENMENVY INJ	77
OXYCONTIN 30MG ER	14	150MG/100MG TAB		PENTACEL	77
TAB		PACK (30)		96-30-68UNIT/ML INJ	
OXYCONTIN 40MG ER	15	PAXLOVID	56	<i>pentamidine isethionate 300mg inj</i>	39
TAB		300MG/100MG AND		<i>pentamidine isethionate 300mg/6ml inh soln</i>	39
OXYCONTIN 60MG ER	15	150MG/100MG TAB		<i>pentoxifylline 400mg er tab</i>	60
TAB		DOSE PACK (11)		<i>perampanel 0.5mg/ml oral susp</i>	22
OXYCONTIN 80MG ER	15	<i>pazopanib 200mg tab</i>	45	<i>perampanel 10mg tab</i>	22
TAB		PEDIARIX SYRINGE	77	<i>perampanel 12mg tab</i>	22
OZEMPIC 1.5MG TAB	29	PEDVAXHIB	77	<i>perampanel 2mg tab</i>	22
OZEMPIC 2MG/3ML	29	7.5MCG/0.5ML INJ		<i>perampanel 4mg tab</i>	22
PEN INJ		<i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>	78	<i>perampanel 6mg tab</i>	22
OZEMPIC 4MG TAB	29	<i>peg 3350/electrolyte powder for oral soln</i>	78	<i>perampanel 8mg tab</i>	22
OZEMPIC 4MG/3ML	29	<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	78	PERINDOPRIL	34
PEN INJ		PEGASYS	55	ERBUMINE 2MG TAB	
OZEMPIC 8MG/3ML	29	180MCG/0.5ML		<i>perindopril erbumine 4mg tab</i>	34
PEN INJ		SYRINGE		PERINDOPRIL	34
OZEMPIC 9MG TAB	29	PEGASYS 180MCG/ML	55	ERBUMINE 8MG TAB	
P		INJ		<i>periogard 0.12% mouthwash</i>	61
<i>paliperidone 1.5mg er tab</i>	50	PEMAZYRE 13.5MG TAB	45	<i>permethrin 5% topical cream</i>	65
<i>paliperidone 3mg er tab</i>	50	PEMAZYRE 4.5MG TAB	45	<i>perphenazine 16mg tab</i>	52
<i>paliperidone 6mg er tab</i>	50	PEMAZYRE 9MG TAB	45	<i>perphenazine 2mg tab</i>	52
<i>paliperidone 9mg er tab</i>	50	PENBRAYA INJ	77	<i>perphenazine 4mg tab</i>	52
PANRETIN 0.1%	63	<i>penicillamine 250mg tab</i>	79	<i>perphenazine 8mg tab</i>	52
TOPICAL GEL		<i>penicillin g potassium 1000000unit/ml inj</i>	85	PHENELZINE 15MG TAB	25
<i>pantoprazole 20mg dr tab</i>	92	PENICILLIN G SODIUM	85	PHENOBARBITAL	22
<i>pantoprazole 40mg dr tab</i>	92	100000UNIT/ML INJ		100MG TAB	
<i>paricalcitol 1mcg cap</i>	67	<i>penicillin v potassium 250mg tab</i>	85	PHENOBARBITAL 15MG	22
<i>paricalcitol 2mcg cap</i>	67			TAB	
<i>paricalcitol 4mcg cap</i>	67				
<i>paroxetine 10mg tab</i>	25				
PAROXETINE	25				
10MG/5ML ORAL SUSP					
<i>paroxetine 12.5mg er tab</i>	25				
<i>paroxetine 20mg tab</i>	25				

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ALPHABETICAL LISTING OF DRUGS

PHENOBARBITAL 16.2MG TAB	22	<i>piperacillin/tazobactam</i> 36-4.5gm inj	85	POTASSIUM CHLORIDE 10MEQ/100ML INJ	82
PHENOBARBITAL 30MG TAB	22	<i>piperacillin/tazobactam</i> 4000-500mg inj	85	POTASSIUM CHLORIDE 15MEQ ER TAB	82
PHENOBARBITAL 32.4MG TAB	23	PIQRAY TAB 200MG DAILY DOSE PACK (28)	45	<i>potassium chloride</i> 15meq micro er tab	82
PHENOBARBITAL 4MG/ML ORAL SOLN	23	PIQRAY TAB 250MG DAILY DOSE PACK (56)	45	<i>potassium chloride</i> 2.67meq/ml oral soln	82
PHENOBARBITAL 60MG TAB	23	PIQRAY TAB 300MG DAILY DOSE PACK (56)	45	<i>potassium chloride</i> 20meq er tab	82
PHENOBARBITAL 64.8MG TAB	23	<i>pirfenidone</i> 267mg cap	89	<i>potassium chloride</i> 20meq micro er tab	82
PHENOBARBITAL 97.2MG TAB	23	<i>pirfenidone</i> 267mg tab	89	<i>potassium chloride</i> 20meq powder for oral	82
<i>phenytek</i> 200mg er cap	23	<i>pirfenidone</i> 801mg tab	89	<i>soln</i>	
<i>phenytek</i> 300mg er cap	23	<i>piroxicam</i> 10mg cap	14	POTASSIUM CHLORIDE 20MEQ/100ML INJ	82
<i>phenytoin</i> 25mg/ml oral susp	23	<i>piroxicam</i> 20mg cap	14	<i>potassium chloride</i> 2meq/ml (20ml) inj	82
<i>phenytoin</i> 50mg chew tab	23	PLEGRIDY 125MCG/0.5ML	88	<i>potassium chloride</i> 2meq/ml inj	82
<i>phenytoin sodium</i> 100mg er cap	23	AUTO-INJECTOR		POTASSIUM CHLORIDE 40MEQ/100ML INJ	82
PIFELTRO 100MG TAB	55	PLEGRIDY 125MCG/0.5ML	88	<i>potassium chloride</i> 8meq	82
<i>pilocarpine</i> 1% ophth soln	84	SYRINGE		<i>potassium chloride</i> 8meq	82
<i>pilocarpine</i> 2% ophth soln	84	<i>plenamine</i> 15% inj	82	<i>potassium citrate</i> 10meq	74
<i>pilocarpine</i> 4% ophth soln	84	PODOFILOX 0.5%	65	<i>er tab</i>	
<i>pilocarpine</i> 5mg tab	61	TOPICAL SOLN		<i>potassium citrate</i> 15meq	74
<i>pilocarpine</i> 7.5mg tab	61	<i>polymyxin b/trimethoprim</i> 10000 unit/ml-0.1%	83	<i>er tab</i>	
<i>pimecrolimus</i> 1% topical cream	65	<i>ophth soln</i>		<i>potassium citrate</i> 5meq er tab	74
<i>pimozide</i> 1mg tab	88	<i>pomalidomide</i> 1mg cap	47	<i>pramipexole</i> 0.125mg tab	48
<i>pimozide</i> 2mg tab	88	<i>pomalidomide</i> 2mg cap	47	<i>pramipexole</i> 0.25mg tab	48
<i>pimtrea</i> tab 28-day pack	70	<i>pomalidomide</i> 3mg cap	47	<i>pramipexole</i> 0.5mg tab	48
<i>pindolol</i> 10mg tab	57	<i>pomalidomide</i> 4mg cap	47	<i>pramipexole</i> 0.75mg tab	48
<i>pindolol</i> 5mg tab	57	<i>portia</i> tab 28-day pack	70	<i>pramipexole</i> 1.5mg tab	48
<i>pioglitazone</i> 15mg tab	29	<i>posaconazole</i> 100mg dr tab	32	<i>pramipexole</i> 1mg tab	48
<i>pioglitazone</i> 30mg tab	29	<i>posaconazole</i> 40mg/ml oral susp	32	<i>prasugrel</i> 10mg tab	74
<i>pioglitazone</i> 45mg tab	29	<i>potassium chloride</i> 1.33meq/ml oral soln	82	<i>prasugrel</i> 5mg tab	74
<i>piperacillin/tazobactam</i> 2000-250mg inj	85	<i>potassium chloride</i> 10meq er tab	82	<i>pravastatin sodium</i> 10mg tab	33
<i>piperacillin/tazobactam</i> 3000-375mg inj	85	<i>potassium chloride</i> 10meq micro er tab	82		

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ALPHABETICAL LISTING OF DRUGS

<i>pravastatin sodium 20mg tab</i>	34	<i>pregabalin 75mg cap</i>	23	<i>proctozone hc 2.5% topical cream</i>	16
<i>pravastatin sodium 40mg tab</i>	34	PREMARIN	93	<i>progesterone 100mg cap</i>	86
<i>pravastatin sodium 80mg tab</i>	34	0.625MG/GM VAGINAL CREAM		<i>progesterone 200mg cap</i>	86
<i>praziquantel 600mg tab</i>	16	PREMPHASE 28-DAY PACK	70	PROGRAF 0.2MG GRANULES FOR ORAL SUSP	80
<i>prazosin 1mg cap</i>	35	PREMPRO 0.3/1.5MG 28-DAY PACK	70	PROGRAF 1MG GRANULES FOR ORAL SUSP	80
<i>prazosin 2mg cap</i>	35	PREMPRO 0.45/1.5MG 28-DAY PACK	70	PROLASTIN 1000MG INJ	89
<i>prazosin 5mg cap</i>	35	PREMPRO 0.625/2.5MG 28-DAY PACK	70	<i>promethazine 1.25mg/ml oral soln</i>	88
PREDNISOLONE 1% OPTH SOLN	84	PREMPRO 0.625/5MG 28-DAY PACK	70	<i>promethazine 12.5mg tab</i>	88
<i>prednisolone 1mg/ml oral soln</i>	75	PREVYMIS 120MG ORAL PELLET	56	<i>promethazine 25mg tab</i>	88
<i>prednisolone 3mg/ml oral soln</i>	75	PREVYMIS 240MG TAB	56	<i>promethazine 50mg tab</i>	88
<i>prednisolone 5mg/ml oral soln</i>	75	PREVYMIS 480MG TAB	56	<i>propafenone 150mg tab</i>	59
<i>prednisolone acetate 1% ophth susp</i>	84	PREZCOBIX 150-675MG TAB	55	<i>propafenone 225mg er cap</i>	59
<i>prednisone 10mg tab</i>	75	PREZCOBIX 150-800MG TAB	55	<i>propafenone 225mg tab</i>	59
<i>prednisone 10mg tab (21)</i>	75	TAB		<i>propafenone 300mg tab</i>	59
<i>prednisone 10mg tab pack (48)</i>	75	PREZISTA 100MG/ML ORAL SUSP	55	<i>propafenone 325mg er cap</i>	59
<i>prednisone 1mg tab</i>	75	PREZISTA 150MG TAB	55	<i>propafenone 425mg er cap</i>	59
PREDNISONE 1MG/ML ORAL SOLN	75	PREZISTA 75MG TAB	55	<i>propranolol 10mg tab</i>	57
<i>prednisone 2.5mg tab</i>	75	PRIMAQUINE	39	<i>propranolol 120mg er cap</i>	57
<i>prednisone 20mg tab</i>	76	PHOSPHATE 26.3MG TAB		<i>propranolol 160mg er cap</i>	57
<i>prednisone 50mg tab</i>	76	<i>primidone 250mg tab</i>	23	<i>propranolol 20mg tab</i>	57
<i>prednisone 5mg tab</i>	76	<i>primidone 50mg tab</i>	23	<i>propranolol 40mg tab</i>	57
<i>prednisone 5mg tab pack (21)</i>	76	PRIORIX INJ	77	PROPRANOLOL 4MG/ML ORAL SOLN	57
<i>prednisone 5mg tab pack (48)</i>	76	PRIVIGEN 20GM/200ML INJ	76	<i>propranolol 60mg er cap</i>	57
<i>pregabalin 100mg cap</i>	23	<i>probenecid 500mg tab</i>	74	<i>propranolol 60mg tab</i>	57
<i>pregabalin 150mg cap</i>	23	<i>prochlorperazine 10mg tab</i>	52	<i>propranolol 80mg er cap</i>	57
<i>pregabalin 200mg cap</i>	23	<i>prochlorperazine 25mg rectal supp</i>	52	<i>propranolol 80mg tab</i>	57
<i>pregabalin 20mg/ml oral soln</i>	23	<i>prochlorperazine 5mg tab</i>	52	PROPRANOLOL 8MG/ML ORAL SOLN	57
<i>pregabalin 225mg cap</i>	23	<i>procto-med 2.5% topical cream</i>	16	<i>propylthiouracil 50mg tab</i>	91
<i>pregabalin 25mg cap</i>	23	<i>proctosol 2.5% topical cream</i>	16	PROQUAD INJ	77
<i>pregabalin 300mg cap</i>	23			PROSOL 20% INJ	82
<i>pregabalin 50mg cap</i>	23				

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ALPHABETICAL LISTING OF DRUGS

<i>protriptyline 10mg tab</i>	27	<i>rabeprazole sodium 20mg</i>	92	RETACRIT 3000UNIT/ML	75
<i>protriptyline 5mg tab</i>	27	<i>dr tab</i>		INJ	
<i>prucalopride 1mg tab</i>	78	RADICAVA 105MG/5ML	60	RETACRIT	75
<i>prucalopride 2mg tab</i>	78	ORAL SUSP		40000UNIT/ML INJ	
PULMOZYME 1MG/ML	89	RALDESY 10MG/ML	26	RETACRIT 4000UNIT/ML	75
INH SOLN		ORAL SOLN		INJ	
<i>pyrazinamide 500mg tab</i>	40	<i>raloxifene 60mg tab</i>	66	RETEVMO 120MG TAB	45
<i>pyridostigmine bromide</i>	53	<i>ramelteon 8mg tab</i>	76	RETEVMO 160MG TAB	45
<i>60mg tab</i>		<i>ramipril 1.25mg cap</i>	34	RETEVMO 40MG TAB	45
<i>pyrimethamine 25mg tab</i>	39	<i>ramipril 10mg cap</i>	35	RETEVMO 80MG TAB	45
Q		<i>ramipril 2.5mg cap</i>	35	REVCOWI 2.4MG/1.5ML	67
QINLOCK 50MG TAB	45	<i>ramipril 5mg cap</i>	35	INJ	
QUADRACEL INJ	77	<i>ranolazine 1000mg er tab</i>	60	REVUFORJ 110MG TAB	47
QUADRACEL SYRINGE	77	<i>ranolazine 500mg er tab</i>	60	REVUFORJ 160MG TAB	47
<i>quetiapine 100mg tab</i>	51	<i>rasagiline 0.5mg tab</i>	48	REVUFORJ 25MG TAB	47
<i>quetiapine 150mg er tab</i>	51	<i>rasagiline 1mg tab</i>	48	REXULTI 0.25MG TAB	53
<i>quetiapine 200mg er tab</i>	51	<i>reclipsen tab 28-day pack</i>	70	REXULTI 0.5MG TAB	53
<i>quetiapine 200mg tab</i>	51	RECOMBIVAX	77	REXULTI 1MG TAB	53
<i>quetiapine 25mg tab</i>	51	10MCG/ML INJ		REXULTI 2MG TAB	53
<i>quetiapine 300mg er tab</i>	51	RECOMBIVAX	77	REXULTI 3MG TAB	53
<i>quetiapine 300mg tab</i>	51	10MCG/ML SYRINGE		REXULTI 4MG TAB	53
<i>quetiapine 400mg er tab</i>	51	RECOMBIVAX	77	REYATAZ 50MG ORAL	55
<i>quetiapine 400mg tab</i>	51	40MCG/ML INJ		POWDER	
<i>quetiapine 50mg er tab</i>	51	RECOMBIVAX	77	REZDIFFRA 100MG TAB	72
<i>quetiapine 50mg tab</i>	51	5MCG/0.5ML INJ		REZDIFFRA 60MG TAB	72
<i>quinapril 10mg tab</i>	34	RECOMBIVAX	77	REZDIFFRA 80MG TAB	72
<i>quinapril 20mg tab</i>	34	5MCG/0.5ML SYRINGE		REZLIDHIA 150MG CAP	45
<i>quinapril 40mg tab</i>	34	RELENZA 5MG/BLISTER	56	REZUROCK 200MG TAB	79
<i>quinapril 5mg tab</i>	34	POWDER INHALER		RHAPSIDO 25MG TAB	79
QUINIDINE SULFATE	59	<i>repaglinide 0.5mg tab</i>	29	RHOPRESSA 0.02%	83
200MG TAB		<i>repaglinide 1mg tab</i>	29	OPHTH SOLN	
QUINIDINE SULFATE	59	<i>repaglinide 2mg tab</i>	29	RIBAVIRIN 200MG CAP	55
300MG TAB		REPATHA 140MG/ML	33	RIBAVIRIN 200MG TAB	55
<i>quinine sulfate 324mg</i>	39	AUTO-INJECTOR		<i>rifabutin 150mg cap</i>	40
<i>cap</i>		REPATHA 140MG/ML	33	<i>rifampin 150mg cap</i>	40
QVAR 40MCG	18	SYRINGE		<i>rifampin 300mg cap</i>	40
REDIHALER		RETACRIT	75	<i>rifampin 600mg inj</i>	40
QVAR 80MCG	18	10000UNIT/ML INJ		<i>rifapentine 150mg tab</i>	40
REDIHALER		RETACRIT	75	<i>rilpivirine 25mg tab</i>	55
R		20000UNIT/2ML INJ		<i>riluzole 50mg tab</i>	60
RABAVERT 2.5UNIT/ML	77	RETACRIT	75	RIMANTADINE 100MG	56
INJ		20000UNIT/ML INJ		TAB	
		RETACRIT 2000UNIT/ML	75	RINVOQ 15MG ER TAB	12
		INJ			

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ALPHABETICAL LISTING OF DRUGS

RINVOQ 1MG/ML ORAL SOLN	12	<i>rivastigmine 13.3mg/24hr patch</i>	87	ROZLYTREK 200MG CAP	45
RINVOQ 30MG ER TAB	12	<i>rivastigmine 3mg cap</i>	87	ROZLYTREK 50MG ORAL PELLET	45
RINVOQ 45MG ER TAB	12	<i>rivastigmine 4.5mg cap</i>	87	RUBRACA 200MG TAB	45
<i>risedronate sodium 150mg tab</i>	66	<i>rivastigmine 4.6mg/24hr patch</i>	87	RUBRACA 250MG TAB	45
<i>risedronate sodium 30mg tab</i>	66	<i>rivastigmine 6mg cap</i>	87	RUBRACA 300MG TAB	45
<i>risedronate sodium 35mg tab</i>	67	<i>rivastigmine 9.5mg/24hr patch</i>	87	<i>rufinamide 200mg tab</i>	23
<i>risedronate sodium 35mg tab pack (12)</i>	67	<i>rizatriptan 10mg odt</i>	79	<i>rufinamide 400mg tab</i>	23
<i>risedronate sodium 35mg tab pack (4)</i>	67	<i>rizatriptan 10mg tab</i>	79	<i>rufinamide 40mg/ml oral susp</i>	23
<i>risedronate sodium 5mg tab</i>	67	<i>rizatriptan 5mg odt</i>	79	RUKOBIA 600MG ER TAB	55
RISPERIDONE 0.25MG ODT	50	<i>rizatriptan 5mg tab</i>	79	RYDAPT 25MG CAP	45
<i>risperidone 0.25mg tab</i>	50	ROCKLATAN 0.02-0.005% OPTH SOLN	83	S	
<i>risperidone 0.5mg odt</i>	50	<i>roflumilast 0.5mg tab</i>	89	<i>sacubitril/valsartan 24-26mg tab</i>	60
<i>risperidone 0.5mg tab</i>	50	<i>roflumilast 250mcg tab</i>	89	<i>sacubitril/valsartan 49-51mg tab</i>	60
<i>risperidone 1mg odt</i>	50	ROMVIMZA 14MG CAP	45	<i>sacubitril/valsartan 97-103mg tab</i>	60
<i>risperidone 1mg tab</i>	50	ROMVIMZA 20MG CAP	45	<i>salmon calcitonin 200unit/act nasal spray</i>	67
<i>risperidone 1mg/ml oral soln</i>	50	ROMVIMZA 30MG CAP	45	SANTYL 250UNIT/GM TOPICAL OINTMENT	65
<i>risperidone 2mg odt</i>	50	<i>ropinirole 0.25mg tab</i>	48	<i>sapropterin 100mg powder for oral soln</i>	67
<i>risperidone 2mg tab</i>	50	<i>ropinirole 0.5mg tab</i>	48	<i>sapropterin 100mg tab</i>	67
<i>risperidone 3mg odt</i>	50	<i>ropinirole 1mg tab</i>	48	<i>sapropterin 500mg powder for oral soln</i>	67
<i>risperidone 3mg tab</i>	50	<i>ropinirole 2mg tab</i>	48	SCSEMBLIX 100MG TAB	45
<i>risperidone 4mg odt</i>	50	<i>ropinirole 3mg tab</i>	48	SCSEMBLIX 20MG TAB	45
<i>risperidone 4mg tab</i>	50	<i>ropinirole 4mg tab</i>	48	SCSEMBLIX 40MG TAB	45
<i>risperidone microspheres 12.5mg inj</i>	50	<i>ropinirole 5mg tab</i>	48	<i>scopolamine 1mg/72hr patch</i>	32
<i>risperidone microspheres 25mg inj</i>	50	<i>rosuvastatin calcium 10mg tab</i>	34	SECUADO 3.8MG/24HR PATCH	51
<i>risperidone microspheres 37.5mg inj</i>	50	<i>rosuvastatin calcium 20mg tab</i>	34	SECUADO 5.7MG/24HR PATCH	51
<i>risperidone microspheres 50mg inj</i>	50	<i>rosuvastatin calcium 40mg tab</i>	34	SECUADO 7.6MG/24HR PATCH	51
<i>ritonavir 100mg tab</i>	55	<i>rosuvastatin calcium 5mg tab</i>	34	<i>selegiline 5mg cap</i>	48
<i>rivaroxaban 1mg/ml oral susp</i>	20	ROTARIX	77	<i>selegiline 5mg tab</i>	48
<i>rivaroxaban 2.5mg tab</i>	20	667000UNIT/ML ORAL SUSP	77		
<i>rivastigmine 1.5mg cap</i>	87	ROTATEQ ORAL SUSP	77		
		<i>roweepra 500mg tab</i>	23		
		ROZLYTREK 100MG CAP	45		

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: 09/01/2026

ALPHABETICAL LISTING OF DRUGS

SELENIUM SULFIDE	65	SIRTURO 100MG TAB	40	SOMAVERT 10MG INJ	68
2.5% SHAMPOO		SIRTURO 20MG TAB	40	SOMAVERT 15MG INJ	68
SELZENTRY 20MG/ML	55	SKYRIZI 150MG/ML	63	SOMAVERT 20MG INJ	68
ORAL SOLN		AUTO-INJECTOR		SOMAVERT 25MG INJ	68
<i>sertraline 100mg tab</i>	25	SKYRIZI 150MG/ML	63	SOMAVERT 30MG INJ	68
<i>sertraline 20mg/ml oral</i>	25	SYRINGE		<i>sorafenib 200mg tab</i>	45
<i>soln</i>		SKYRIZI 180MG/1.2ML	73	<i>sotalol 120mg tab</i>	57
<i>sertraline 25mg tab</i>	25	CARTRIDGE		<i>sotalol 160mg tab</i>	57
<i>sertraline 50mg tab</i>	25	SKYRIZI 360MG/2.4ML	73	<i>sotalol 240mg tab</i>	57
<i>setlakin tab 91-day pack</i>	70	CARTRIDGE		<i>sotalol 80mg tab</i>	57
<i>sharobel 0.35mg tab</i>	86	<i>sodium chloride 0.45%</i>	82	<i>sotalol af 120mg tab</i>	57
<i>28-day pack</i>		<i>inj</i>		<i>sotalol af 160mg tab</i>	57
SHINGRIX	77	<i>sodium chloride 0.9% inj</i>	82	<i>sotalol af 80mg tab</i>	57
50MCG/0.5ML INJ		<i>sodium chloride 0.9%</i>	74	SPIRIVA RESPIMAT	18
SHINGRIX	77	<i>irrigation soln</i>		1.25MCG/ACT INHALER	
50MCG/0.5ML SYRINGE		<i>sodium chloride 3% inj</i>	82	<i>spironolactone 100mg tab</i>	66
SIGNIFOR 0.3MG/ML INJ	67	<i>sodium chloride 50mg/ml</i>	82	<i>spironolactone 25mg tab</i>	66
SIGNIFOR 0.6MG/ML INJ	67	<i>inj</i>		<i>spironolactone 50mg tab</i>	66
SIGNIFOR 0.9MG/ML INJ	67	<i>sodium oxybate 500mg/ml</i>	90	<i>sprintec tab 28-day pack</i>	70
<i>sildenafil 20mg tab</i>	89	<i>oral soln</i>		SPRITAM 250MG TAB	23
<i>silodosin 4mg cap</i>	73	<i>sodium phenylbutyrate</i>	67	FOR ORAL SUSP	
<i>silodosin 8mg cap</i>	73	<i>3gm/tsp oral powder</i>		SPRITAM 500MG TAB	23
<i>silver sulfadiazine 1%</i>	65	<i>sodium polystyrene</i>	81	FOR ORAL SUSP	
<i>topical cream</i>		<i>sulfonate 15000mg</i>		<i>sps 15gm/60ml oral susp</i>	81
SIMBRINZA 0.2-1%	83	<i>powder for oral susp</i>		<i>ssd 1% topical cream</i>	65
OPHTH SUSP		<i>sodium polystyrene</i>	81	STARJEMZA	63
SIMLANDI 20MG/0.2ML	13	<i>sulfonate 250mg/ml oral</i>		45MG/0.5ML INJ	
SYRINGE		<i>susp</i>		STARJEMZA	63
SIMLANDI 40MG/0.4ML	13	<i>sodium sulfate/potassium</i>	78	45MG/0.5ML SYRINGE	
AUTO-INJECTOR		<i>sulfate/magnesium sulfate</i>		STARJEMZA 90MG/ML	63
SIMLANDI 40MG/0.4ML	13	<i>17.5-3.13-1.6 gm/177ml</i>		SYRINGE	
SYRINGE		<i>oral soln prep kit</i>		STEQEYMA	63
SIMLANDI 80MG/0.8ML	13	<i>sodium sulfate/potassium</i>	78	45MG/0.5ML SYRINGE	
AUTO-INJECTOR		<i>sulfate/magnesium sulfate</i>		STEQEYMA 90MG/ML	63
<i>simvastatin 10mg tab</i>	34	<i>17.5-3.13-1.6 gm/177ml</i>		SYRINGE	
<i>simvastatin 20mg tab</i>	34	<i>oral soln prep kit (480ml)</i>		STIOLTO	19
<i>simvastatin 40mg tab</i>	34	SOFOSBUVIR/VELPATASVIR	55	2.5-2.5MCG/ACT	
<i>simvastatin 5mg tab</i>	34	VIR 400-100MG TAB		INHALER	
<i>simvastatin 80mg tab</i>	34	<i>solifenacin succinate</i>	73	STIVARGA 40MG TAB	45
<i>sirolimus 0.5mg tab</i>	80	<i>10mg tab</i>		STREPTOMYCIN 1GM	12
<i>sirolimus 1mg tab</i>	80	<i>solifenacin succinate 5mg</i>	73	INJ	
<i>sirolimus 1mg/ml oral</i>	80	<i>tab</i>		STRIBILD	55
<i>soln</i>		SOLTAMOX 10MG/5ML	42	150-150-200-300MG	
<i>sirolimus 2mg tab</i>	80	ORAL SOLN		TAB	

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ALPHABETICAL LISTING OF DRUGS

STRIVERDI 2.5MCG/ACT INHALER	19	<i>sunitinib 50mg cap</i>	45	SYNTHROID 125MCG TAB	91
SUBVENITE 10MG/ML ORAL SUSP	23	SUNLENCA 300MG TAB THERAPY PACK (4)	55	SYNTHROID 137MCG TAB	91
<i>sucralfate 1000mg tab</i>	92	SUNLENCA 300MG TAB THERAPY PACK (5)	55	SYNTHROID 150MCG TAB	92
<i>sucralfate 100mg/ml oral susp</i>	92	SUNOSI 150MG TAB	90	SYNTHROID 175MCG TAB	92
SUFLAVE ORAL SOLN PACK	78	SUNOSI 75MG TAB	90	SYNTHROID 200MCG TAB	92
SULFACETAMIDE	83	SUTAB 225-188-1479MG TAB	78	SYNTHROID 25MCG TAB	92
SODIUM 10% OPTH SOLN		<i>syeda tab 28-day pack</i>	70	SYNTHROID 300MCG TAB	92
<i>sulfacetamide sodium 10% topical lotion</i>	62	SYMDEKO TAB 4-WEEK PACK (56)	90	SYNTHROID 50MCG TAB	92
SULFACETAMIDE/PRED NISOLONE 10-0.25% OPTH SOLN	84	SYMDEKO TAB	90	SYNTHROID 75MCG TAB	92
<i>sulfadiazine 500mg tab</i>	90	SYMPAZAN 10MG ORAL FILM	21	SYNTHROID 88MCG TAB	92
<i>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i>	90	SYMPAZAN 20MG ORAL FILM	21		
<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	90	SYMPAZAN 5MG ORAL FILM	21	T	
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	90	SYMTUZA	55	TABLOID 40MG TAB	40
<i>sulfasalazine 500mg dr tab</i>	73	150-800-200-10MG TAB		TABRECTA 150MG TAB	45
<i>sulfasalazine 500mg tab</i>	73	SYNJARDY	28	TABRECTA 200MG TAB	45
<i>sulindac 150mg tab</i>	14	12.5-1000MG TAB		<i>tacrolimus 0.03% topical ointment</i>	65
<i>sulindac 200mg tab</i>	14	SYNJARDY 12.5-500MG TAB	28	<i>tacrolimus 0.1% topical ointment</i>	65
<i>sumatriptan 100mg tab</i>	79	SYNJARDY 5-1000MG TAB	28	<i>tacrolimus 0.5mg cap</i>	80
<i>sumatriptan 20mg/act nasal spray</i>	79	SYNJARDY 5-500MG TAB	28	<i>tacrolimus 1mg cap</i>	80
<i>sumatriptan 25mg tab</i>	79	SYNJARDY XR	28	<i>tacrolimus 5mg cap</i>	80
<i>sumatriptan 50mg tab</i>	79	10-1000MG TAB		<i>tadalafil 2.5mg tab</i>	73
<i>sumatriptan 5mg/act nasal spray</i>	79	SYNJARDY XR	28	<i>tadalafil 20mg tab</i>	89
<i>sumatriptan 6mg/0.5ml auto-injector</i>	79	12.5-1000MG TAB		<i>tadalafil 5mg tab</i>	73
<i>sumatriptan 6mg/0.5ml inj</i>	79	SYNJARDY XR	28	TAFINLAR 10MG TAB	45
<i>sunitinib 12.5mg cap</i>	45	25-1000MG TAB		FOR ORAL SUSP	
<i>sunitinib 25mg cap</i>	45	SYNJARDY XR	28	TAFINLAR 50MG CAP	45
<i>sunitinib 37.5mg cap</i>	45	5-1000MG TAB		TAFINLAR 75MG CAP	45
		SYNTHROID 100MCG TAB	91	TAGRISSE 40MG TAB	41
		SYNTHROID 112MCG TAB	91	TAGRISSE 80MG TAB	41
				TALZENNA 0.1MG CAP	46
				TALZENNA 0.25MG CAP	46
				TALZENNA 0.35MG CAP	46
				TALZENNA 0.5MG CAP	46

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ALPHABETICAL LISTING OF DRUGS

TALZENNA 0.75MG CAP	46	testosterone 1% (25mg)	15	tiadylt 120mg er (24hr)	58
TALZENNA 1MG CAP	46	topical gel packet		cap	
tamoxifen 10mg tab	42	testosterone 1% (50mg)	16	tiadylt 180mg er (24hr)	58
tamoxifen 20mg tab	42	topical gel packet		cap	
tamsulosin 0.4mg cap	74	testosterone 1.62%	16	tiadylt 240mg er (24hr)	58
tarina fe tab 1/20 28-day	70	(20.25mg/act) topical gel		cap	
pack		pump		tiadylt 300mg er (24hr)	58
tazarotene 0.1% topical	63	testosterone 30mg/act	16	cap	
cream		topical soln		tiadylt 360mg er (24hr)	58
tazicef 1gm inj	61	testosterone cypionate	16	cap	
tazicef 2gm inj	61	100mg/ml inj		tiadylt 420mg er (24hr)	58
TAZICEF 6GM INJ	61	testosterone cypionate	16	cap	
telmisartan 20mg tab	35	200mg/ml (1ml) inj		TIAGABINE 12MG TAB	24
telmisartan 40mg tab	35	testosterone cypionate	16	TIAGABINE 16MG TAB	24
telmisartan 80mg tab	35	200mg/ml inj		tiagabine 2mg tab	24
temazepam 15mg cap	76	TESTOSTERONE	16	tiagabine 4mg tab	24
temazepam 30mg cap	76	ENANTHATE 200MG/ML		TIBSOVO 250MG TAB	46
TENIVAC 4-10UNIT/ML	77	INJ		ticagrelor 60mg tab	74
INJ		tetrabenazine 12.5mg tab	87	ticagrelor 90mg tab	74
TENIVAC 4-10UNIT/ML	77	tetrabenazine 25mg tab	87	TICOVAC	77
SYRINGE		tetracycline 250mg cap	91	1.2MCG/0.25ML	
tenofovir disoproxil	55	tetracycline 500mg cap	91	SYRINGE	
fumarate 300mg tab		THALOMID 100MG CAP	79	TICOVAC 2.4MCG/0.5ML	77
TEPMETKO 225MG TAB	46	THALOMID 50MG CAP	80	SYRINGE	
terazosin 10mg cap	35	THEOPHYLLINE 100MG	90	tigecycline 50mg inj	39
terazosin 1mg cap	35	ER TAB		timolol 0.25% ophth gel	83
terazosin 2mg cap	36	THEOPHYLLINE 200MG	90	timolol 0.25% ophth soln	83
terazosin 5mg cap	36	ER TAB		timolol 0.5% ophth gel	83
terbinafine 250mg tab	32	theophylline 300mg er	90	timolol 0.5% ophth soln	83
terconazole 0.4% vaginal	92	tab		timolol 10mg tab	57
cream		theophylline 400mg er	90	TIMOLOL 5MG TAB	57
terconazole 0.8% vaginal	93	tab		tinidazole 250mg tab	39
cream		theophylline 450mg er	90	tinidazole 500mg tab	39
terconazole 80mg vaginal	93	tab		TIVICAY 50MG TAB	55
insert		theophylline 600mg er	90	TIVICAY 5MG TAB FOR	55
teriflunomide 14mg tab	88	tab		ORAL SUSP	
teriflunomide 7mg tab	88	thioridazine 100mg tab	52	tizanidine 2mg tab	53
TERIPARATIDE	67	thioridazine 10mg tab	52	tizanidine 4mg tab	53
620MCG/2.48ML PEN		thioridazine 25mg tab	52	tobramycin 0.3% ophth	83
INJ		thioridazine 50mg tab	52	soln	
testosterone 1%	15	thiothixene 10mg cap	49	TOBRAMYCIN	12
(12.5mg/act) topical gel		thiothixene 1mg cap	49	10MG/ML INJ	
pump		thiothixene 2mg cap	49	tobramycin 300mg/5ml	12
		thiothixene 5mg cap	49	inh soln	

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ALPHABETICAL LISTING OF DRUGS

<i>tobramycin 80mg/2ml inj</i>	12	<i>torsemide 20mg tab</i>	66	TREMFYA 200MG/2ML	73
<i>tofacitinib 10mg tab</i>	12	<i>torsemide 5mg tab</i>	66	AUTO-INJECTOR	
<i>tofacitinib 11mg er tab</i>	12	TOUJEO 300UNIT/ML	30	INDUCTION PACK FOR	
<i>tofacitinib 1mg/ml oral soln</i>	12	PEN INJ (1.5ML)		CROHNS (2)	
<i>tofacitinib 22mg er tab</i>	12	TOUJEO MAX	30	TREMFYA 200MG/2ML	73
<i>tofacitinib 5mg tab</i>	13	300UNIT/ML PEN INJ		SYRINGE	
<i>tolterodine tartrate 1mg tab</i>	73	(3ML)		TRESIBA 100UNIT/ML	30
<i>tolterodine tartrate 2mg er cap</i>	73	TPN ELECTROLYTES INJ	82	INJ	
<i>tolterodine tartrate 2mg tab</i>	73	TRADJENTA 5MG TAB	29	TRESIBA 100UNIT/ML	30
<i>tolterodine tartrate 4mg er cap</i>	73	<i>tramadol 100mg er tab</i>	15	PEN INJ (3ML)	
<i>tolvaptan 15mg tab (jynarque equiv)</i>	67	<i>tramadol 200mg er tab</i>	15	TRESIBA 200UNIT/ML	30
<i>tolvaptan 15mg tab (samsca equiv)</i>	67	<i>tramadol 300mg er tab</i>	15	PEN INJ (3ML)	
<i>tolvaptan 15mg tab therapy pack (56)</i>	67	<i>tramadol 50mg tab</i>	15	<i>tretinoin 0.01% topical gel</i>	62
<i>tolvaptan 15mg/30mg tab pack (56)</i>	67	<i>tramadol/acetaminophen 37.5-325mg tab</i>	15	<i>tretinoin 0.025% topical cream</i>	62
<i>tolvaptan 15mg/45mg tab pack (56)</i>	67	<i>trandolapril 1mg tab</i>	35	<i>tretinoin 0.025% topical gel</i>	62
<i>tolvaptan 30mg tab (jynarque equiv)</i>	67	<i>trandolapril 2mg tab</i>	35	<i>tretinoin 0.05% topical cream</i>	62
<i>tolvaptan 30mg tab (samsca equiv)</i>	67	<i>trandolapril 4mg tab</i>	35	<i>tretinoin 0.1% topical cream</i>	62
<i>tolvaptan 30mg/60mg tab pack (56)</i>	68	<i>tranexamic acid 650mg tab</i>	75	<i>tretinoin 10mg cap</i>	47
<i>tolvaptan 30mg/90mg tab pack (56)</i>	68	<i>tranylcypramine 10mg tab</i>	25	TRIAMCINOLONE	64
<i>topiramate 100mg tab</i>	23	TRAVASOL 10% INJ	82	ACETONIDE 0.025% LOTION	
<i>topiramate 15mg cap</i>	23	<i>travoprost 0.004% ophth soln</i>	84	<i>triamcinolone acetonide 0.025% topical cream</i>	64
<i>topiramate 200mg tab</i>	23	<i>trazodone 100mg tab</i>	26	<i>triamcinolone acetonide 0.025% topical ointment</i>	61
<i>topiramate 25mg cap</i>	23	<i>trazodone 150mg tab</i>	26	<i>triamcinolone acetonide 0.1% oral paste</i>	
<i>topiramate 25mg tab</i>	23	<i>trazodone 50mg tab</i>	26	<i>triamcinolone acetonide 0.1% topical cream</i>	64
<i>topiramate 25mg/ml oral soln</i>	23	TRELEGY ELLIPTA	19	<i>triamcinolone acetonide 0.1% topical lotion</i>	64
<i>topiramate 50mg tab</i>	23	100-62.5-25MCG		<i>triamcinolone acetonide 0.1% topical ointment</i>	64
<i>toremifene 60mg tab</i>	42	POWDER INHALER		<i>triamcinolone acetonide 0.5% topical cream</i>	64
<i>torsemide 100mg tab</i>	66	TRELEGY ELLIPTA	19	<i>triamcinolone acetonide 0.5% topical ointment</i>	64
<i>torsemide 10mg tab</i>	66	200-62.5-25MCG		<i>trientine 250mg cap</i>	79
		POWDER INHALER			
		TRELSTAR 11.25MG INJ	42		
		TRELSTAR 22.5MG INJ	42		
		TRELSTAR 3.75MG INJ	42		
		TREMFYA 100MG/ML	63		
		AUTO-INJECTOR			
		TREMFYA 100MG/ML	63		
		SYRINGE			
		TREMFYA 200MG/2ML	73		
		AUTO-INJECTOR			

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ALPHABETICAL LISTING OF DRUGS

<i>tri-estarylla tab 28-day pack</i>	70	<i>tri-sprintec tab 28-day pack</i>	71	UBRELVY 50MG TAB	79
<i>trifluoperazine 10mg tab</i>	52	TRIUMEQ	55	<i>ursodiol 250mg tab</i>	72
<i>trifluoperazine 1mg tab</i>	52	600-50-300MG TAB		<i>ursodiol 300mg cap</i>	72
<i>trifluoperazine 2mg tab</i>	52	TRIUMEQ 60-5-30MG	55	<i>ursodiol 500mg tab</i>	72
<i>trifluoperazine 5mg tab</i>	52	TAB FOR ORAL SUSP		V	
TRIFLURIDINE 1%	83	<i>tri-vylibra lo tab 28-day pack</i>	71	<i>valacyclovir 1000mg tab</i>	56
OPHTH SOLN		<i>tri-vylibra tab 28-day pack</i>	71	<i>valacyclovir 500mg tab</i>	56
<i>trihexyphenidyl 2mg tab</i>	48	<i>trospium chloride 20mg tab</i>	73	VALCHLOR 0.016%	63
<i>trihexyphenidyl 5mg tab</i>	48	TRULANCE 3MG TAB	78	TOPICAL GEL	
TRIJARDY XR	28	TRULICITY	29	<i>valganciclovir 450mg tab</i>	56
10-5-1000MG TAB		0.75MG/0.5ML		<i>valganciclovir 50mg/ml oral soln</i>	56
TRIJARDY XR	28	AUTO-INJECTOR		<i>valproic acid 250mg cap</i>	24
12.5-2.5-1000MG TAB		TRULICITY	29	<i>valproic acid 50mg/ml oral soln</i>	24
TRIJARDY XR	28	1.5MG/0.5ML		<i>valsartan 160mg tab</i>	35
25-5-1000MG TAB		AUTO-INJECTOR		<i>valsartan 320mg tab</i>	35
TRIJARDY XR	28	TRULICITY	29	<i>valsartan 40mg tab</i>	35
5-2.5-1000MG TAB		AUTO-INJECTOR		<i>valsartan 80mg tab</i>	35
TRIKAFTA	90	TRULICITY 3MG/0.5ML	29	VALTOCO 10MG	21
100-50-75MG/150MG TAB PACK (84)		AUTO-INJECTOR		(10MG/0.1ML) NASAL SPRAY DOSE PACK	
TRIKAFTA	90	TRULICITY	29	VALTOCO 15MG	21
100-50-75MG/75MG ORAL GRANULES PACK (56)		4.5MG/0.5ML		(7.5MG/0.1ML) NASAL SPRAY DOSE PACK	
TRIKAFTA	90	AUTO-INJECTOR		VALTOCO 20MG	21
50-37.5-25MG/75MG TAB PACK (84)		TRUMENBA SYRINGE	77	(10MG/0.1ML) NASAL SPRAY DOSE PACK	
TRIKAFTA	90	TRUQAP 160MG TAB	46	VALTOCO 5MG	21
80-40-60MG/59.5MG ORAL GRANULES PACK (56)		THERAPY PACK		(5MG/0.1ML) NASAL SPRAY DOSE PACK	
<i>tri-lo- estarylla tab 28-day pack</i>	71	TRUQAP 200MG TAB	46	<i>valtya 1/35 tab 28-day pack</i>	71
<i>tri-lo-sprintec tab 28-day pack</i>	71	TUKYSA 150MG TAB	47	VALTYA 1/50 TAB 28-DA' PACK	71
<i>trimethoprim 100mg tab</i>	39	TUKYSA 50MG TAB	47	<i>vancomycin 100mg/ml inj</i>	39
<i>tri-mili tab 28-day pack</i>	71	TURALIO 125MG CAP	46	<i>vancomycin 125mg cap</i>	39
<i>trimipramine 100mg cap</i>	27	<i>turqoz tab 28-day pack</i>	71	<i>vancomycin 1gm inj</i>	39
<i>trimipramine 25mg cap</i>	27	TWINRIX SYRINGE	77	<i>vancomycin 250mg cap</i>	39
<i>trimipramine 50mg cap</i>	27	TYENNE 162MG/0.9ML	80	<i>vancomycin 500mg inj</i>	39
TRINTELLIX 10MG TAB	26	AUTO-INJECTOR		<i>vancomycin 750mg inj</i>	39
TRINTELLIX 20MG TAB	26	TYENNE 162MG/0.9ML SYRINGE	80	VANFLYTA 17.7MG TAB	46
TRINTELLIX 5MG TAB	26	U		VANFLYTA 26.5MG TAB	46
		UBRELVY 100MG TAB	79		

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: 09/01/2026

ALPHABETICAL LISTING OF DRUGS

VAQTA 25UNIT/0.5ML INJ	77	<i>venlafaxine 75mg tab</i>	26	VITRAKVI 20MG/ML ORAL SOLN	46
VAQTA 25UNIT/0.5ML SYRINGE	78	VENTOLIN 108MCG HFA INHALER	19	VITRAKVI 25MG CAP	46
VAQTA 50UNIT/ML INJ	78	<i>verapamil 120mg er cap</i>	58	VIVITROL 380MG INJ	31
VAQTA 50UNIT/ML SYRINGE	78	<i>verapamil 120mg er tab</i>	58	VIVOTIF DR CAP	78
<i>varenicline 0.5mg tab</i>	88	<i>verapamil 120mg tab</i>	58	VONJO 100MG CAP	46
<i>varenicline 0.5mg/1mg first month pack (53)</i>	88	<i>verapamil 180mg er cap</i>	58	VORANIGO 10MG TAB	46
<i>varenicline 1mg tab</i>	88	<i>verapamil 180mg er tab</i>	59	VORANIGO 40MG TAB	46
<i>varenicline 1mg tab pack (56)</i>	88	<i>verapamil 240mg er cap</i>	59	<i>voriconazole 200mg inj</i>	32
VARIVAX 1350PFU/0.5ML INJ	78	<i>verapamil 240mg er tab</i>	59	<i>voriconazole 200mg tab</i>	32
VAXCHORA ORAL SUSP	78	<i>verapamil 40mg tab</i>	59	<i>voriconazole 40mg/ml oral susp</i>	32
VELIVET TAB 28-DAY PACK	71	<i>verapamil 80mg tab</i>	59	<i>voriconazole 50mg tab</i>	32
VELTASSA 16.8GM POWDER FOR ORAL SUSP	81	VERQUVO 10MG TAB	60	VOSEVI 400-100-100MG TAB	56
VELTASSA 1GM POWDER FOR ORAL SUSP	81	VERQUVO 2.5MG TAB	60	VOWST 30000000UNIT CAP	72
VELTASSA 25.2GM POWDER FOR ORAL SUSP	81	VERQUVO 5MG TAB	60	VRAYLAR 0.5MG CAP	49
VELTASSA 8.4GM POWDER FOR ORAL SUSP	81	VERSACLOZ 50MG/ML ORAL SUSP	51	VRAYLAR 0.75MG CAP	49
VENCLEXTA 100MG TAB	47	VERZENIO 100MG TAB	46	VRAYLAR 1.5MG CAP	49
VENCLEXTA 10MG TAB	47	VERZENIO 150MG TAB	46	VRAYLAR 3MG CAP	49
VENCLEXTA 50MG TAB	47	VERZENIO 200MG TAB	46	VRAYLAR 4.5MG CAP	49
VENCLEXTA TAB STARTER PACK (42)	47	VERZENIO 50MG TAB	46	VRAYLAR 6MG CAP	50
<i>venlafaxine 100mg tab</i>	26	<i>vestura tab 3-0.02mg 28-day pack</i>	71	<i>vyfemla tab 28-day pack</i>	71
<i>venlafaxine 150mg er cap</i>	26	<i>vienna tab 28-day pack</i>	71	<i>vylibra tab 28-day pack</i>	71
<i>venlafaxine 25mg tab</i>	26	<i>vigabatrin 500mg powder for oral soln</i>	24		
<i>venlafaxine 37.5mg er cap</i>	26	<i>vigabatrin 500mg tab</i>	24	W	
<i>venlafaxine 37.5mg tab</i>	26	VIGAFYDE 100MG/ML ORAL SOLN	24	<i>warfarin sodium 10mg tab</i>	20
<i>venlafaxine 50mg tab</i>	26	<i>vilazodone 10mg tab</i>	26	<i>warfarin sodium 1mg tab</i>	20
<i>venlafaxine 75mg er cap</i>	26	<i>vilazodone 20mg tab</i>	26	<i>warfarin sodium 2.5mg tab</i>	20
		<i>vilazodone 40mg tab</i>	26	<i>warfarin sodium 2mg tab</i>	20
		VIMKUNYA 40MCG/0.8ML SYRINGE	78	<i>warfarin sodium 3mg tab</i>	20
		<i>violele 28-day pack</i>	71	<i>warfarin sodium 4mg tab</i>	20
		VIRACEPT 250MG TAB	55	<i>warfarin sodium 5mg tab</i>	20
		VIRACEPT 625MG TAB	55	<i>warfarin sodium 6mg tab</i>	20
		VIREAD 150MG TAB	55	<i>warfarin sodium 7.5mg tab</i>	20
		VIREAD 200MG TAB	55	WELIREG 40MG TAB	47
		VIREAD 250MG TAB	55	WINREVAIR 45MG INJ	89
		VIREAD 40MG/GM ORAL POWDER	55	WINREVAIR 45MG INJ (2 VIAL PACK)	89
		VITRAKVI 100MG CAP	46	WINREVAIR 60MG INJ	89

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ALPHABETICAL LISTING OF DRUGS

WINREVAIR 60MG INJ (2 VIAL PACK)	89	XCOPRI TAB 50/100MG TITRATION PACK (28)	24	XPOVIO TAB 60MG ONCE WEEKLY CARTON	47
<i>wixela 100-50mcg powder inhaler</i>	19	XDEMVIY 0.25% OPTH SOLN	83	(4)	
<i>wixela 250-50mcg powder inhaler</i>	19	XERMELO 250MG TAB	31	XPOVIO TAB 60MG TWICE WEEKLY	47
<i>wixela 500-50mcg powder inhaler</i>	19	XIFAXAN 550MG TAB	39	CARTON (24)	
WYOST 120MG/1.7ML INJ	67	XIGDUO XR 10-1000MG TAB	28	XPOVIO TAB 80MG ONCE WEEKLY CARTON	47
X		XIGDUO XR 10-500MG TAB	28	(4)	
XALKORI 150MG ORAL PELLET	46	XIGDUO XR 2.5-1000MG TAB	28	XPOVIO TAB 80MG ONCE WEEKLY CARTON	47
XALKORI 200MG CAP	46	XIGDUO XR 5-1000MG TAB	28	(8)	
XALKORI 20MG ORAL PELLET	46	XIGDUO XR 5-500MG TAB	28	XPOVIO TAB 80MG TWICE WEEKLY	47
XALKORI 250MG CAP	46	XIIDRA 5% OPTH SOLN	84	CARTON (32)	
XALKORI 50MG ORAL PELLET	46	XOFLUZA 40MG TAB	56	XTANDI 40MG CAP	42
XARELTO 10MG TAB	20	XOFLUZA 80MG TAB	56	XTANDI 40MG TAB	42
XARELTO 15MG TAB	20	XOLAIR 150MG INJ	17	XTANDI 80MG TAB	42
XARELTO 1MG/ML ORAL SUSP	20	XOLAIR 150MG/ML AUTO-INJECTOR	17	<i>xulane 150-35mcg/24hr patch</i>	71
XARELTO 2.5MG TAB	20	XOLAIR 150MG/ML SYRINGE	17	Y	
XARELTO 20MG TAB	20	XOLAIR 300MG/2ML AUTO-INJECTOR	17	YESINTEK 90MG/ML SYRINGE	63
XARELTO TAB STARTER PACK (51)	20	XOLAIR 300MG/2ML SYRINGE	17	YF-VAX INJ	78
XATMEP 2.5MG/ML ORAL SOLN	40	XOLAIR 75MG/0.5ML AUTO-INJECTOR	18	<i>yuvafem 10mcg vaginal insert</i>	93
XCOPRI 100MG TAB	23	XOLAIR 75MG/0.5ML SYRINGE	18	Z	
XCOPRI 150MG TAB	24	XOSPATA 40MG TAB	46	<i>zafemy 150-35mcg/24hr patch</i>	71
XCOPRI 200MG TAB	24	XPOVIO TAB 100MG ONCE WEEKLY CARTON	47	<i>zafirlukast 10mg tab</i>	18
XCOPRI 25MG TAB	24	(8)		<i>zafirlukast 20mg tab</i>	18
XCOPRI 50MG TAB	24	XPOVIO TAB 40MG ONCE WEEKLY CARTON	47	<i>zaleplon 10mg cap</i>	76
XCOPRI TAB 100/150MG MAINTENANCE PACK	24	(16)		<i>zaleplon 5mg cap</i>	76
(56)		XPOVIO TAB 40MG TWICE WEEKLY	47	ZAVZPRET 10MG/ACT NASAL SPRAY	79
XCOPRI TAB 12.5/25MG TITRATION PACK (28)	24	CARTON (8)		ZEJULA 100MG TAB	46
XCOPRI TAB 150/200MG PACK (56)	24			ZEJULA 200MG TAB	46
XCOPRI TAB 150/200MG TITRATION PACK (28)	24			ZEJULA 300MG TAB	46
				ZELBORAF 240MG TAB	46
				<i>zenatane 10mg cap</i>	62
				<i>zenatane 20mg cap</i>	62
				<i>zenatane 30mg cap</i>	62
				<i>zenatane 40mg cap</i>	62

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ALPHABETICAL LISTING OF DRUGS

ZENPEP	72	ZONISADE 100MG/5ML	23
105000-25000-79000UNI		ORAL SUSP	
T DR CAP		<i>zonisamide 100mg cap</i>	23
ZENPEP	72	<i>zonisamide 25mg cap</i>	23
14000-3000-10000UNIT		<i>zonisamide 50mg cap</i>	23
DR CAP		<i>zovia 1mg-35mcg tab</i>	71
ZENPEP	72	<i>28-day pack</i>	
24000-5000-17000UNIT		ZTALMY 50MG/ML	23
DR CAP		ORAL SUSP	
ZENPEP	72	ZURNAI 1.5MG/0.5ML	31
252600-60000-189600U		AUTO-INJECTOR	
NIT DR CAP		ZURZUVAE 20MG CAP	25
ZENPEP	72	ZURZUVAE 25MG CAP	25
40000-126000-168000U		ZURZUVAE 30MG CAP	25
NIT DR CAP		ZYKADIA 150MG TAB	46
ZENPEP	72		
42000-10000-32000UNIT			
DR CAP			
ZENPEP	72		
63000-15000-47000UNIT			
DR CAP			
ZENPEP	72		
84000-20000-63000UNIT			
DR CAP			
<i>zidovudine 100mg cap</i>	55		
<i>zidovudine 10mg/ml oral soln</i>	55		
<i>zidovudine 300mg tab</i>	55		
<i>ziprasidone 20mg cap</i>	50		
<i>ziprasidone 20mg inj</i>	50		
<i>ziprasidone 40mg cap</i>	50		
<i>ziprasidone 60mg cap</i>	50		
<i>ziprasidone 80mg cap</i>	50		
ZOLINZA 100MG CAP	46		
<i>zolmitriptan 2.5mg tab</i>	79		
<i>zolmitriptan 5mg tab</i>	79		
<i>zolpidem tartrate 10mg tab</i>	76		
<i>zolpidem tartrate 12.5mg er tab</i>	76		
<i>zolpidem tartrate 5mg tab</i>	76		
<i>zolpidem tartrate 6.25mg er tab</i>	76		

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This formulary was updated on **09/01/2026**. For more recent information or other questions, please contact Peak Health Insurance Customer Care at 1-855-847-1026 (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.

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